

**Mayor's Office: Council Agenda Item Request Form**  
*This form and supporting documents (if applicable) are due the Wednesday  
before the COW meeting by noon.*

<b>Date Received</b> (office use)	12 April 2017
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<b>Date of Request</b>	4/3/2017
<b>Requesting Staff Member</b>	Kendra Kahlow
<b>Requested Council Date</b>	April 18, 2017
<b>Topic/Discussion Title</b>	Board Appointment to the Behavioral Health Services Advisory Council
<b>Description</b>	Appointment of Mr. Patrick Fleming to the Behavioral Health Services Advisory Council for a three year term which began January 2017 and will end December 31 <sup>st</sup> , 2017.
<b>Requested Action<sup>1</sup></b>	Council Approval, Consent Items
<b>Presenter(s)</b>	
<b>Time Needed<sup>2</sup></b>	Consent Items
<b>Time Sensitive<sup>3</sup></b>	
<b>Specific Time(s)<sup>4</sup></b>	
<b>Contact Name &amp; Phone</b>	Kendra Kahlow x.7031
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.	

**Mayor or Designee approval:**



<sup>1</sup> What you will ask the Council to do (e.g., discussion only, appropriate money, adopt policy/ordinance) – in specific terms.

<sup>2</sup> Assumed to be 10 minutes unless otherwise specified.

<sup>3</sup> Urgency that the topic to scheduled on the requested date.

<sup>4</sup> If important to schedule at a specific time, list a few preferred times.



**Ben McAdams**  
Salt Lake County Mayor

**Erin Litvack**  
Deputy Mayor, County Services

**Rick Graham**  
Deputy Mayor, Operations

**Karen Hale**  
Deputy Mayor, Community  
& External Affairs

**Darrin Casper**  
Deputy Mayor, Finance  
& Administration

## Board Appointment Approval

On the 18th day of April, 2017 the Salt Lake County Council consents to the appointment of Mr. Patrick Fleming as a member of the *Behavioral Health Services Advisory Council*.

His three-year term began January 2017 and will end December 31st, 2017.

Salt Lake County Council

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Steven DeBry, Chairman

Attest:

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Sherrie Swensen, County Clerk

Please instruct the Council Clerk to return this form to Kendra Kahlow in Mayor's Office, N2-100 to process this appointment.

## Board Member Nomination & Application

Board: SLCO Div. Beh. Health Services <sup>Advisory Council</sup> Date: 10/27/2016

Nominated By (if applicable): Tim Whalen

Applicant Name Patrick James Fleming

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work Address: ABOVE

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would applicant prefer work or home phone/address used as mailing address? HOME

Salt Lake County Council District #: 4

(To find the district you live in go to <http://vote.utah.gov/elected-officials/>, enter your address and zip code, then click on Find. The results will produce a map with a red diamond at your home location. Click on the diamond and wait for a text box to appear containing your elected officials. Scroll down until you see the fourth County Council representative (not "At-Large") and list that name above.)

I prefer that my personal contact information remain private and protected Yes ☒ No ☐

Unique qualifications and/or perspectives you would bring to a Board or Commission:

FORMER EMPLOYEE OF SLCO AND SLCO DBHS  
40 YEARS EXPERIENCE IN GOVERNMENT. 26 YEARS EXPERIENCE  
IN BEHAVIORAL HEALTH.

Applicant Name PATRICK JAMES FLEMING

Are you a current member of another county board? Yes ☐ No ☒

If yes, board/commission \_\_\_\_\_

Have you ever been a member of a board or commission in the county? Yes ☐ No ☒

If yes, board/commission \_\_\_\_\_ Dates: \_\_\_\_\_

Are you or any member of your immediate family a county employee? Yes ☐ No ☒

If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? Yes ☐ No ☒

If yes, explain \_\_\_\_\_

#### Demographics (optional)

The information on this section is for statistical purposes and is confidential.

Gender ☐ Female ☒ Male

Age Range ☐ 21-39 ☐ 40-54 ☐ 55-64 ☒ 65+

Race/Ethnicity (please check all that apply)

☐ American Indian/Alaska Native ☐ Asian/Pacific Islander  
☐ Black/African American ☐ Hispanic/Latino  
☒ White/Caucasian ☐ Other (please specify)

Represent a special community? \_\_\_\_\_

**Forward this application and nomination to the contact below with a resume:**

Celina Milner  
Board Coordinator Phone: (385) 468-7031  
2001 S. State Street, # N2100 Fax: (385) 468-7001  
Salt Lake City, Utah 84190 Email: cmilner@sico.org



## SALT LAKE COUNTY DISCLOSURE STATEMENT

Violation of these provisions may subject the officer, employee or board member to disciplinary action, in addition to the possibility of criminal prosecution. Any violations will be thoroughly investigated and prosecuted. Please be aware that this document is a shortened and simplified statement of the legal requirements involved in this area. YOUR CONDUCT WILL BE GOVERNED BY THE LAW, NOT THIS REVIEW. Feel free to direct any questions regarding the law's ethical and disclosure requirements to the Civil Division of the Office of the District Attorney.

### DISCLOSURE OF PRIVATE BUSINESS INTERESTS (Use one form for each business entity or person involved.)

Under the provisions of the Utah Public Employees' and Officers' Ethics Act, §§ 67-16-1 et seq., U.C.A., 1953 as amended and 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 private business interests. (Type or print all information.)

A. PATRICK SAMUEL FLEMING DSAMH  
County Employee VOLUNTEER Employed in (County Division) County Phone  
Employee's Address

B. NONE  
Outside institution, entity, private business or person involved

Describe county employee's position or investment in the outside institution, entity, private business, or personal contract

Outside institution, entity, business or person's address and phone number

C. Describe below the nature of the assistance you are providing to the institution, entity, private business or person named above, or describe the nature of the economic interest or employment you hold in the private business. Also describe the relationship with, or transaction between, the business, institution, person, etc. and Salt Lake County. Use more sheets if necessary. (This disclosure statement will not be accepted as valid unless this section is completed.)

[Signature]  
Volunteer Employee Signature

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, Residing in

[SEAL]

\_\_\_\_\_  
County State

This statement is a public document. It must be filed with the officer's, employee's, or board member's immediate supervisor, division director, department director or elected official, and the COUNTY COUNCIL. It must be filed when the potential conflict arises.

# COUNTY

## SALT LAKE COUNTY VOLUNTEER CONTRACT

If I am accepted as a Salt Lake county volunteer, I agree to perform the volunteer duties (as specified in my selected job description) to the best of my ability and in a professional manner. I will appreciate constructive feedback. If problems arise such as scheduling, I will notify my supervisor as soon as possible before my assigned shift.

### **CONFIDENTIALITY:**

I agree to maintain the same strict confidentiality regarding my duties that is expected of the paid staff.

### **RELEASE:**

While performing volunteer work assignments and duties, the undersigned volunteer (unsalaried worker), authorized by the Division Director, shall be deemed an employee of Salt Lake County only for the purpose of the following liabilities and insurance coverage.

- A. Medical Benefits under Worker's Compensation for any injury sustained by him/her while engaged in performance of any service;
- B. Properly licensed operation of County vehicles or equipment;
- C. Liability protection normally afforded salaried employees.

If I, as a Salt Lake County volunteer, will be driving on county business or transporting clients while using my personal vehicle, in the event of a car accident, I shall immediately contact my own insurance carrier and report the accident; damages due to accidents must be covered by my own insurance carrier. If involved in an accident while on County business I must also file a report with County Risk Management according to Salt Lake County Wide Policy 1011, Accident Reporting. Upon request, the Volunteer Coordinator will provide assistance to complete this report. (Refer to Volunteer Policy #4009 on Volunteer Auto Use.)

With this knowledge, the undersigned volunteer hereby releases Salt Lake County, its agents and employees from any liability or obligation arising from, or in connection with, the undersigned's Volunteer Activities with Salt Lake County other than stated above.

I have read the sexual harassment and discrimination information RAJ (Initial)

If necessary, I have submitted a Statutory Ethical and Disclosure form RAJ (Initial)

I have read and understand the above conditions.

Volunteer Signature: RAJ

Parent or Guardian signature if under 18: \_\_\_\_\_

Signature of Agency Representative: \_\_\_\_\_

Date: \_\_\_\_\_