

HW



February 13, 2023

Jennifer Wilson
Salt Lake County Mayor

Karen Crompton
Human Services
Department Director

Division of Behavioral Health Services

Timothy M. Whalen
Director

Administration Office
2001 South State Street
Suite S2-300
PO Box 144575
Salt Lake City, Utah 84114-4575

(385) 468-4707 front desk
(385) 468-4740 fax line

<https://slco.org/behavioral-health/>

To whom it may concern,

The Salt Lake County Division of Behavioral Health submits the following County Disclosure form for review:

EMPLOYEES:

- Charles Barrett – Lifeline Behavioral Health
- Anna Cervantes – Intermountain Health- Primary Children’s
- Jodi Delaney – Blomquist Hale Solutions
- Brad Hammel – Blomquist Hale Solutions
- Lauren Hilton – Private Therapy Practice (Self)
- Nancy Kessel – Salt Lake County Aging Services, Meals on Wheels Program (Volunteer)
- Lauren Syphus – Better Help.com
- Lauren Syphus – University of Utah Hospital
- (William)Seth Teague – Alex Winder – Lifetime Holdings
- Vicky Westmoreland – Center for Resiliency and Recovery
- Tim Whalen – Lindsay Bowton

If you have any questions, please don’t hesitate to contact me.

Thank you,

Tim Whalen
Director of Salt Lake County Behavioral Health Division

Department Director

Mayor’s Office Designee

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Charles Barrett Behavioral Health Services 385-468-4726
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street S2-300; Salt Lake City, UT 84114

Covered Person's County Address/Volunteer's Address

B. 7982 South 3960 West; West Jordan, UT 84088
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

LifeLine Behavioral Health

Covered person's status, relationship or commitment to the institution, entity, business or person named above

Due to accounting services for the entity.

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

There is not a conflict of interest with this entity.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 24 day of January, 2023
Date Month Year

Salt Lake City UT 84114
at City or other location, and state or county

Ray Barrett
Printed Name

Ray Barrett Digitally signed by Ray Barrett
Date: 2023.01.24 15:38:51 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Anna Cervantes Behavioral Health Services SLCO 385-468-4735
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street S300
Covered Person's County Address/Volunteer's Address

B. Intermountain Health-Primary Childrens
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
On Call Social Worker-employee
Covered person's status, relationship or commitment to the institution, entity, business or person named above
100 Mario Capecchi Dr, Salt lake Utah 84113
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I work with children and their families who are identified as victims of sexual or physical abuse. Families/patients can be anyone living in the state of Utah and/or surrounding states.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 09 day of February, 2023
Date Month Year

at Salt Lake
City or other location, and state or county

Anna Cervantes
Printed Name

Anna Cervantes Digitally signed by Anna Cervantes
Date: 2023.02.09 15:28:05 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. JODI DELANEY DIV BEHAVIORAL HEALTH SERVICES 801-505-8074
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S STATE ST SUITE S2-300 SALT LAKE CITY 84114-4575
Covered Person's County Address/Volunteer's Address

B. BLOMQUIST HALE SOULTIONS
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
THERAPIST
Covered person's status, relationship or commitment to the institution, entity, business or person named above
860 E 4500 S UNIT 202 SALT LAKE CITY UT 84107 801-262-9619
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

No conflict is anticipated as Blomquist Hale Solutions is an EAP not currently providing services to Salt Lake County

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 7 day of February, 2023
Date Month Year

Salt Lake City, UT
at _____
City or other location, and state or county

Jodi Delaney
Printed Name
Jodi Delaney Digitally signed by Jodi Delaney
Date: 2023.02.07 08:31:42 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. BRAD HAMMEL QUALITY ASSURANCE COORDINATOR 801-628-8313
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone

2100 S. STAKE STREET SLC UTAH 84111
Covered Person's County Address/Volunteer's Address

B. BLONDINE HALF GAP
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

WORK PART TIME AS A CONSULTOR
Covered person's status, relationship or commitment to the institution, entity, business or person named above

4500 SOUTH 860 EAST
Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I DON'T SEE ANY POTENTIAL CONFLICTS

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 9 day of FEB, 2023
Date Month Year

at SALT LAKE CITY UTAH
City or other location, and state or county

BRAD HAMMEL
Printed Name

[Signature]
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Lauren Hilton Temporary QA Coordinator 385-468-4707
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street, Suite S2-300, SLC, Utah 84114
Covered Person's County Address/Volunteer's Address

B. Private therapy practice
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Owner/Clinician
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Millcreek, Utah 84107
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I work in private practice with self pay clients. I do not bill Medicaid, private insurance, or SLCo contracts for any services.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 9 day of February, 2023
Date Month Year
at Salt Lake City, Utah
City or other location, and state or county

Lauren Hilton
Printed Name
Lauren M. Hilton Digitally signed by Lauren M. Hilton
Date: 2023.02.09 21:18:09 -07'00'
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. **Nancy Kessel Contract Compliance Analyst, Behavioral Health Divisic 385-468-4748**

Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State St., Ste. S2-300, SLC, UT 84190

Covered Person's County Address/Volunteer's Address

B. **Salt Lake County Aging Services Meals on Wheels Program**

Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section

Volunteer

Covered person's status, relationship or commitment to the institution, entity, business or person named above

2001 S. State St., Ste. S1-600, SLC, UT 84190

Address and phone number of the institution, entity, business or person named above

C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:

- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
- I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
- I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
- I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
- I hold a personal interest that creates a potential or actual conflict with my public duties.
- None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I do not see any situation where this would be a conflict of interest but am reporting for transparency.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 24th day of January, 2023
Date Month Year

at Salt Lake County, UT
City or other location, and state or county

Nancy Kessel
Printed Name

Nancy Kessel Digitally signed by Nancy Kessel
Date: 2023.01.24 15:20:52 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Lauren Syphus Salt Lake County, Division of Behavioral Health 385-468-4707
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, Suite S2-300, Salt Lake City, UT 84114
Covered Person's County Address/Volunteer's Address

B. BetterHelp.com
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Licensed Clinical Therapist - Independent Contractor
Covered person's status, relationship or commitment to the institution, entity, business or person named above
990 Villa St, Mountain View, California, 888-688-9296
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

NA - Independent Contractor; does not accept insurance.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 25 day of January, 2023
Date Month Year
at Salt Lake City, UT
City or other location, and state or county

Lauren Syphus-Sackett
Printed Name
Lauren Syphus Digitally signed by Lauren Syphus
Date: 2023.01.25 10:46:47 -07'00'
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Lauren Syphus Salt Lake County, DBHS 385-468-4707
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S. State Street, Suite S2-300, Salt Lake City, UT 84114
Covered Person's County Address/Volunteer's Address

B. University of Utah Hospital
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
PRN Employee
Covered person's status, relationship or commitment to the institution, entity, business or person named above
50 North Medical Drive, SLC, UT 84132; 801-581-2121
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

NA - I work as a Medical Social Worker and not on the behavioral health side.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 25 day of January, 2023,
Date Month Year
at Salt Lake City
City or other location, and state or county

Lauren Syphus-Sackett
Printed Name
Lauren Syphus Digitally signed by Lauren Syphus
Date: 2023.01.25 10:41:05 -07'00'
Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. William Seth Tea Behavioral Health Services 385-468-4733
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street, SLC UT 84190
Covered Person's County Address/Volunteer's Address

B. Alex Winder
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Partner in Lifetime Holdings--own commercial property DBHS houses clients in through Hous
Covered person's status, relationship or commitment to the institution, entity, business or person named above
Address: Unknown Phone Number: 801-635-9619
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

Alex's company Lifetime Holdings owns 3 boarding homes that we use to house mentally ill consumers. As I've gotten to know Alex and since he is a commercial real estate agent, in Summer 2022 I sought information from him about viability of certain personal commercial property interests. He has shared that if I found the right project he could help me figure out how they could work. I sent him a few project ideas and had him weigh in on them. This hasn't gone anywhere further since they weren't strong investments and I am not in a position to afford them. In Fall 2022, Alex shared that he had an EV charging station that he was going to build. I shared that I also had been looking into something similar, and I put him in touch with a friend who sells EV chargers. In the end, his group decided not to use my friend's company. I remain interested in this still if a future opportunity arises. I shared this with division leadership and indicated I would not work on any private business ventures with him while working on County business. Although these discussions have not impacted any decision-making with regards to working with Lifetime Holdings, we made sure that all major decisions that include finance or contracts regarding Lifetime Holdings are to be staffed as a team and made independent of me when necessary.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 9 day of February, 2023,
Date Month Year

Salt Lake City Utah
at _____
City or other location, and state or county

Seth Teague
Printed Name
Seth Teague Digitally signed by Seth Teague
Date: 2023.02.09 13:13:32 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

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Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Vicky Westmoreland QA Coordinator 385.468.4722
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 S State Street S2-300 PO Box 144575 Salt Lake City, UT 84190-4575
Covered Person's County Address/Volunteer's Address

B. Center for Resiliency and Recovery
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Owner and Clinician
Covered person's status, relationship or commitment to the institution, entity, business or person named above
1345 East 3900 South Suite 102D SLC, Utah 84124-1474
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

As the owner/LMHT of CRR I provide direct behavioral health services to Medicaid and privately insured clients. I bill Medicaid/insurance for those services. I am paneled with Optum and therefore I provide behavioral health services and bill for Medicaid covered clients that have Medicaid that is managed by Optum. Legacy Medicaid is managed by SL county. But the oversight is not conducted by the team I am on and I do not do QA on these dollars.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 26 day of January, 2023
Date Month Year

SLC, Utah Salt Lake County
at _____
City or other location, and state or county

Vicky Westmoreland
Printed Name

Vicky Westmoreland Digitally signed by Vicky Westmoreland
Date: 2023.01.26 09:10:34 -07'00'

Signature

This statement is a public document. It must be filed with the covered person's immediate supervisor, volunteer or community liaison, division director, department director or elected official, and the County Council. It must be filed when the potential conflict arises and re-filed every January, as long as the potential conflict exists.

DISCLOSURE OF PERSONAL OR FINANCIAL INTEREST

(Use one form for each outside business entity or person you are associated with for which disclosure is required in the above section. If multiple forms for multiple outside business entities or persons are submitted, only one form need be signed and notarized.)

Under the provisions of the County Officers and Employees Disclosure Act, §§ 17-16a-1 et seq., U.C.A., 1953 as amended, I, the undersigned, under penalties of perjury, make the following statement regarding my personal or business interest. (Type or print all information.)

A. Tim Whalen Director Division of BHS 3854684727
Covered Person Position, or County Division for which you are employed or volunteering County/Volunteer's Phone
2001 South State Street, Suite S 2-300, SLC Ut 84114
Covered Person's County Address/Volunteer's Address

B. Lindsay Bowton
Outside institution, entity, private business or person in which the Covered Person has a personal or business interest for which disclosure is required in the above section
Director of Odyssey House FACT Team
Covered person's status, relationship or commitment to the institution, entity, business or person named above
385-271-1017
Address and phone number of the institution, entity, business or person named above

- C. Select the category that applies to yourself and the outside institution, entity, business or person identified in subsection (B) above:
- I receive or have agreed to receive compensation for assisting a person or business entity in a transaction involving Salt Lake County.
 - I am an officer, director, agent, employee or the owner of a substantial interest in a business entity that is subject to the regulation of Salt Lake County.
 - I am an officer, director, agent, employee or owner of a substantial interest in a business entity that does or anticipates doing business with Salt Lake County.
 - I hold an investment or other financial interest that creates a potential or actual conflict with my public duties.
 - I hold a personal interest that creates a potential or actual conflict with my public duties.
 - None of the above categories apply.

D. Give a detailed description of the actual or potential conflicts of interest identified above, i.e., the nature of the relationship of each business entity or person with the County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

I have a personal relationship with this individual who works at an agency the Division contracts with. She is not in a role where she is involved with contracts and I do not believe it meets any of the criteria above, but still wanted it to be documented.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the 2 day of February, 2023
Date Month Year

at SLC Utah
City or other location, and state or county

Tim Whalen
Printed Name
Tim Whalen Digitally signed by Tim Whalen
Date: 2023.02.09 16:05:09 -07'00'

Signature

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