

# County Recorder/Surveyor 2017 Budget Presentation



# Recorder/Surveyor – What We Do

- The County Recorder/Surveyor office maintains all land records including property ownership, descriptions, acreages, plat maps and other related information.
- Our office is also the acting Surveyor for all surveys and related information pertaining to survey work.
- We serve the public, title companies, banks, realtors, appraisers, surveyors and others with interest in real property. We also work with other County offices.
- We provide millions of images of document and plats to the public through our website.

# Recorder/Surveyor – Fun Facts

**So far in 2016, we have:**

- Recorded over 20,936 documents.
- 72 subdivisions or condominium plats.
- 14,008 page views on our website.
- 67% of documents are e-recorded
- Filed 330 surveys.



# S.W.O.T. ANALYSIS – RECORDER/SURVEYOR

## Strengths

- We work very well together
- Each employee is crossed trained.
- Provide excellent customer service
- Professional, knowledgeable, efficient & dependable
- Stakeholders see our strengths as very friendly and always willing to help

## Weaknesses

- Technology – Keeping up with the new while maintaining the old

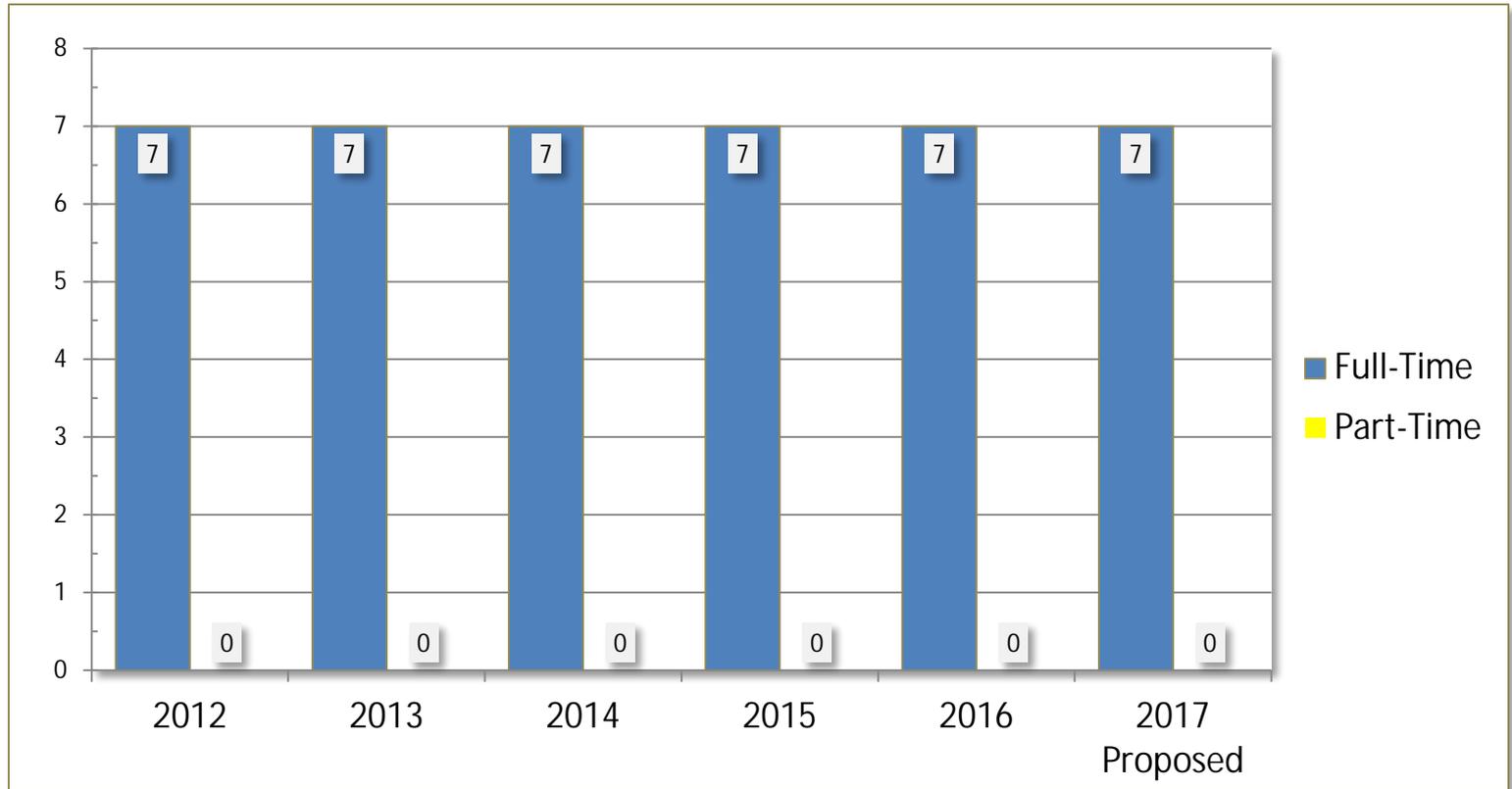
## Opportunities

- Continuing Education

## Threats

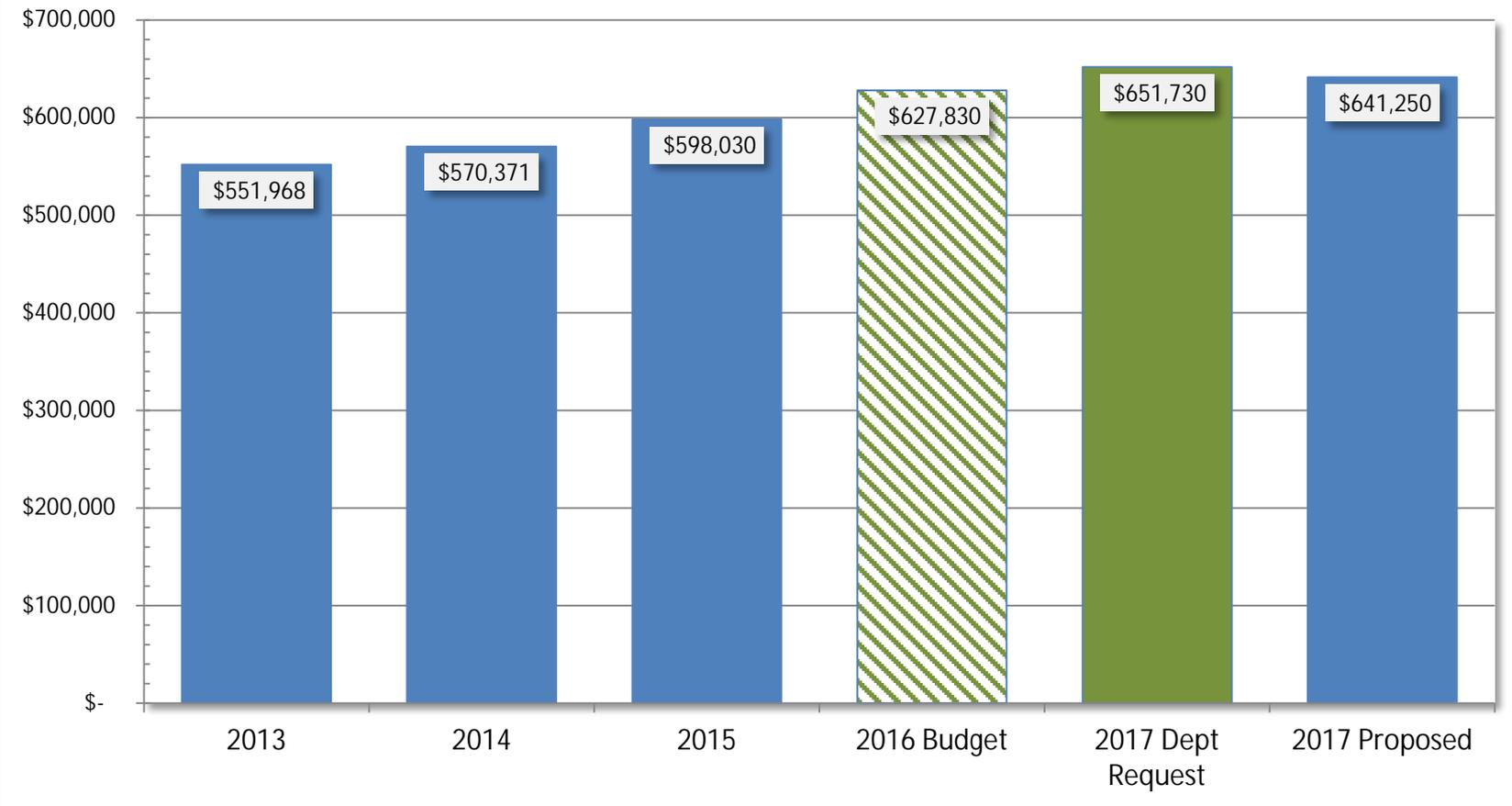
- Natural disaster
- Power/internet outage impacts electronic recording
- Lack of staff
- Budgetary restraints

# Personnel – Recorder/Surveyor



- Our office consists of the Recorder, Chief Deputy, Senior Cadastral Mapper, GIS Technician and 3 Deputy Recorders.
- We have maintained this level of staffing since 2011

# Budget Analysis – Recorder/Surveyor



- 2017 maintains 2016 levels



Questions?

# County Attorney 2017 Budget Presentation



# County Attorney – What We Do

*2017 Request - \$1,852,245*

*2017 Proposed by Manager - \$1,806,981*

*A 5.31% increase over 2016 Budget of \$1,715,8206*

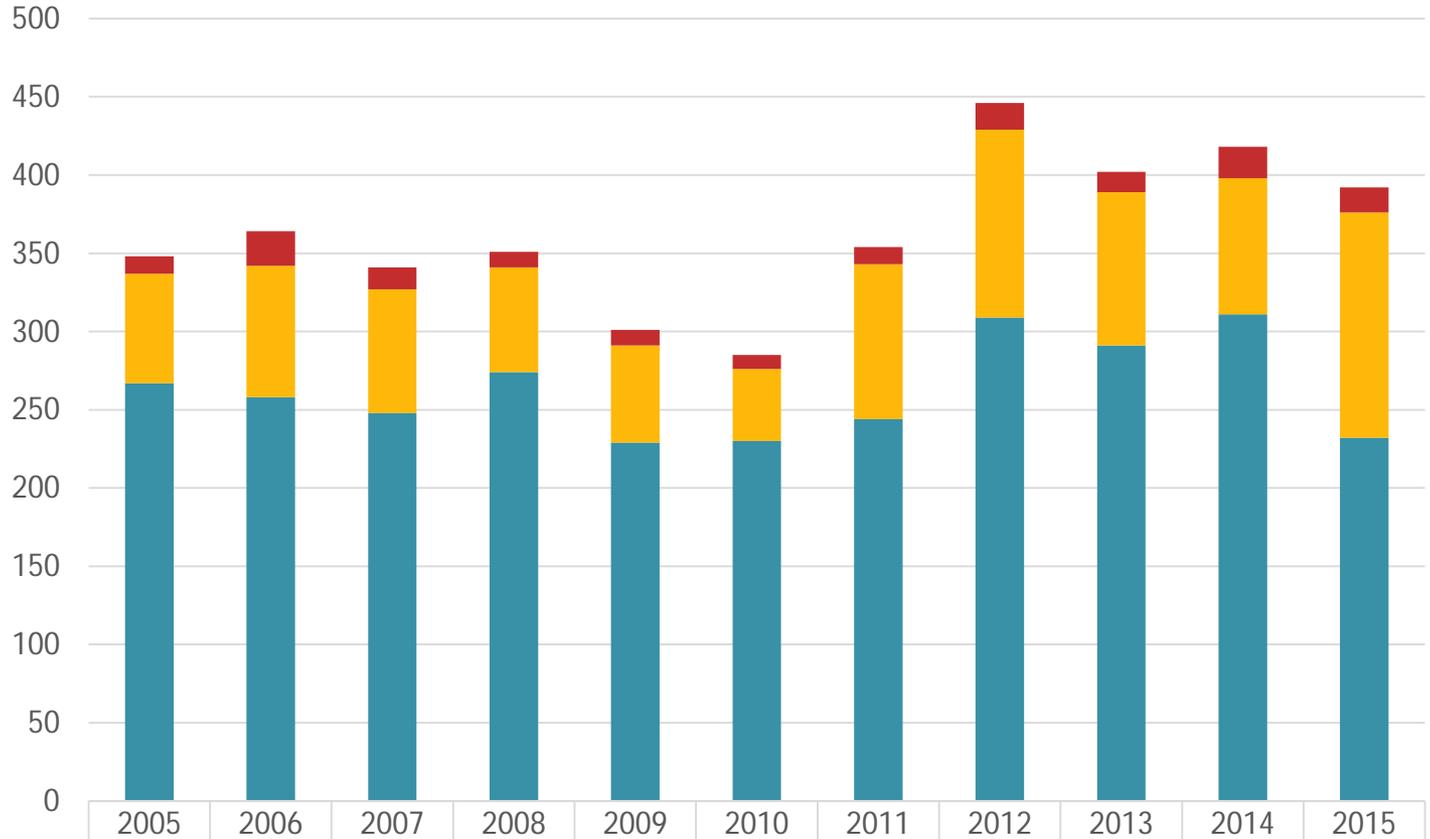
**Criminal Prosecution:** Prosecution of all criminal matters in District, Justice and Juvenile Courts (UCA Title 17, Chapter 18a, Part 4)

**Civil Legal Services:** Provides full range of legal services and lawsuit defense for the County and its dependent local districts (UCA Title 17, Chapter 18a, Part 5; UCA 17-18a-603)

**Victim Advocacy:** Provides services to victims of crime, including the obtaining of stalking injunctions (UCA 77-38-1 thru 14)

**Children's Justice Center:** Provides comprehensive, multidisciplinary, intergovernmental response to sexual abuse of children, physical abuse of children and other crimes involving children (UCA Title 67, Chapter 5b)

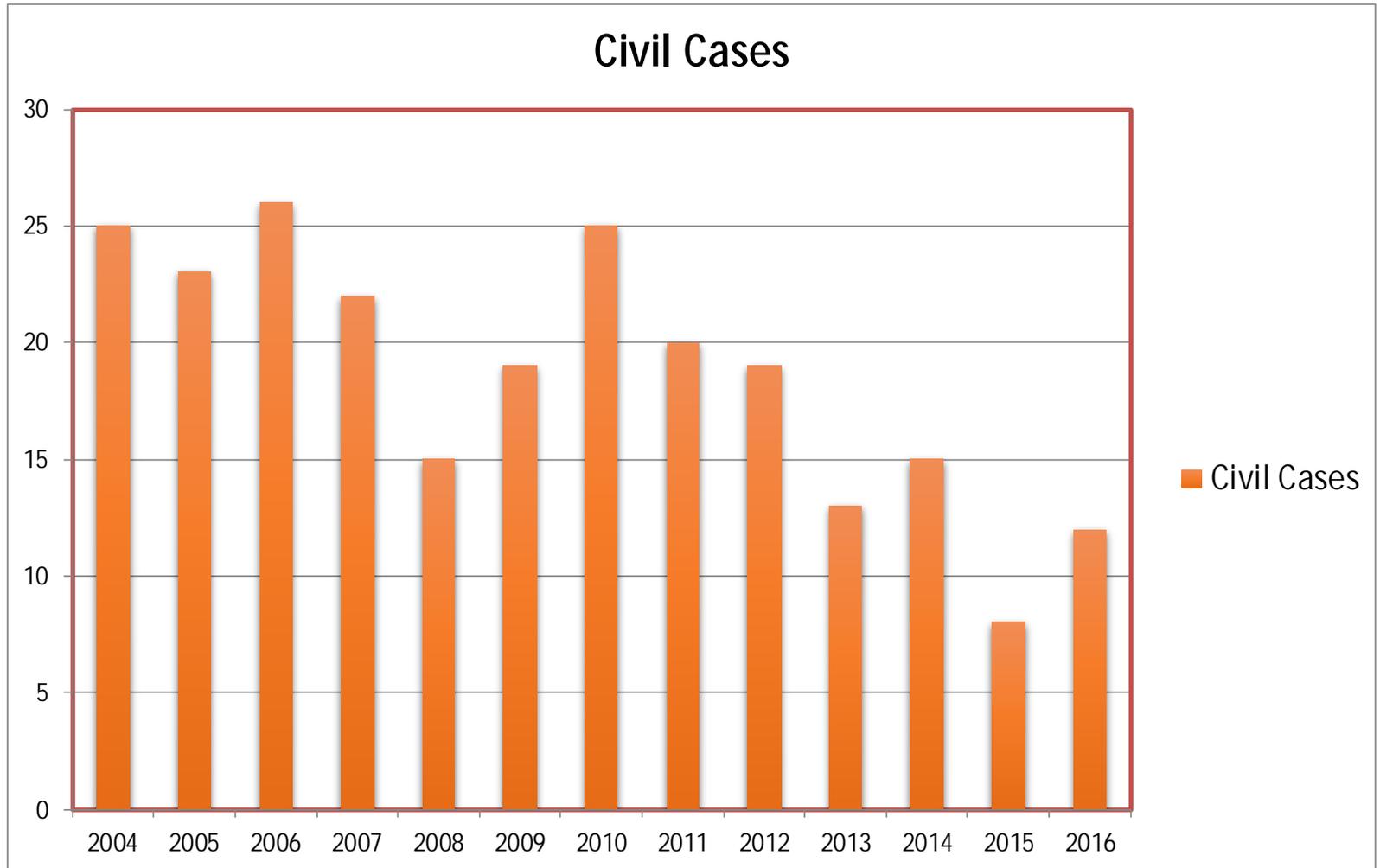
# District Court Filings



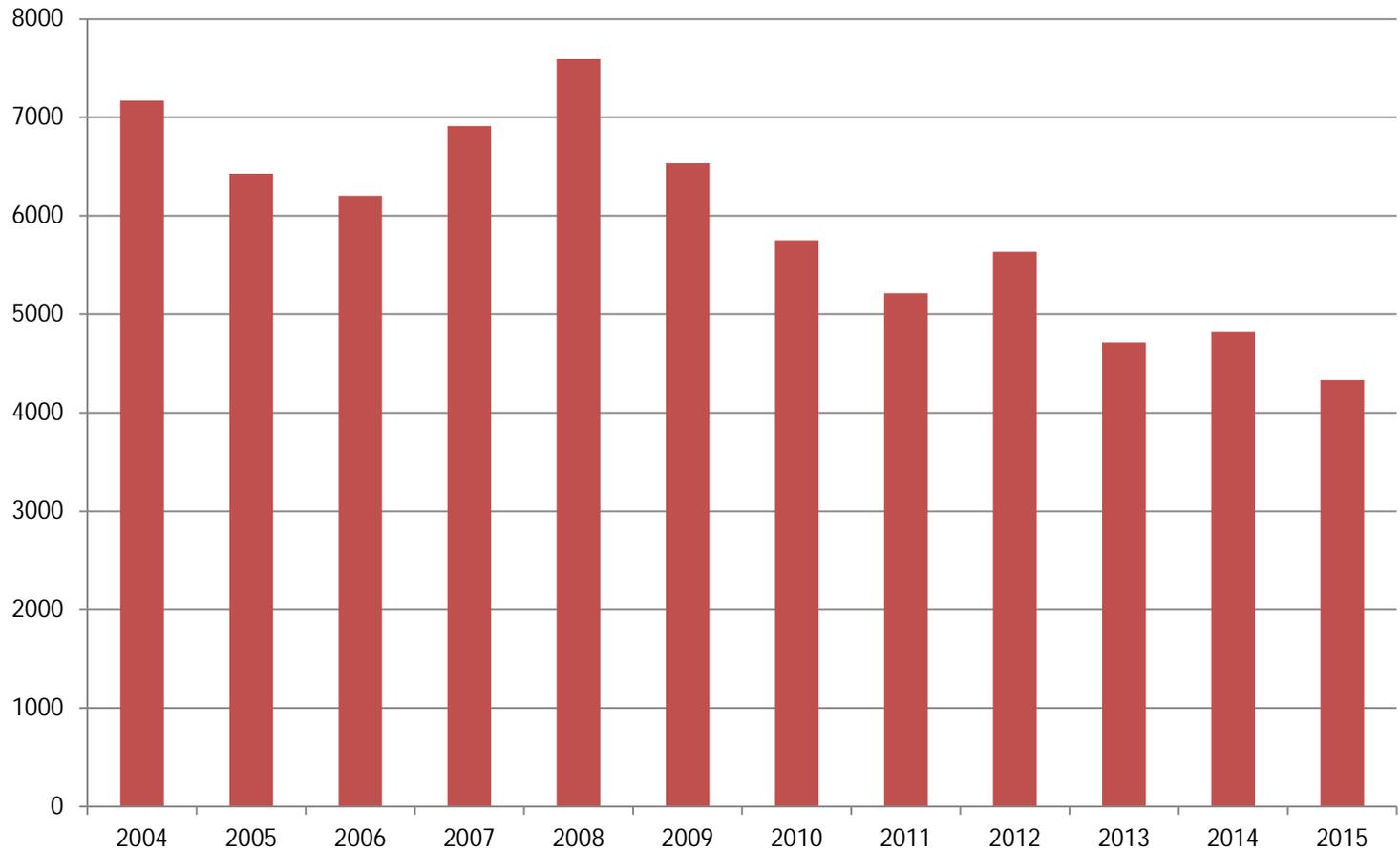
■ DUIs	11	22	14	10	10	9	11	17	13	20	16
■ Misdemeanors	70	84	79	67	62	46	99	120	98	87	144
■ Felonies	267	258	248	274	229	230	244	309	291	311	232

■ Felonies ■ Misdemeanors ■ DUIs

# Outstanding Civil Cases



# Justice Court Filings



# S.W.O.T. ANALYSIS OF ATTORNEY

## Strengths

- High success - criminal conviction (90%) & civil litigation (80%)
- Victim services - Victim Advocate and Children's Justice Center
- Civil – Highly experienced
- Criminal – Cooperative justice
- Criminal Division is completely paperless.

## Weaknesses

- Potential loss of PIMS case management system in next two years (Criminal)
- Transitioning to paperless office (Civil)

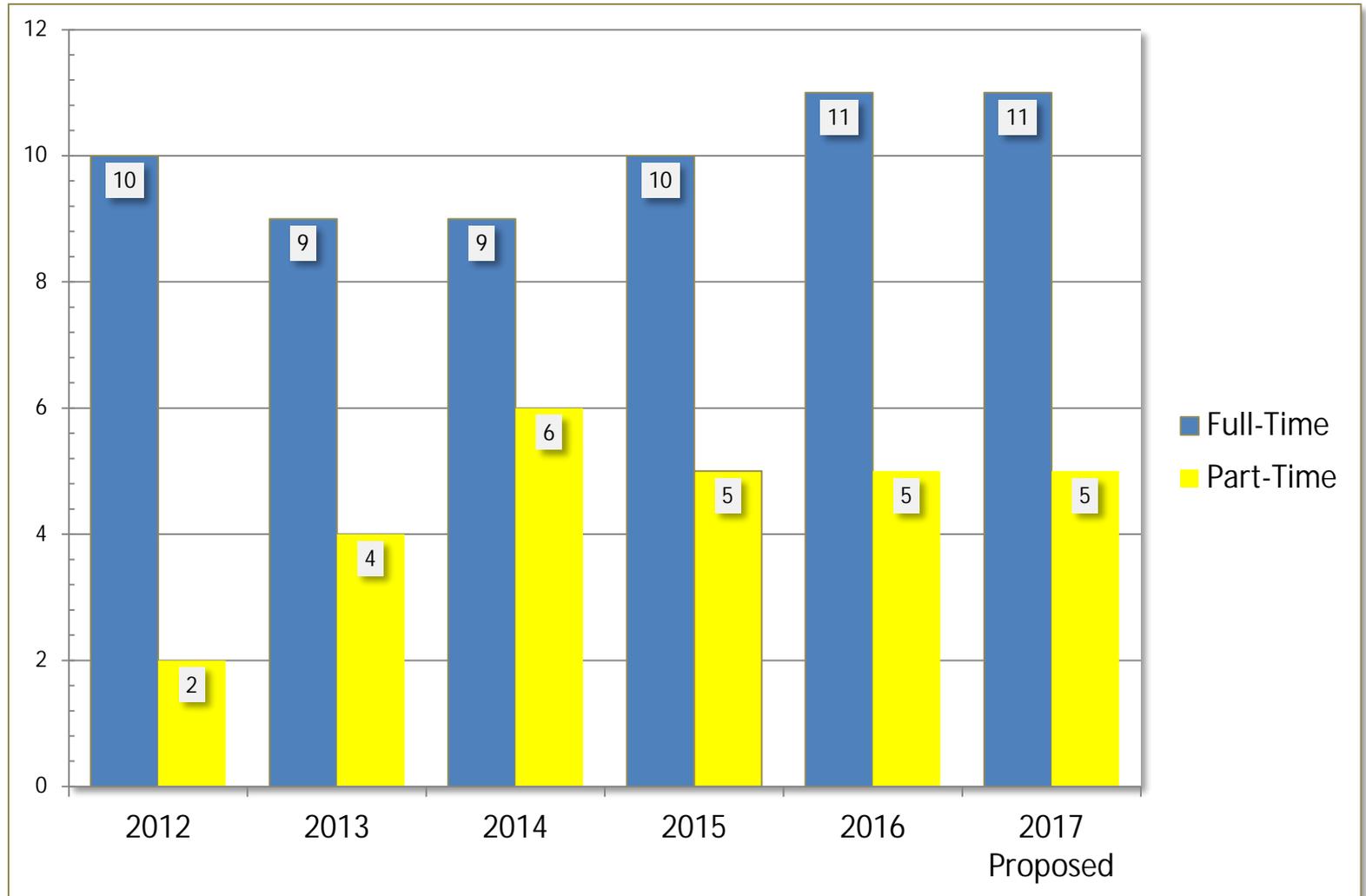
## Opportunities

- Potential creation of a Pre-Trial/Probation Services Program (potential reform of pre-trial release and supervision standards and protocols)
- Building a CJC stand alone facility and furnishing it (Public-Private Partnership)

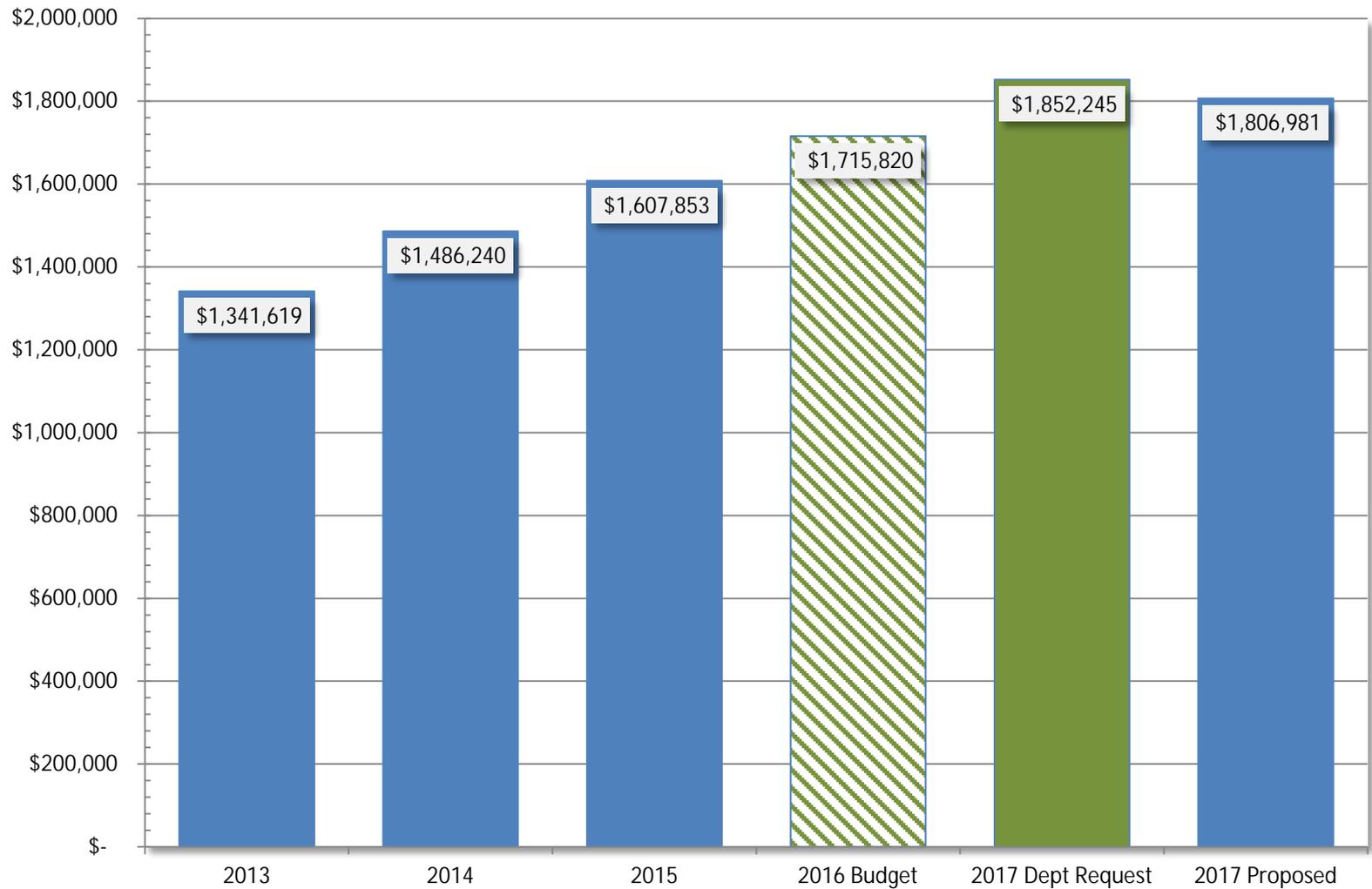
## Threats

- Upward mobility potential for staff and attorneys (lack of ability to reward superior performance and retain professionals who provide invaluable expertise and in-depth knowledge of County functions)

# Personnel Trend



# Budget Analysis



# County Assessor 2017 Budget Presentation



# Assessor – What We Do

*2017 Proposed - \$939,370*

*A 4.02% increase over 2016 Budget of \$903,030*

The Summit County Assessor is responsible for the following processes of government:

- Estimate market value for tax purposes on both real and personal property.
- Administers Utah State Farmland Assessment Act
- Administers Primary Residential Exemption statutes
- Complies with State mandated sales ratios
- Defends assessment values at local and State levels
- Staff functions for Council on all Exemption applications

# Assessor – Pondering Points

## Valuation -

- 40,372 real property accounts valued at \$21,372,931,582
- Taxable value of \$16,793,365,759 – generates 41% of County revenue
- 2015 Value for new growth is \$1,635,975,130

## Adjustments to Valuation

- BOE: 2016 adjustments to value were less than .002 percent
- Appeals have declined from 1,152 in 2014 to 657 in 2016 (mostly primary adjustments).

## Cost to Value Ratios (Every dollar spent on salaries)

- Personal Property: \$1 spent yields \$29 return
- FAA Recapture: \$1 spent yields \$11 return
- Real Property: \$1 spent yields \$60 return

*Every property returned to non-exempt status increases taxable value by over 45%*

# S.W.O.T. ANALYSIS – COUNTY ASSESSOR

## Strengths

- 150 years of accumulated experience
- All appraisal staff are Certified Ad Valorem appraisers
- Most appraisal staff are Certified Residential Appraisers
- Certified Personal Property Auditor
- Trained FAA (Greenbelt) Auditor
- Great interdepartmental interaction

## Weaknesses

- Annual processes over and over again
- Need statistical and analytical tools
- Annual 1/5 of County reappraisal process is inefficient
- Lack of advanced technical programs

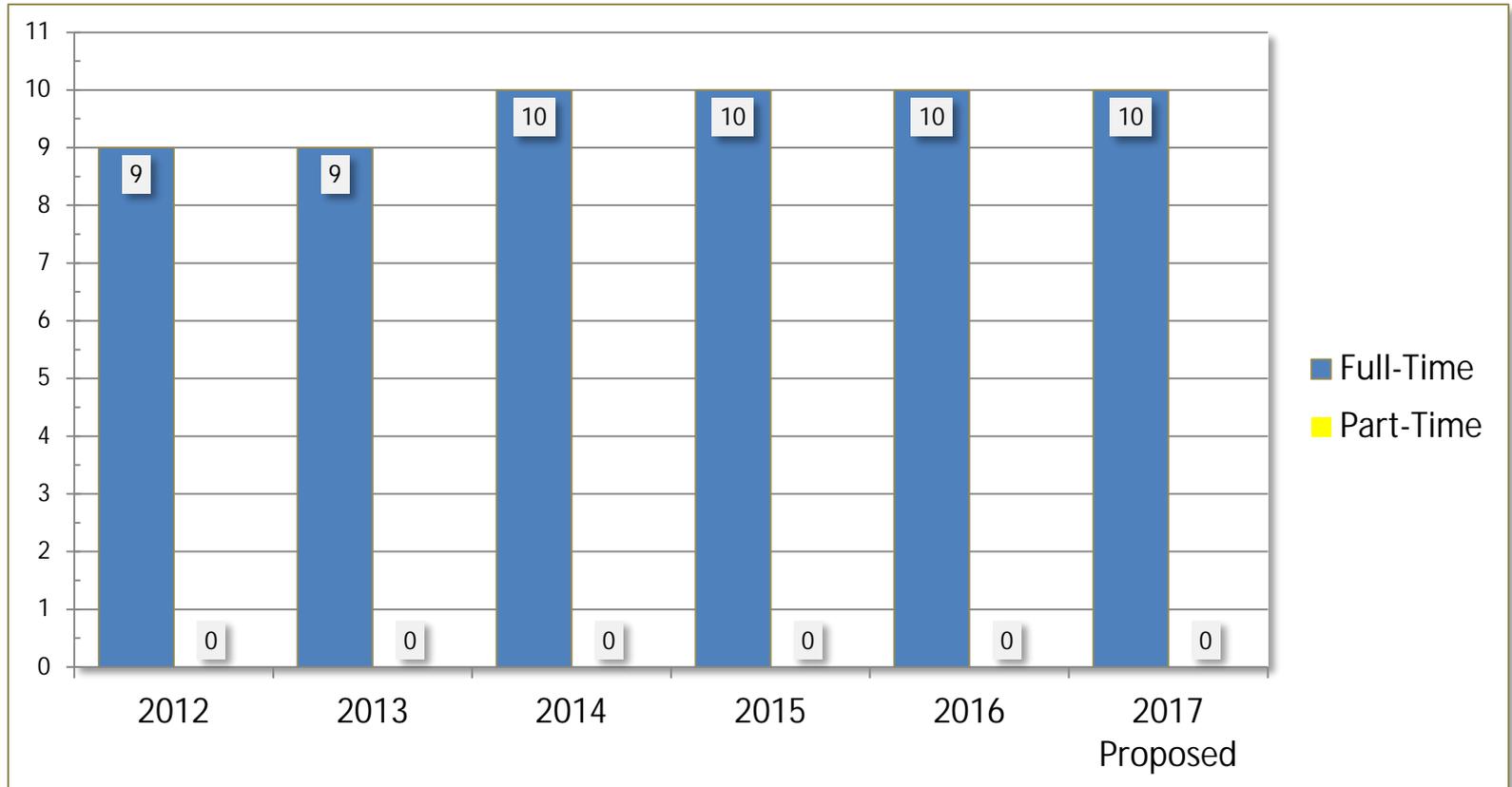
## Opportunities

- Pictometry would be very useful not only to this department but to many others. Other counties are using it to expedite the 5 year reappraisal mandate from the State
- New statewide appraisal system is being finalized and looks promising

## Threats

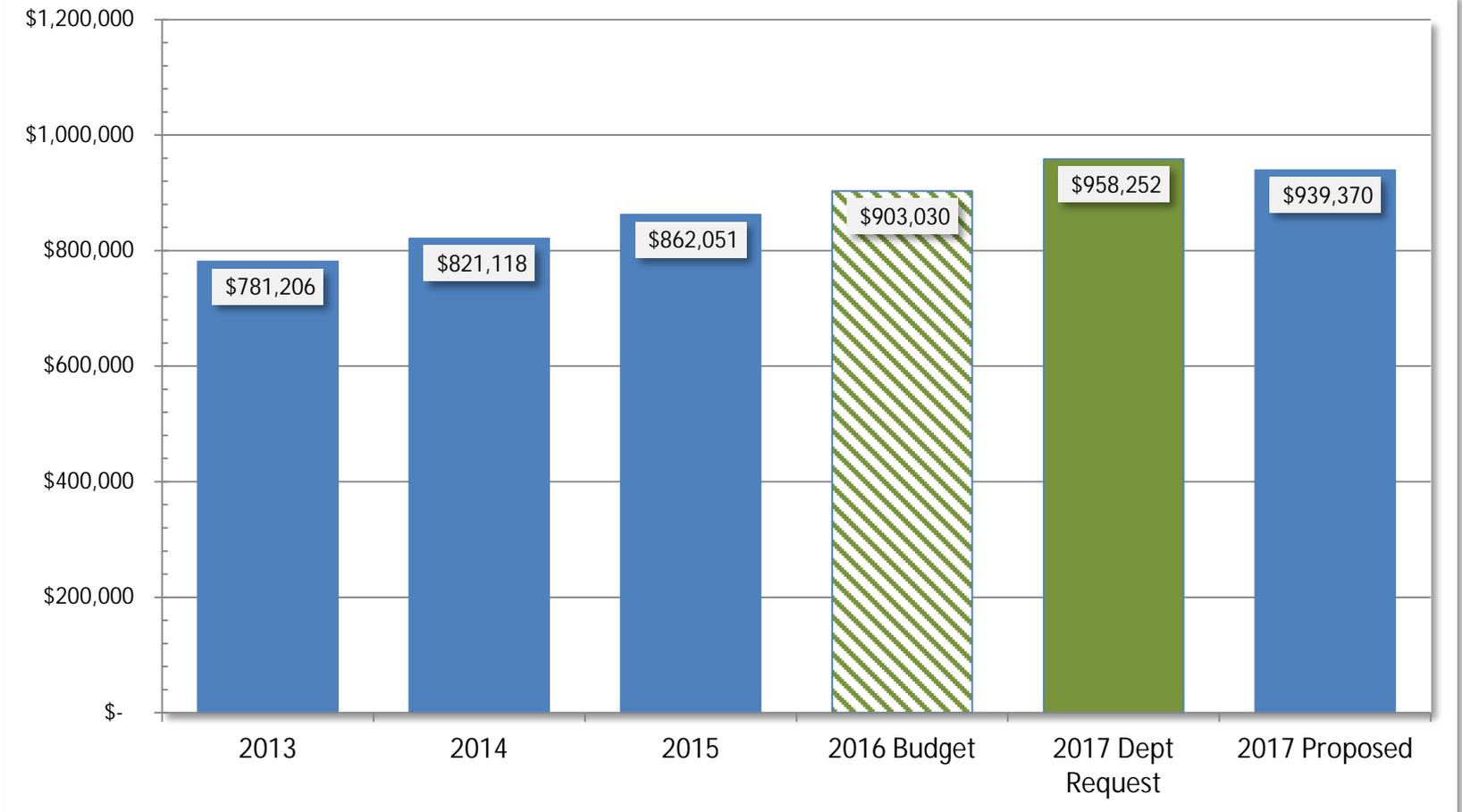
- Legislators who are not clear on the functions and responsibilities of the office
- Changes in licensing requirements make training/retention/hiring more difficult and expensive
- Imbalance between new hires and existing staff due to market demand

# Personnel – Assessor



- Our department includes the Assessor, Chief Deputy, Deputy Assessor, Appraisors (6), and a Technician

# Budget Analysis - Assessor





Questions?

# Animal Control

## 2017 Budget Presentation



# Animal Control – What We Do

*2017 Proposed - \$609,880*

*A 3.28% increase over 2016 Budget of \$590,490*

Animal Control promotes responsible pet ownership, compassion toward animals and safe human-animal interactions through education and the enforcement of animal control laws.

We provide responsive, efficient and high quality animal control services that preserves and protects public and animal safety. Animal Control's mission is achieved through professionalism, responsibility, compassion, commitment, integrity, accountability and community partnerships.

We strive to find responsible and loving homes for all of our adoptable pets.

# Animal Control – Statistics

Animal	2014	2015	2016 YTD
Dogs	381	389	290
Cats	371	400	301
Skunks	30	56	94
Raccoons	64	32	51
Sheep	1	0	2
Rabbits	3	2	3
Goats	1	0	3
Horses	3	3	0
Hedgehog	0	1	0
Fowl	1	2	4
Bat	1	2	2
Rat	0	0	1



# S.W.O.T. ANALYSIS OF ANIMAL CONTROL

## Strengths

- Existing Staff well trained - looking for better ways to serve our community
- Staff committed to adoption for every viable animal
- Good relationships with our adoption partners.

## Weaknesses

- Collecting past due citations

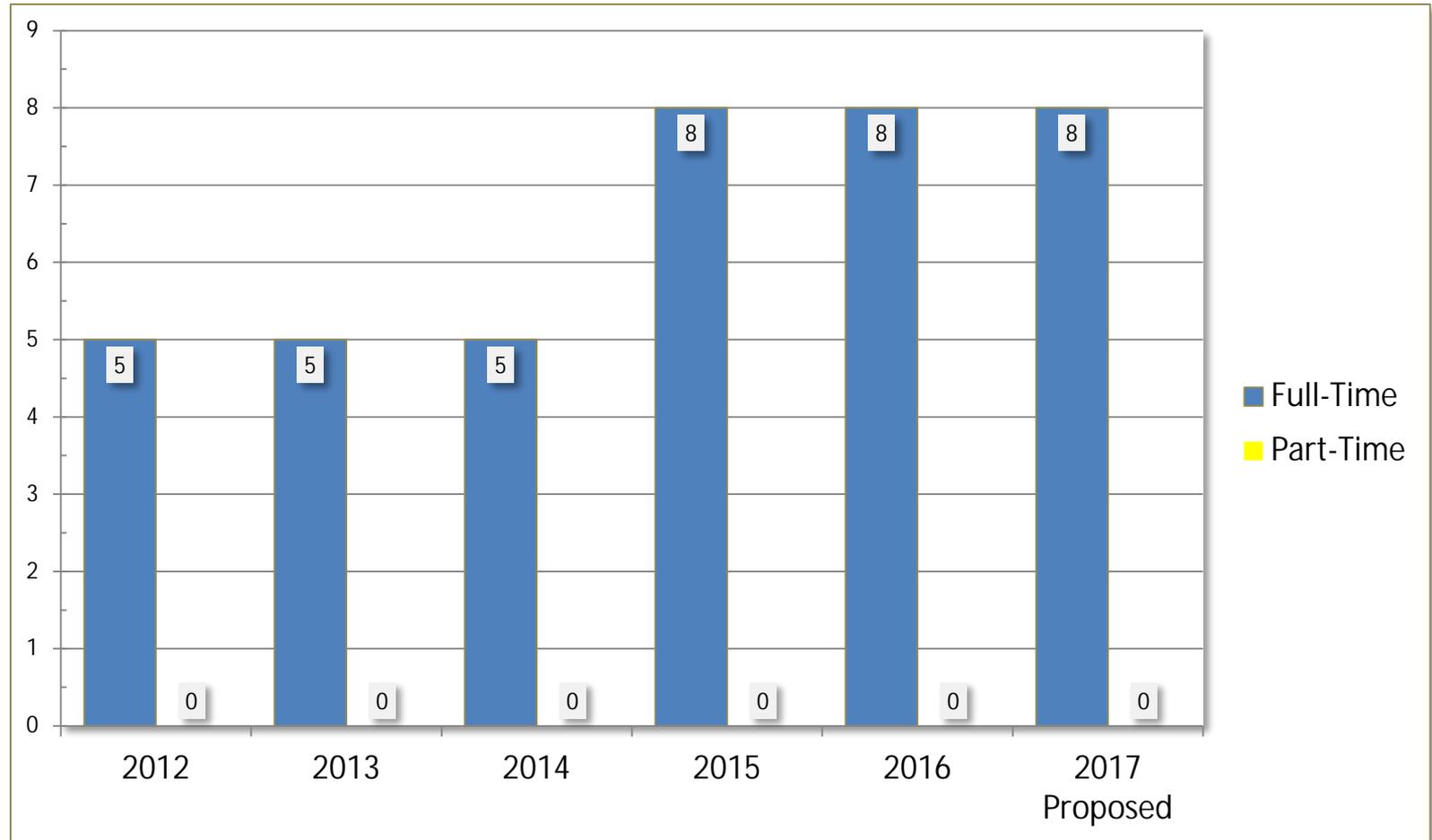
## Opportunities

- Educating the community on what it is we do to serve them.

## Threats

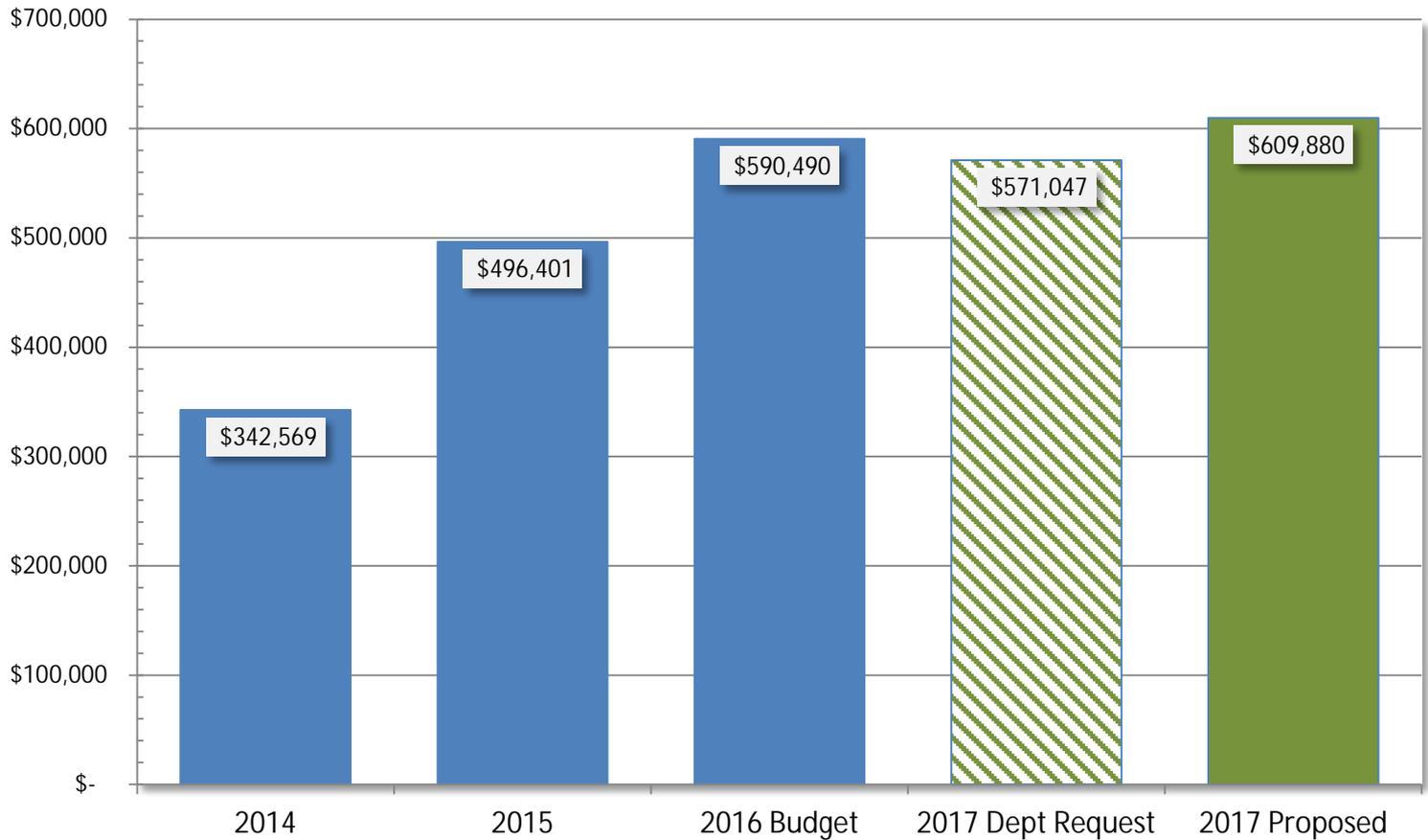
- Loss of ability to euthanize nuisance animals with our carbon monoxide machine.
- Zoonosis Diseases

# Personnel Trend – Animal Control



- Recently became fully staffed again!

# Budget Analysis – Animal Control



- Proposed budget maintains service levels of 2016 budget.

# USU Extension 2017 Budget Presentation



# USU Extension – What We Do

*2017 Proposed - \$123,200.00*

*A 6.5% increase over 2016 Budget of \$115,646*

Utah State University Cooperative Extension Service is a partnership with federal, state and county (Summit) governments to provide research based information to the citizens of Summit County.

Extension agents and university extension specialists work in the county providing educational programs in the following areas: agriculture, horticulture, family and consumer science and 4-H youth development.

# USU Extension

## *Interesting Facts*

- Our Program reaches approximately 20,000 individuals each year.
- Approximately 2,300 Summit County youth are involved in 4-H related activities.
- We oversee the efforts of 540 4-H adult/youth volunteers.
- Over 900 4-H Family and Consumer Science projects were exhibited at the County Fair involving 157 4-H youth.
- 182 Summit County 4-H and FFA members received a total of \$460,000 at the county fair for their market animals.
- Approximately \$50,000.00 in grants/contracts were obtained by our office to benefit the residents of Summit County.

# S.W.O.T. ANALYSIS – USU EXTENSION

## Strengths

- Access to Utah State University Extension specialists/faculty members for program assistance and support
- Excellent support from county adult volunteers to help conduct the 4-H youth program in the county
- Excellent 4-H youth program in the county

## Weaknesses

- Limited number of paid staff to continue to expand existing adult and 4-H youth programs
- Federal and state funds continue to decrease, so grant funding becomes more important each year
- Limited program space available throughout the county.

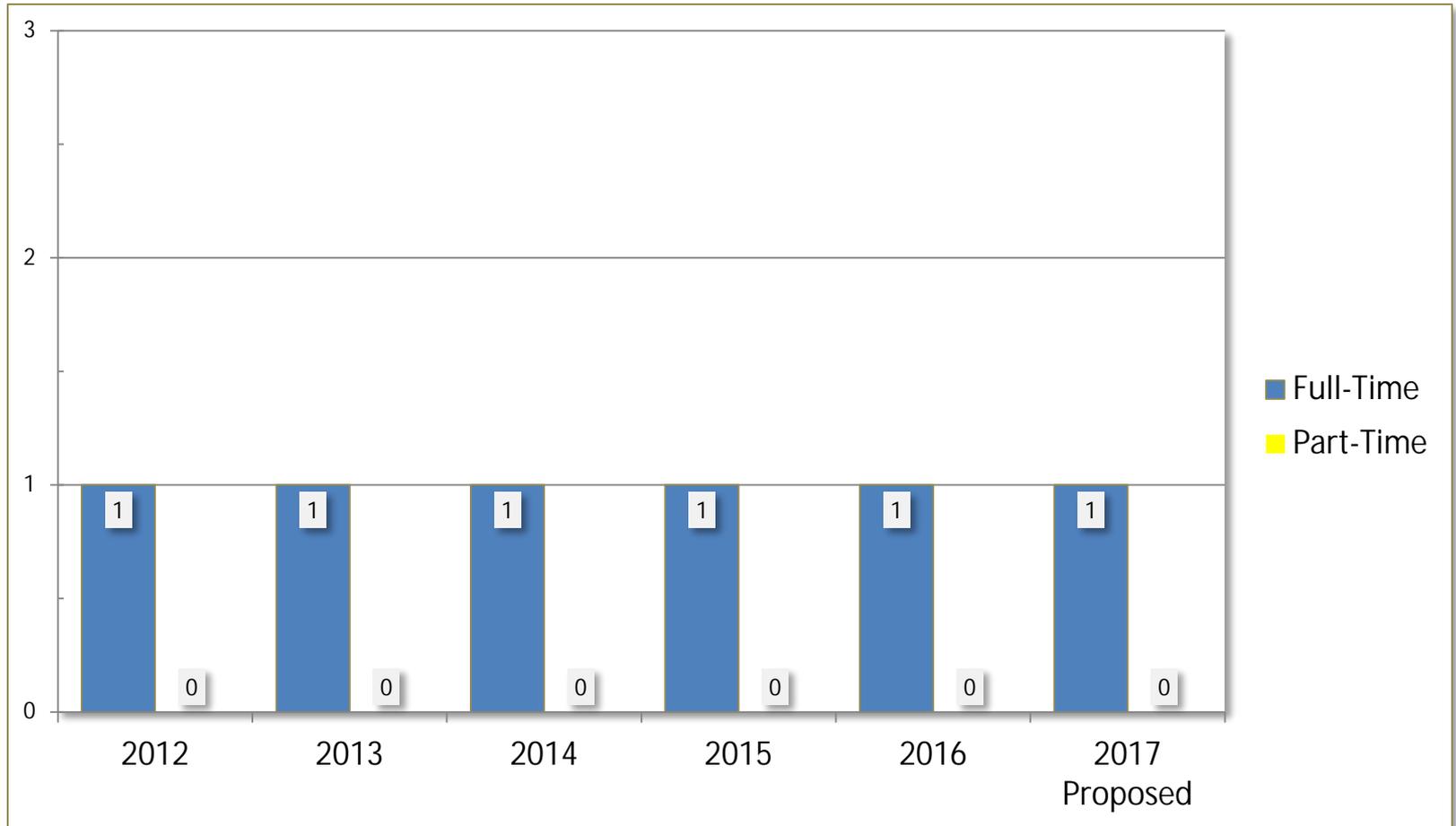
## Opportunities

- Increased interest in the 4-H youth program by county residents.
- Increased interest in the family consumer science program area by county residents.
- Increased interest in the horticulture program area by county residents.

## Threats

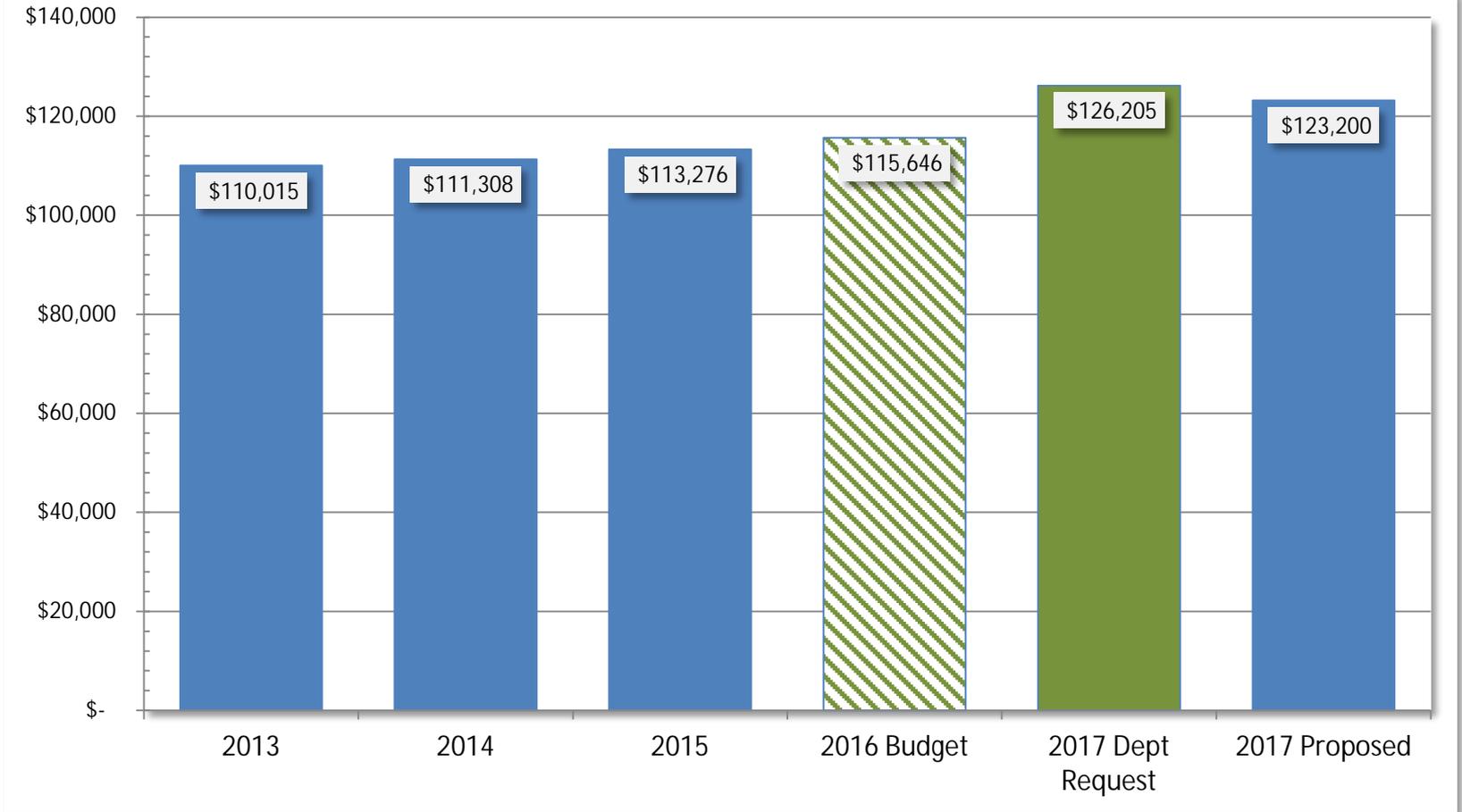
- Increased interest in programming will not be met due to the limited number of staff members.

# Personnel – USU Extension



- The Summit County/USU Extension office consists of two university extension agents, one county secretary and a county summer 4-H intern.

# Budget Analysis – USU Extension



- 2016 proposed budget follows 2015 figures plus increase in benefits cost



Questions?



## STAFF REPORT

**To:** Summit County Council  
**From:** Ray Milliner, County Planner  
**Date of Meeting:** November 9, 2016  
**Type of Item:** Special Exception – Work Session  
**Process:** Legislative Review

---

**Recommendation:** This work session was scheduled to introduce the proposed special exception to the County Council. Staff recommends that the Council review the project and provide feedback to the applicant and Staff. No action/recommendation is requested.

### Project Description:

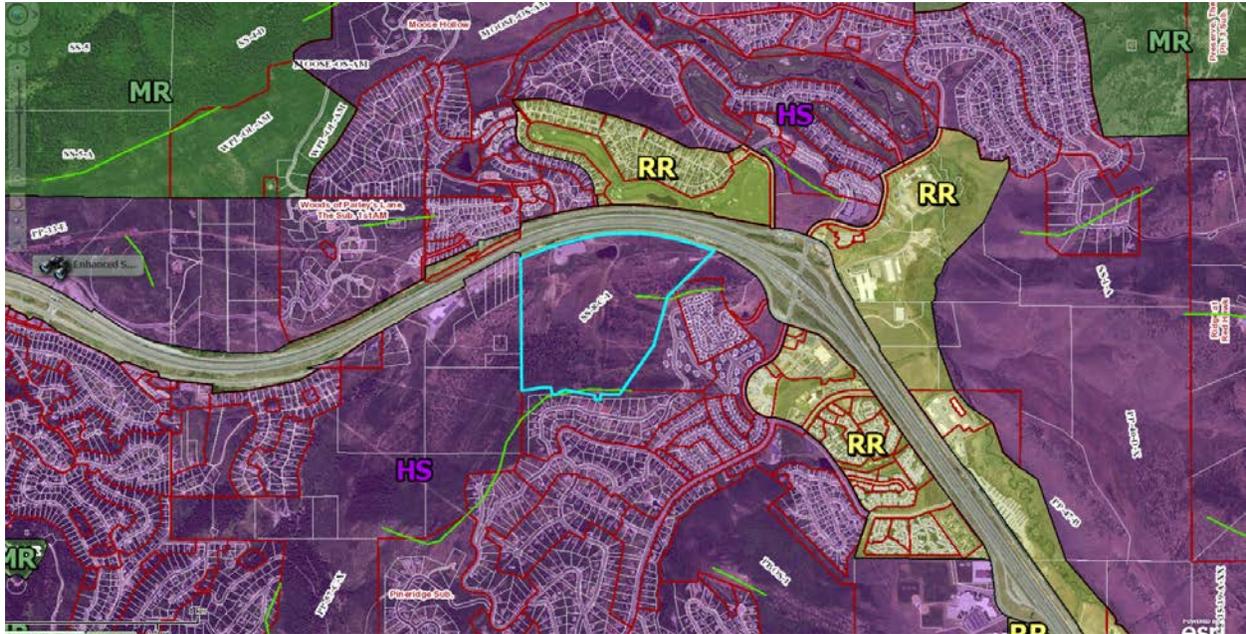
Project Name:	Woodward Park City – Gorgoza Park
Applicant(s):	Parleys Recreation Partners LLC, Michael Barille Rep.
Property Owner(s):	Parley's Recreation Partners LLC
Location:	3863 West Kilby Road
Zone District:	Hillside Stewardship (HS)
Parcel Number and Size:	SS-C-1, 126.39 acres
Type of Process:	Special Exception
Final Land Use Authority:	Summit County Council

### Proposal:

The applicant is proposing an action sports training facility at 3863 West Kilby Road in conjunction with the existing Gorgoza Park Specially Planned Area. Proposed Improvements include:

- An indoor action sports training facility with associated food and beverage and support spaces. The facility would have a footprint of approximately 48,750 and be 52,107 square feet total.
- A new fixed grip 4 person chair lift.
- Lift served snow sports riding and teaching terrain.
- Expanded snow making,
- Continuation of the existing tubing operations.
- An expanded mountain biking trail system, dirt jump / freestyle mountain biking terrain.
- An outdoor skate park.
- An expansion of the existing parking lot with replacement of the existing parking lot lighting.

## Vicinity Map:



## Background

On August 8, 2016 the applicant submitted a special exception application to increase the maximum height of a proposed sports training facility from 32 feet to 45.5 feet as defined by the Snyderville Basin Development Code. The application is tandem with a low impact permit for improvements to the existing Gorgoza Park development that was submitted on June 6, 2016.

On July 26, 2016 the Low Impact Permit was introduced to the Planning Commission at a work session meeting. The purpose of the work session was to introduce the project to the Commission and receive comment prior to taking it to the Council for the special exception hearing (Meeting minutes attached as **Exhibit A**).

The most significant feature of the project is a 52,107 building that would be used as a sports training facility. The structure would serve as an indoor training space for multiple action sports including:

- Skiing
- Snowboarding
- Skate boarding
- Bmx biking
- Gymnastics
- Parkour

- Cheerleading
- Digital media
- Music
- Graphic arts

The facility would also include food and beverage space for the site, administrative offices, a ticket counter, trainer / first aid space, a digital media lab, lockers, restrooms, circulation and back of house spaces to support these functions.

The proposed building height is 45.5 feet above existing grade (see **Exhibit C** for a graphic illustration of the proposed height). The maximum allowed height in the HS zone is 32 feet above existing grade or finished grade whichever is lower. The building is proposed in the approximate location of the existing yurts used for the tubing hill warming and ticket sales. There is a year round stream running along the south side of the building and Kilby Road is to the west. As proposed the structure meets the minimum setbacks from the stream as required by the Code. If the Council approves this application, they will return to the Planning Commission for further review.

#### **Reason for Request**

The applicant states that the additional height is necessary to provide safe clearance in the internal separation between the training equipment (trampolines, ramps, etc.) and the interior ceiling. He states that the prospect of digging the foundation deeper is not feasible due to ground water issues, soil disturbance near a year round stream and seismic/foundation issues (See Exhibit B for full applicant narrative).

#### **Use History/Required Process**

On July 26, 1999, the County Council approved a development agreement for the Gorgoza Park Specially Planned Area. The project was summarized in the development agreement as follows:

**2.1 Description of the Project.** The Property covered by this Development Agreement consists of 126.39 acres of land located at 3863 West Kilby Road, Park City, Utah. Developer intends to construct a commercial project, generally described in the Gorgoza Park SPA Plan and this Development Agreement. Gorgoza Park is a planned mountain outdoor recreation center that will operate mainly during the winter and summer seasons, extending into the fall and spring seasons based on weather and other conditions. Gorgoza park will offer a variety of non-motorized outdoor recreational activities that may include: snow tubing with up to 5 tube tows with up to four lanes per tow; snowplay; snowboarding accessed via a chair lift with a terrain park and two half pipes; snowblades and skiing; ice rink and skating; snowshoe and ski trails; winter alpine slide rides; toboggan and luge/bob rides; all terrain carts and thrillsleds; a climbing wall; a skate park and an all terrain skateboard area; BMX and mountain bike trails; alpine slide rides, and other uses consistent with the mountain outdoor recreation setting. Gorgoza Park will also include trails open to the public as described in this Development Agreement and food, beverage, rental, ticket sales, snowmaking (including reservoirs), restroom, first aid, maintenance and other service areas and facilities as identified on the Final Site Plan, Exhibits 2.4-2.12. Temporary buildings will be used for ticket sales, rentals, and restroom facilities for not to exceed five years. Special events are anticipated, subject to obtaining special event permitting (Low Impact Permit and Large Public Assemblies Permit). The operational capacity of Gorgoza Park will depend on the availability of parking and mass transit and other transportation services, but on-site parking will not exceed 500 cars at full build-out.

Following the 1999 development agreement approval, the applicant developed and began operation of a snow tubing hill, with associated tow ropes, snow making, sales yurts and a parking lot. The use has remained, relatively unchanged, since that time.

### **Analysis and Findings:**

The SCC may approve, approve with conditions, or deny a Special Exception based upon written findings of fact according to each of the following standards. It is the responsibility of the applicant to provide written and graphic evidence demonstrating compliance:

**Standard 1:** The special exception is not detrimental to the public health, safety and welfare;  
**REQUEST DISCUSSION**

**Analysis:** The general context of the site is a winter sports resort with I-80 to the north and ski/tubing hills to the south. There is little significant development or vegetation immediately adjacent and it is highly visible from all angles. Patrons would approach the facility via Kilby Road or one of numerous trails that pass through the site (to date there is no bus service to the site). In Summit County it is not unusual to see larger/taller buildings located at the base of winter sports resorts. The relative lack of adjacent structures could mitigate the visual impact of the additional height as the building would not be out of character with surrounding buildings. Most residential structures in the area are located at a higher elevation than the proposed building mitigating impacts by virtue of their higher elevation.

The applicant states that the additional building height will limit the amount of excavation on site, and therefore the environmental impact of the foundation excavation on the existing year round stream.

1. A deeper foundation = a wider excavation incorporating soil nailing, and installation of geofoam in an excavation cut back at a 1:1 or even 2:1 slope = much broader disturbance both during and post construction in an environmentally sensitive riparian corridor.
2. While the current design has almost entirely solved for meeting stream and wetland setback requirements the additional disturbance and retaining solutions required for a deeper excavation would disturb more upland vegetation, alter hydrology in the impacted area, and generally have negative impacts on vegetation and stream water quality that could otherwise be avoided.
3. Similarly, constant use of mechanical ground water removal with sub-surface pumps have significant potential to draw down ground water levels in a broad area around the building footprint and impact stream flows. (See Fig. from <http://water.usgs.gov/ogw>) Decreased soil moisture could impact riparian species of vegetation in upland areas and non-jurisdictional isolated seeps. While these impacts are not in conflict with Army Corp guidelines, the potential loss of riparian vegetation and overall reduction of vegetative biomass could reduce the ability of the site to adsorb and filter naturally occurring and off site contributions to surface water run off before entering the stream. All of these potential impacts run counter to the *intent of the code* to protect natural riparian areas and water quality.

**Standard 2:** The intent of the development code and general plan will be met; **COMPLIES**

**Analysis:** OBJECTIVE C of Chapter 4 of the Snyderville Basin General Plan States:

“Recognize the desirability of multiple types of recreational services to meet the broad range of health, wellness and leisure interests of Basin residents and visitors.

Policy 4.20: Private commercial ventures are an important aspect of providing recreation services for residents and visitors of the Basin. They typically operate as independent businesses that provide facilities, amenities and programs. Ski and golf resorts, commercial outfitters and sports, health, wellness and fitness clubs fall into this category.”

The proposed sports training facility is a private recreation business that is unique to Summit County, and would provide a service that both Basin residents and visitors would be interested in.

**Standard 3:** The applicant does not reasonably qualify for any other equitable processes provided through the provisions of this title; **COMPLIES**

**Analysis:** The applicant could apply for a variance, but would be unlikely to meet the criteria of approval as required by the State of Utah due to not having a hardship to overcome.

Gorgoza Special Exception

The SCC has instructed Staff to not require applicants to go through unnecessary processes when it is clear that the SCC will be the eventual decision maker.

**Standard 4:** There are equitable claims or unique circumstances warranting the special exception. **REQUEST DISCUSSION**

**Analysis:** At the July 26, 2016 Commissioners asked if it would be reasonable to simply excavate the foundation deeper to achieve the necessary height for the building. The applicant responded as follows (full applicant narrative **Exhibit B**):

1. A deeper excavation results in a taller foundation wall that must be designed for two significant impacts: A) Increased lateral earth loads against the full wall height. B) Far greater influence from ground water associated with the increased depth. Additionally the ground water influence at the depth of excavation needed to meet the zone required building height would be present year round not just seasonally.
2. Deeper Excavation = Increased lateral soil pressures = the need to soil nail and place geofoam to effectively isolate these loads from the actual foundation wall = a much broader excavation and site disturbance (up to 60' feet wider than the current projected footprint along the North, NW, West, and SW sides of the building.
3. Deeper Excavation = greater year round influence of ground water = constant requirement for mechanical ground water removal from around and under the foundation

**Recommendation:**

This work session was scheduled to introduce the proposed special exception to the County Council. Staff recommends that the Council review the project and provide feedback to the applicant and Staff. No action/recommendation is requested.

**Attachments:**

- Exhibit A – Minutes from July 26, 2016 Planning Commission Meeting
- Exhibit B – Applicant narrative
- Exhibit C – Proposed height analysis
- Exhibit D – Proposed site plan
- Exhibit E – Photographs of site

# MINUTES

## SNYDERVILLE BASIN PLANNING COMMISSION

REGULAR MEETING  
TUESDAY, JULY 26, 2016  
Sheldon Richins Building (Library)  
1885 West Ute Boulevard,  
Park City, UT

### COMMISSIONERS PRESENT:

Bea Peck, *Chair*  
Colin DeFord

Mike Franklin  
Canice Harte

**Regrets:** Julia Collins, Greg Lawson, Chuck Klingenstein

### STAFF PRESENT:

Peter Barnes– *Planning and Zoning Administrator*      Jami Brackin– *Deputy County Attorney*  
Amir Caus- *County Planner*      Jennifer Strader- *Senior Planner*  
Ray Milliner- *Principal Planner*      Tiffanie Northrup-Robinson- *Senior Planner*  
Patrick Putt– *Community Development Director*      Kathy Lewis– *Secretary*

The regular meeting of the Snyderville Basin Planning Commission was called to order at 6:00 PM.

### **6:00 P.M. WORK SESSION**

#### 1. **Review draft Helicopter Ordinance – Patrick Putt, Community Development Director**

Community Development Director Pat Putt said that in March of this year, the County Council adopted a temporary zoning ordinance (TZO) that dealt with helicopter uses. He explained that a TZO is a temporary 6-month set of regulations that will allow the County a sufficient amount of time to develop a permanent ordinance for the Commission’s consideration. If a set of regulations replacing the TZO is not put into effect by September 9, 2016 the TZO lapses. The Code that existed before the TZO was put into place is reinstated.

Director Putt said that where this all started was with this past year’s Sundance Film Festival. There was a situation of a helicopter transit service landing in various

the table. They hope that the Public Hearing will help to filter out unfounded fear from legitimate concerns about health and safety.

**Commissioner Franklin** congratulated those who worked on the ordinance for creating a good document. **Commissioner DeFord** thanked Mr. Syms for sharing his expertise.

### **REGULAR SESSION**

#### **1. General Public Input**

The general public input session was opened. There were no comments made and the public input session was closed.

2. **\*\*\*This item has been moved to the August 9, 2016 meeting.\*\*\***  
**Public hearing and possible action** regarding a Low Impact Permit for a 415 foot long extension to the existing Hiltrac Life in Phase 4E of the Colony Development: Kristian Mulholland, applicant – *Amir Caus, County Planner*

### **WORK SESSION**

1. **\*\*\*This item has been moved to the August 9, 2016 meeting.\*\*\***  
**Annual review of the Colony Hiltrac Lift Low Impact Permit – *Amir Caus, County Planner***
2. **Preliminary review** of the Woodward/Gorgoza Conditional Use Permit – *Ray Milliner, Principal Planner*

Administrator Peter Barnes said he is filling in for Ray Milliner. He said this proposal has been in the public eye for several weeks. Staff felt it was important for this to come to the Planning Commission. He introduced the applicant, Michael Barille, who is the project manager. Mr. Barille introduced others of his group, although they did not speak. He said the facility is proposed be constructed on a 126 acre parcel in the Hillside Stewardship zone. It would be integrated with the existing facility.

Mr. Barille said they would like to introduce the project to the Planning Commission and tell them about the steps they have done to get ready for this application. He said they chose to have an open house about the project. Invited to the open house were the residents of Jeremy Ranch, Pinebrook, and the area surrounding the project.

Mr. Barille said this is a facility they are excited to bring to the area. It will provide a safe way of teaching some of the sports that many of the kids in this area want to participate in. The Park City area has great venues for showcasing skills, but not the best and safest way to learn these skills. Site design, architecture, parking, trip generation, and employee generation, among other things, have been taken into consideration.

Mr. Barille said the question may be asked, "What is Woodward and what do they mean by 'action sports'?" He said that what they are proposing would be a facility to safely learn the following sports: skiing, snowboarding, skateboarding, BMX biking, gymnastics, parkour, digital media, cheerleading, graphic arts, and music.

The idea at Woodward is that an athlete doesn't progress from one level to another until they have learned the level before it. They don't progress to a hard surface until the skill has been perfected on a soft surface.

Mr. Barille said that Woodward usually does not separate the individual sports. They are combined so the athletes can learn from one another. For example, a gymnast may help a snowboarder learn about aerial awareness.

Mr. Barille said they want to be upfront with the Commission about the issues that have been identified. In this zone the permitted height is 32 feet. Their structure will be taller than that; therefore, they will be applying for a special exception. He said during the presentation the reason for this will be explained.

**Chair Peck** asked Attorney Brackin why this would need to go before the County Council. Attorney Brackin said a special exception is asking the legislative body that created the law to exempt them from the law. Only they can grant the exception.

A vicinity map was shown that demonstrated the outline of the property boundary. It showed the Jeremy Ranch area and the existing parking. Mr. Barille gave a history on the operations that are currently on the site.

Mr. Barille said the current business can have up to 1,000 visitors a day and more on the weekend. It was realized that a lot of the activities that are proposed for this facility are the same as what has been approved for the SPA. A discussion was held with Staff about if an extension of the SPA agreement should be sought, but they were guided towards the condition use process (CUP).

Mr. Barille said the main building would have three large training sections. Outside the building, an outdoor plaza would be used for gatherings and demonstrations. The existing parking area would be expanded. He said there would be ski runs, free-style runs, lifts, and other winter sports terrains. He explained they don't see this as another ski resort, but an area to learn new skills. In the future they would like camper cabins for those who are there at weeklong camps. These would serve as seasonal housing during the winter.

The site plans were shown. There is a summer and a winter version. He described the activities that would take place during the summer and then during the winter months. Mr. Barille said the total size of the structure would be ~52,000 square feet and the footprint would be ~48,000 square feet.

Different renderings of the structure were shown. Mr. Barille described the look of the building. A video was shown that was taken at a Woodward facility at Tahoe. A diagram showed the areas of the structure that would exceed the height limitation. Mr.

Barille said they have worked with Staff to address the issues that would be created by the stream and wetlands. He said the site constraints have contributed to the type of design that was chosen for this site.

Mr. Barille said that an employee study has taken place. They are looking at addressing the housing need. A trip generation study was completed. He said he expects to spend a good portion of a meeting going through the mechanics of these reports.

Mr. Barille said he would like to address the question of “Why locate this facility in Summit County?” He said that interest in action sports is growing. Park City is a natural choice for this type of facility. It has world-class terrain parks for both winter and summer sports. He said they want to receive input from the Commission on how they can be prepared to come back.

Director Putt explained the reasons why this application is coming to the Commission as a CUP rather than under the 1999 Gorgoza SPA. The first reason is that under the current Development Code, resort accessory structures over 5,000 square feet automatically trigger the CUP process.

Director Putt said if this is called an accessory use, then it is an accessory use to an existing SPA; however, any building over 10,000 square feet triggers the conditional use permit. He said the project is proposing at least one additional lift. A lift in the Hillside Stewardship zone requires a CUP. The CUP gives the public a chance to weigh in.

#### **COMMISSION COMMENTS AND QUESTIONS**

**Commissioner DeFord** asked the applicant what they would do if the special exception isn't granted. Mr. Barille said they don't have an alternative because the increased height is essential for what they are planning.

**Commissioner DeFord** referred to policy 2.3. How do they get around that? Director Putt said that policy 2.3 was never intended to prohibit an existing approved development from building. **Commissioner DeFord** requested that Staff look at this for when they come back.

**Commissioner DeFord** noted there are yurts that have been there for 15 years but they were supposed to have been gone in five. What happened? Mr. Barille said they want to bring this and other things into compliance.

**Commissioner DeFord** said the SPA vested some things. Are they consistent with that language? What expired when the SPA expired? Attorney Brackin said there is an analysis that identifies what carries over and what doesn't.

**Commissioner DeFord** requested they explore how onsite affordable housing could be achieved. He would like to understand the times of operation. What will be the traffic generation? He added there is also the sticky wicket of setbacks and what is and isn't considered a structure.

**Commissioner DeFord** cautioned the applicant to keep the signage on the renderings to be in line with the Sign Code. He asked if there are any windows facing the highway corridor. He wants to be sure there aren't distractions from the Interstate. Mr. Barille responded that they are working with Staff.

**Commissioner DeFord** said he looks forward to see the architectural design features to break up the massing of the building. He doesn't think the site design would allow a 53' television truck onsite. This might be something to think about. TV will be there.

**Commissioner DeFord** asked about the parking. He said they have a parking minimum, not a parking maximum. **Chair Peck** questioned if the parking requirements are subject to the old agreement. **Commissioner DeFord** recommended they work with Staff to figure out what is appropriate. Mr. Barille said they have been working

with Staff to make sure that parking is addressed adequately. The parking will incorporate some trailhead parking as well. He thinks a lot less parking will be used during summer than in winter.

**Commissioner DeFord** recommended they install updated lighting even though it is not required by the Code. He asked if they have considered installing solar panels. Mr. Barille said they are starting to look at the pieces of the construction design. They want to use sustainability practices, starting with good insulation.

**Commissioner DeFord** asked if there are homes that will look down on them. He was told there are. **Commissioner DeFord** said he was thinking about the reflectivity of the solar panels to these homes.

**Commissioner DeFord** requested to have better renderings. It is difficult to see and understand what is actually going on, such as if the tubing lanes are still there. How big is the half-pipe? He asked how the facility would work if someone is a local. Would it be time-based? Would there be a season pass? Mr. Barille said there would be both.

**Commissioner Harte** said this is a Work Session. He doesn't have to have all the answers to his questions. He said this makes a lot of sense.

**Commissioner Harte** said in lieu of the special exception, which may or may not be granted, they could dig out the ground 13 feet to reach the height they need. He thinks the height will be a key issue. Mr. Barille said the short answer is there are some major ground waters and a fault line in the area.

**Commissioner Harte** said he said he isn't sure what would be required for Affordable Housing. He wants to be sure this is treated the same as any other project. He would like Staff to flesh this out at the next meeting. He added that it would be good to have clarification on who owns what, as far as the trails in the area.

**Commissioner Harte** said the lighting needs to be carefully looked at so that it would not affect the neighboring residents. He asked what the building would look like from the Interstate. What would the lighting be like?

**Commissioner Harte** said the Commission will be looking hard at the traffic generation. He reads Policy 2.3 differently than the explanation given to **Commissioner DeFord**. An avenue to increase density was created in 2.3, but the intent was not to allow any new density until things were figured out. He would like Staff to explain this policy in greater detail when they come back.

**Commissioner Harte** said he would like a greater explanation of how the SPA affects this application. Has public transportation already been planned for or incorporated? This becomes key when taking traffic generation into account. Mr. Barille said they have come up with some ideas. They hope to extend the bus services. They have discussed having a bus pull-through. **Commissioner DeFord** said once the transit center goes in, there will probably be a realignment of bus routes.

**Commissioner Harte** said the County seems to be headed towards mixed-use developments. Is there a mixed-use application that could take place here? Mr. Barille asked **Commissioner Harte** to give more details about the mixed-use scenario.

**Commissioner Harte** said this is a Code they are working on, but there isn't anything specific at this point.

**Commissioner Franklin** said most of his concerns have been brought up. He had a couple of recommendations for the graphics. He would like a better view of what is going on in the east. One of the slides has a lot of information. He suggested that a couple of different overlays be added. Putting it on bigger paper would be helpful. There are several year-round streams in the area. These should be addressed.

**Chair Peck** asked what the typical age group is for these types of facilities. She was told it is between the ages of 7-24. She said this seems like an interesting project. Mr. Barille said he thinks a lot of these issues have been addressed and they will be better answered at the next meeting. He thanked the Commission for their time.

### **DRC UPDATES**

(None)

### **COMMISSION ITEMS**

Director Putt said he would like to give an update on the Skull Candy building project. He introduced Brandon Brady from the Engineering Department. He is here to answer questions that the Commission may have.

Director Putt said the Planning Commission and the County Manager approved a final site plan for the Skull Candy project with an associated grading plan. When construction began, the developer and builder approached the County Engineer with a request to expand the limit of grading disturbance. They are requesting to remove approximately 18,000 cubic yards of dirt off the site. Director Putt said he suggested this be brought to the Planning Commission for a discussion. They are not asking for the Commission to take action, but they are looking for input.

Director Putt distributed a memo from the Boyer Company explaining the circumstances. He introduced Ben Hawkins, who is there to answer questions.

**Commissioner DeFord** noted the amount of digging already taking place. He asked if this is like asking for forgiveness. Mr. Hawkins said there has yet to be digging in the area they are talking about.

**Commissioner DeFord** asked if they have dug further down than planned in the area they are working on. Mr. Hawkins agreed that they have, but this will be filled. He is not certain why this was done.

## Proposed Woodward action sports training addition to Gorgoza Park

This project will add several amenities to the winter recreation resort business housed on this 126.39 acre parcel between the Pinebrook and Summit Park neighborhoods in Summit County, Utah. The parcel is currently home to a snow tubing operation with snowmaking, maintenance facilities, a snack shack, restrooms, and offices at the property known as Gorgoza Park at 3863 West Kilby Road. Summer recreation activities include mountain biking and hiking on public trails access via a public trailhead both of which are hosted by the property owner.

The primary planned new amenity is indoor action sports training facility with associated food and beverage and support spaces to service both the existing and new operations. This planned new Woodward mountain center / action sports training facility is proposed to have a footprint of approximately 48,750 FT<sup>2</sup> and house 52,107 FT<sup>2</sup> of space total. The size of the facility is required for the two core uses of the facility. First dedicated indoor training space with the required floor space and ceiling height / volumes to create a safe and high quality training environment for multiple actions sports. Second, the owner is committed to incorporating as many of the needed support spaces to service the overall property (food and beverage, ski patrol, administrative spaces, family warming and observation facilities, etc) into the primary facility.

Woodward provides world class training for skiing, snowboarding, skate boarding, bmx biking, gymnastics, parkour, cheerleading, digital media, music, and graphic arts in a coached environment. The facility will also include food and beverage space to service both Woodward and Gorgoza tubing participants and their families. Administrative offices, a ticket counter, trainer / first aid space, a digital media lab, lockers and restrooms, and the circulation and back of house spaces to support these functions. The existing administrative and food and beverage functions served on the property utilizing a combination of yurts and office trailers will be fully incorporated into the new facility.

Winter outdoor recreation enhancements will include: lift served snow sports riding terrain, teaching terrain, expanded snow making, and continuation of the existing tubing operations. The terrain will be serviced by a fixed grip 4 person chair. Night sky compliant, directional sports lighting of the terrain for evening hour riding is also proposed.

Summer outdoor recreation is proposed to include: an expanded mountain biking trail system, dirt jump / freestyle mountain biking terrain, and an outdoor skate park.

While not slated for the initial phase of construction, future operational expansion may require additional facilities constructed in a second phase including: a cluster of camber cabins to house summer camp participants, improvement of the existing access road across the dam, two outdoor plazas / gathering areas, and pads for temporary structures to host special competition related events (as permitted by Summit County via special event permits).

Finally an expansion of the existing parking lot is also anticipated with replacement of the existing parking lot lighting.

All of the proposed facilities to support the Woodward Park City concept are consistent with those anticipated as part of the initial Gorgoza Park Specially Planned Area approval in 1999. The property owner, Powdr Corp is an experienced resort operator and their purchase of the Woodward actions sports camps and training organization in 2011 has renewed their desire to improve the existing Gorgoza Park facilities to encompass the goals for the property outlined in the original SPA approval by creating a Woodward Mountain Center in Summit County Utah at the Gorgoza Park location. These facilities will create a great addition to Summit County's resort destination economy as well as providing a needed recreation and training outlet for local and regional youth action sports enthusiasts.

## Woodward Park City Special Exception Requests for Height and Setback

Woodward is an action sports camp and learning facility that will provide an amazing compliment to the summer and winter recreational resorts and action sports recreational opportunities already existing in our region. Woodward will give athletes of all ages and abilities a safe environment to progress their skills and learn new ones. [What is Woodward video](#)

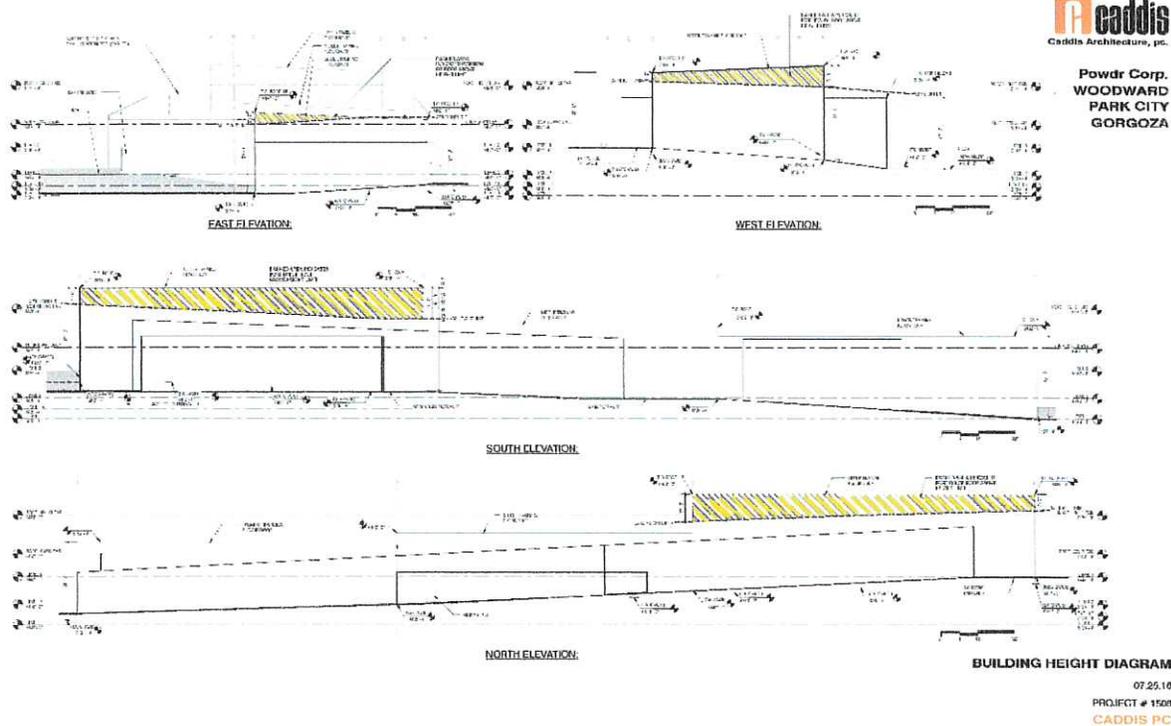
The property owner, Powdr Corp / Parleys Recreational Partners is respectfully requesting a Special Exception to the height limits found in the Hillside Stewardship Zone (from 32' to 48' in isolated area) and the set back from delineated wetlands (40') and delineated streams (100') required by the Snyderville Basin Development Code for the proposed site. Support from the County Council for these Special Exception requests will only allow for continued review by the Snyderville Basin Planning Commission of the Conditional Use Permit (CUP) for Woodward Park City with the building and site design currently proposed. These Special Exception Requests are integral to the owner's ability to construct this great facility at Gorgoza Park in Summit County (already host to a successful commercial recreation business) on property wholly owned by Woodward's parent company Powdr Corporation. In our review of the required criteria in the code governing potential support for a special exception the applicant will demonstrate that the proposed design can be achieved without harm to public health and safety, without compromising the intent of the code, and consistent with past approvals for recreational facilities in our community.

### Criteria

**The special exception is not detrimental to the public health, safety, and welfare:**

The proposed Woodward action sports facility and the additional requested structure height and setback encroachment will not be detrimental to public health, safety, or welfare.

**Structure Height** – The maximum requested structure height is 48 feet or 16 feet greater than the standard zone height of 32 feet in the hillside stewardship zone. This maximum height will occur only in very limited portions of the roof structure as is demonstrated in the attached exhibits depicting elevations and roof volume.

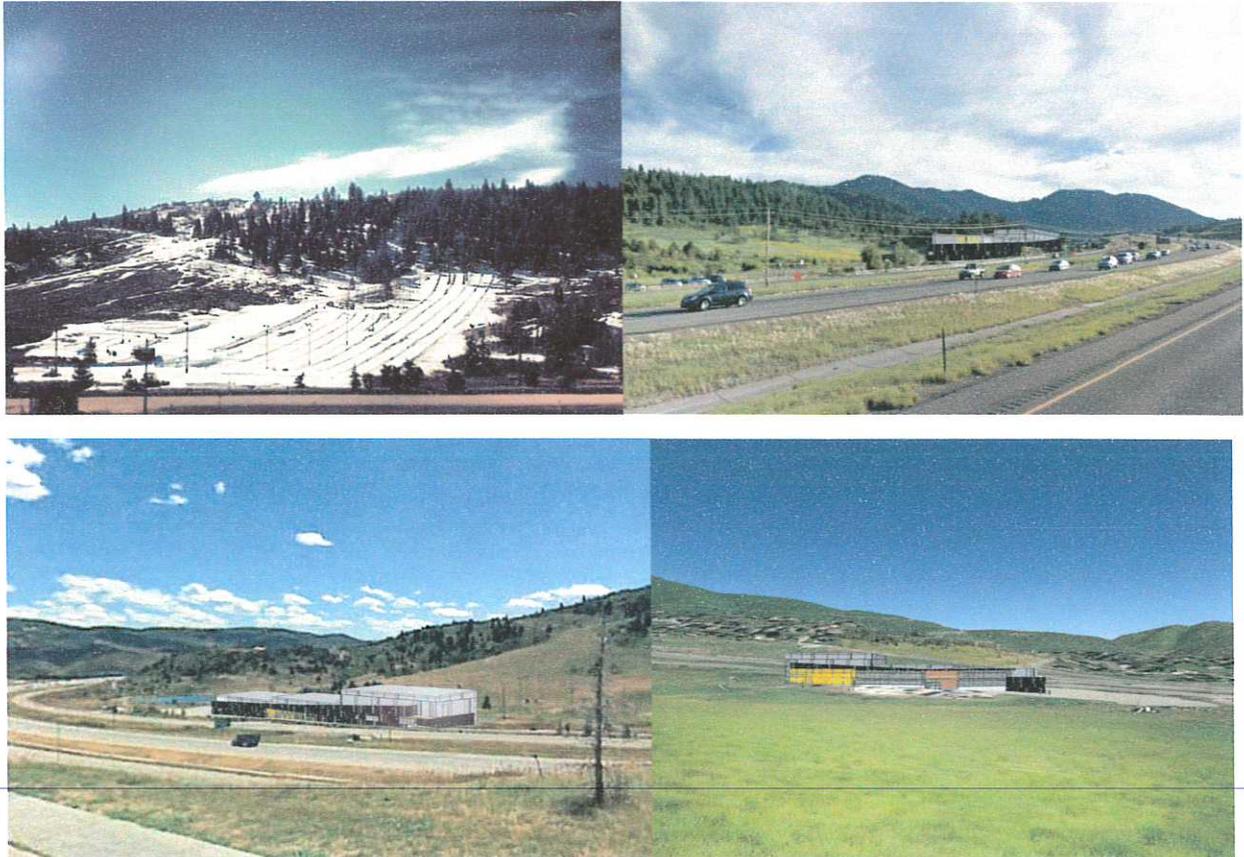


The additional requested height is necessary to provide safe clearance in the internal separation between training apparatus (ramp take offs and trampolines) and the interior roof / ceiling structural members so that athlete safety is not compromised. The health, safety, welfare of the athletes utilizing the facility being the primary reason for this request.



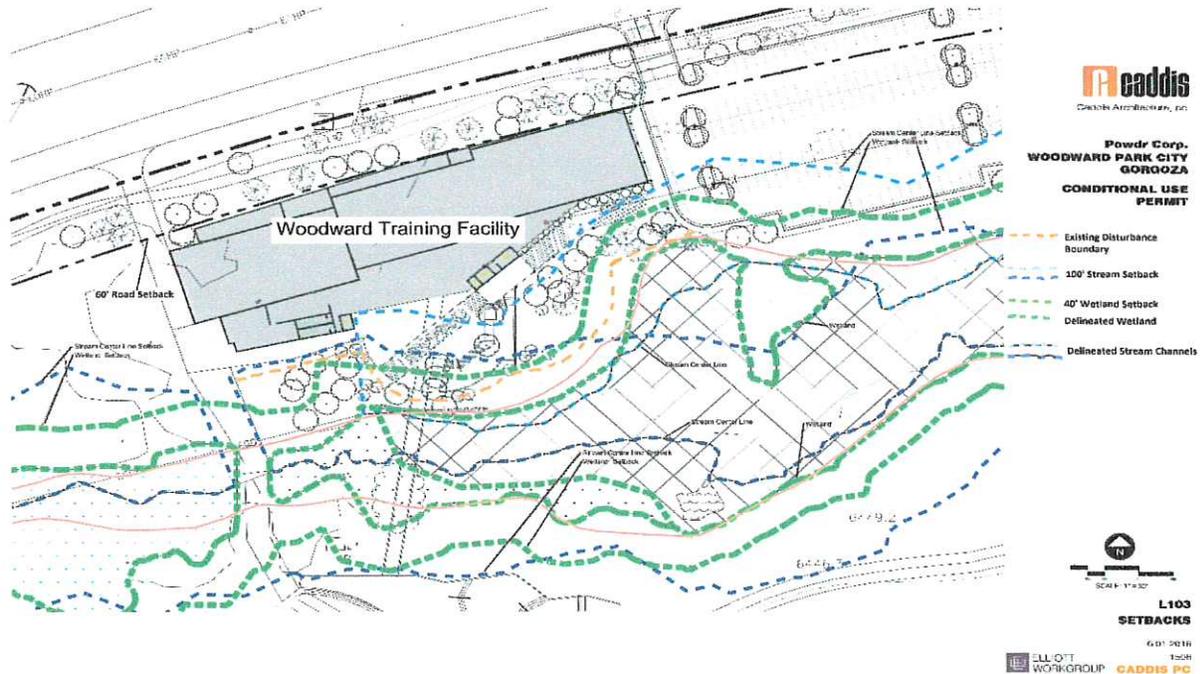
Any attempt to dig further into the ground at this location would cause greater amounts of soil disturbance near the stream corridor. Also the ground water table and potential for seismic activity at this site make it exponentially more difficult to create a stable and lasting structural foundation design for an excavation of any greater depth. Greater disturbance of soils on the site, longer periods of earthwork and foundation construction, and greater risk of structural instability from a deeper excavation could actually increase the risk to public health, safety, and welfare in the opinion of the project design team.

Finally height requirements in the code are generally not in place to protect health, safety, and welfare but to address concerns about massing, view corridors, and other community aesthetic considerations. In the case of the proposed Woodward project; the proposed facility is located on a 126 acre parcel with the proposed building located at the lowest point on the property and separated from neighboring uses and properties by both grade and distance. The additional building height requested will not create shadows onto neighboring properties or obstruct site lines. To further reduce the potential for visual impacts to those looking into the subject property, a neutral, flat, non-reflective grey paint is proposed for the standing seam metal room.



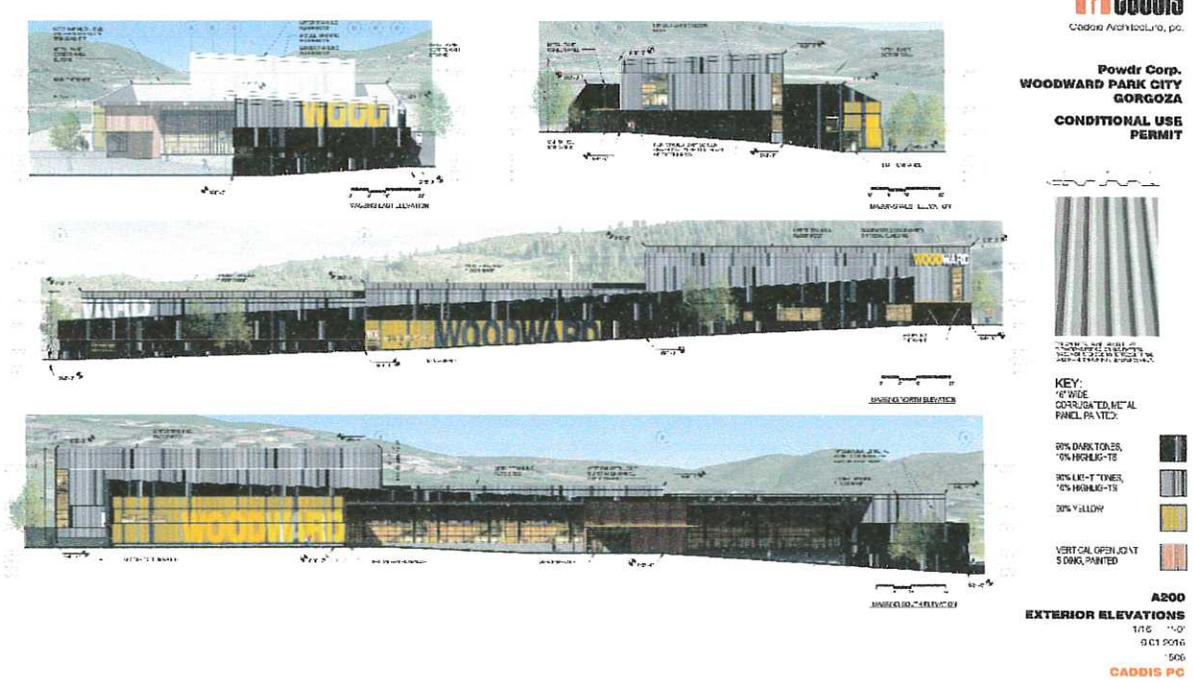
**Stream and Wetland Setback** – The Gorgoza property includes both stream channel and delineated wetland. The stream channel separates and flows back together at different points and under different levels of seasonal flow. None of the proposed development will encroach on either of the stream channels or the delineated wetland on the property. The Snyderville Basin Development Code also requires a 100 foot setback from the centerline of any year round stream and forty feet of additional upland separation outside delineated wetland areas. The only encroachment proposed is into the setback area and not the delineated stream or wetlands themselves. The proposed encroachment is depicted on the site constraints plan and is only for at grade walkways, plaza, and associated retaining structures. These are only in areas where existing disturbance, pavement, and or retaining structure already exists. (labeled Boundary of Existing Disturbance)

Through the use of a combination of permeable asphalt, pavers and well place landscape buffers in the areas most susceptible to surface runoff and design of a comprehensive storm water management, detention, and filtering system; the project will provide better environmental conditions with respect to runoff and water quality than prior to the proposed new development on the site.



**The intent of the Development Code will be met:**

As described above; the intent of the building height specifications in the Snyderville Basin Development Code is to keep most construction in scale with residential development, protect view corridors, and context of development in a mountain community. The Woodward project proposed for Gorgoza Park is at the bottom of significant hillside and sits below both the frontage road and highway adjacent to the site. The project is on a parcel of 126 acres of privately owned property giving it significant separation from neighboring homes and businesses. There would be zero direct obstruction of mountain or long range views. The building design has been planned to step down in concert with the slope of the ground at the site thereby minimizing the extent of the building that will show above grade with the tallest portions of the building built furthest into the hill and facing inward towards the project at the highest points. Additionally glazing / windows are minimized on the project to protect athlete concentration from glare or low angle sun but also to reduce the potential for reflected glare to negatively impact neighbors. The only façade utilizing significant amounts of glass is a portion of the South facing inward wall off the project. A neutral color gray and low reflectivity paint are currently specified for roof materials also to reduce the potential for off-site glare or reflectivity.



The Code also sets goals in the opening chapter 10-1-1, 10-1-2, and 10-1-3 for maintaining balance. It recognizes the need for commercial hubs of activity that are “appropriate for a mountain resort environment and the neighborhood they are located in”; “residential neighborhoods adjacent to and surrounding the neighborhood activity center”; “pedestrian friendly but also auto accessible” “connected with a system of trails and roads”; “appropriate commercial development to help off-set the costs of residential development and the services it commands”. The proposed Woodward project at Gorgoza Park is consistent with all of these goals of the Code. The original development agreement for Gorgoza Park envisioned all of the uses currently being proposed. More importantly Woodward Park City is proposed on a property wholly owned by the owner-applicant with an existing commercial recreation business. The addition of the Woodward facility will simply add additional resort amenities to this 126 acre property that are consistent with and support the community’s mountain recreation lifestyle and the existing recreational resort businesses in the Snyderville Basin. It will provide young adults a place to train for the activities they already love and participate in giving them the opportunity to learn and excel in a safe environment whether to apply those skills at Woodward or one of the many other public and private recreational venues in western Summit County. (Park City Resort, Deer Valley, Trailside Bike Park, Canyons Bike Park, Park City Dirt Jump Park, Park City Skate Park) All of this will be able to occur at a location where community and neighborhood trails have already been incorporated into the fabric of the property. Where neighborhood and community families are already used to coming to ride bikes, hike, and enjoy winter recreation. While the intensity of use will increase during peak periods; the hours of operation and the way the community interacts with the business and community uses on the site will remain very similar.

**The applicant does not reasonably qualify for any other equitable processes provided through the provisions of this title:**

In December of 2014, Powdr Corp as the owner of the parcel and existing facilities, inquired about the possibility of extending the Gorgoza Park SPA Development Agreement and were instructed by planning and legal staff instead to pursue a CUP and special exception for the requested height and site design elements of the Woodward Project. Staff also determined that a request for variance was not the appropriate application or venue for hearing this proposal both due to the vesting of the allowed uses via the expired development agreement and the narrow scope of the variance criteria listed in the Code.

**There are equitable claims or unique circumstances warranting the special exception:**

The Woodward methodology for teaching and encouraging progression is unique in the world of action sports. [What is Ride with Woodward \(Progression\) Video](#)

Part of the success of Woodward participants is in the unique apparatus and facilities that Woodward has developed. Things like incorporating the use of foam pits and “resi” (hard rubber capped foam) landing areas, super trampolines, and indoor big air ramps. All of these elements of a Woodward facility are integral to teaching action sports the Woodward way and are also design features in a building that require additional building volume. In some case, such as for foam pits and the rebound area for trampolines it’s excavated volume. In other instances such as the height athletes reach in the air off of a super trampoline or at the end of a take off ramp its roof height that is necessary. All of these necessary elements of teaching action sports at the highest level require a structure that is taller according the way height is measured in the Snyderville Basin Development Code.

There are a number of unique elements to a Woodward facility that require additional indoor volume, but, building height for recreational facilities is nothing new. Similarly situated along the I-80 entry corridor, the Snyderville Basin Field House at Kimball Junction (53’) required building height well above the 32’ feet allowed in most zones to accommodate indoor use by ball sports, climbing apparatus, and efficient stacking of training uses with the need for non-residential ceiling heights on multiple floors. The MARC facility in Park City is also taller to accommodate recreation specific uses.

**Notes:**

- (1) Full size exhibits follow
- (2) Press Ctrl and click links at the same time to view video content

## Woodward Park City - Gorgoza Park, Summit County

### Supplemental response to staff question regarding site design solutions addressing the height and volume required for the use not requiring a Special Exception for height.

Q – Why can't the foundation just be excavated deeper to achieve the additional interior height required? OR What are the resultant impacts on site, building structure, project feasibility, and environment if the design were to anticipate an excavation and foundation design an **additional** 15-17 ft. deeper below grade in order to meet the zone required height:

A – The owner / applicant and the entire design team including (architect, structural engineer, geotechnical engineer, wetland consultant, general contractor, and project manager) convened on several occasions to thoroughly examine this potential option. What follows is a summary of the findings demonstrating the thought that went into both the design implications of such a solution and the resultant sustainability of that design with respect to site / environment, the project, and for the owner / operator.

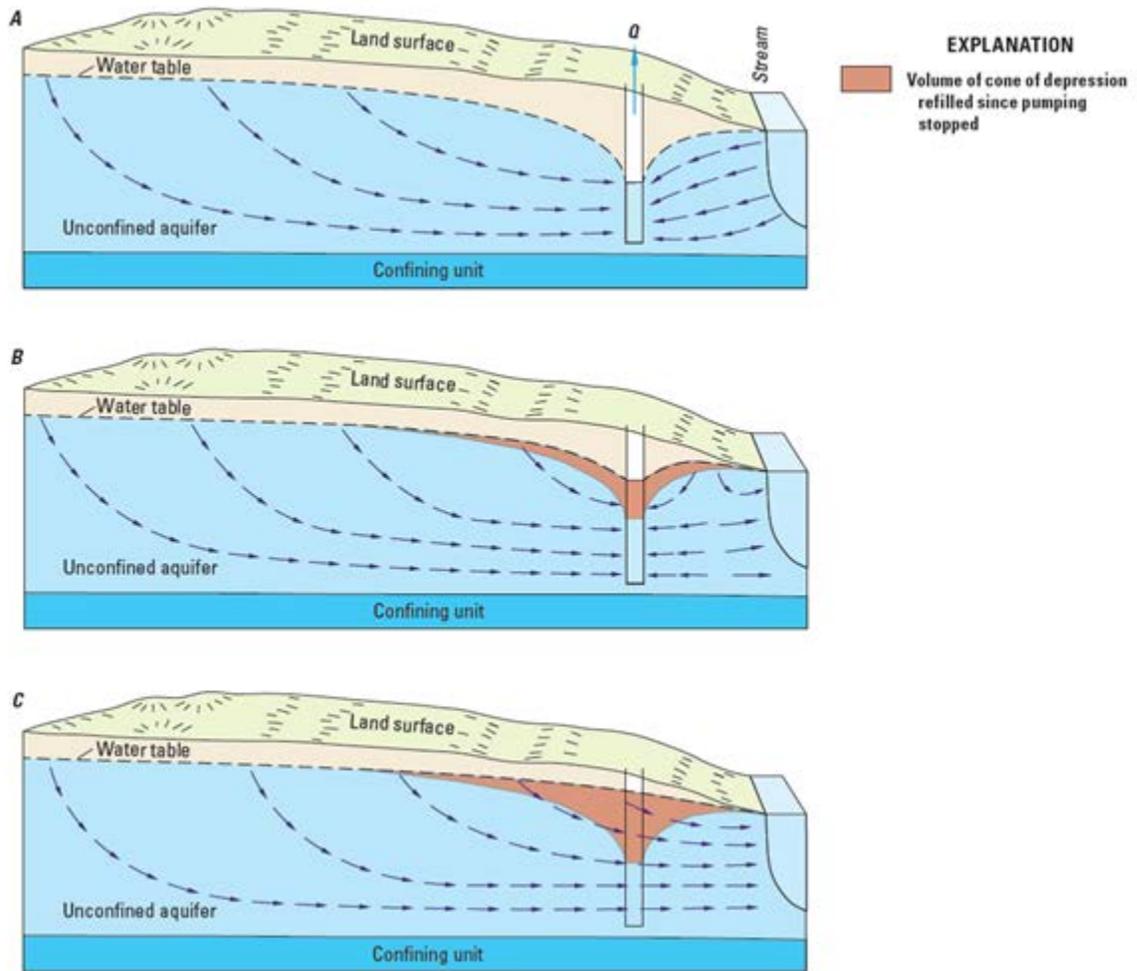
#### Design Implications of a deeper excavation / foundation:

1. A deeper excavation results in a taller foundation wall that must be designed for two significant impacts: A) Increased lateral earth loads against the full wall height. B) Far greater influence from ground water associated with the increased depth. Additionally the ground water influence at the depth of excavation needed to meet the zone required building height would be present year round not just seasonally.
2. Deeper Excavation = Increased lateral soil pressures = the need to soil nail and place geofoam to effectively isolate these loads from the actual foundation wall = a much broader excavation and site disturbance (up to 60' feet wider than the current projected footprint along the North, NW, West, and SW sides of the building.
3. Deeper Excavation = greater year round influence of ground water = constant requirement for mechanical ground water removal from around and under the foundation

#### Environmental and Sustainability implications of design changes for deeper excavation and foundation:

1. A deeper foundation = a wider excavation incorporating soil nailing, and installation of geofoam in an excavation cut back at a 1:1 or even 2:1 slope = much broader disturbance both during and post construction in an environmentally sensitive riparian corridor.
2. While the current design has almost entirely solved for meeting stream and wetland setback requirements the additional disturbance and retaining solutions required for a deeper excavation would disturb more upland vegetation, alter hydrology in the impacted area, and generally have negative impacts on vegetation and stream water quality that could otherwise be avoided.
3. Similarly, constant use of mechanical ground water removal with sub-surface pumps have significant potential to draw down ground water levels in a broad area around the building footprint and impact stream flows. (See Fig. from <http://water.usgs.gov/ogw>) Decreased soil moisture could impact riparian species of vegetation in upland areas and non-jurisdictional isolated seeps. While these impacts are not in conflict with Army Corp guidelines, the potential

loss of riparian vegetation and overall reduction of vegetative biomass could reduce the ability of the site to adsorb and filter naturally occurring and off site contributions to surface water runoff before entering the stream. All of these potential impacts run counter to the **intent of the code** to protect natural riparian areas and water quality.



4. Beyond vegetation and water quality impacts the increased use of energy for running pumps, increased material for soil retention and foundations all create an increased carbon footprint and decrease sustainability over the current design. The long-term impact of constantly running pumps throughout the life of the structure is particularly significant and its avoidable.

**Impacts to the Owner / Operator:**

1. Foundation Buoyancy is a very real potential issue if the building foundation were pushed further down into the water table. This problem could present itself in the event of foundation drain pump failures or an unusually wet period.
2. Structurally the design becomes much more complicated to account for seismic events, lateral earth pressure, and the potential for horizontal travel of ground water in some soil layers.
3. Even with mechanical pumps operating continuously to keep a constant water table from contacting the foundation; the opportunity exists for periodic saturation of soils and moisture transfer into the apparatus built directly on the slab many of which will be wood ramps, and

wood framing for nearly all training elements. These conditions over time could lead to rotting of the wood framing materials requiring additional maintenance or replacement on a periodic basis.

4. Jacobsen Construction, the Managing Contractor for the project is still completing a component by component cost estimate, but, based on prior project experience the expectation is that the cost of foundation and structural systems would be 5-10 x's more expensive than the currently proposed design. This is on the magnitude of \$7.5-12 million dollars on a \$12-14 million building, enough to cancel the project.

Matthew Schexnyder, Caddis Architects

Joe Crilley P.E., CTS Engineering (Structural Eng.)

Jared Williams P.E., IGES (Geotechnical Eng.)



Harriet Natter, Wise Earth Consulting (Wetland)

Reed Price, Jacobsen Construction

Michael Barille, PlanWorks Design (Proj. Mgr.)

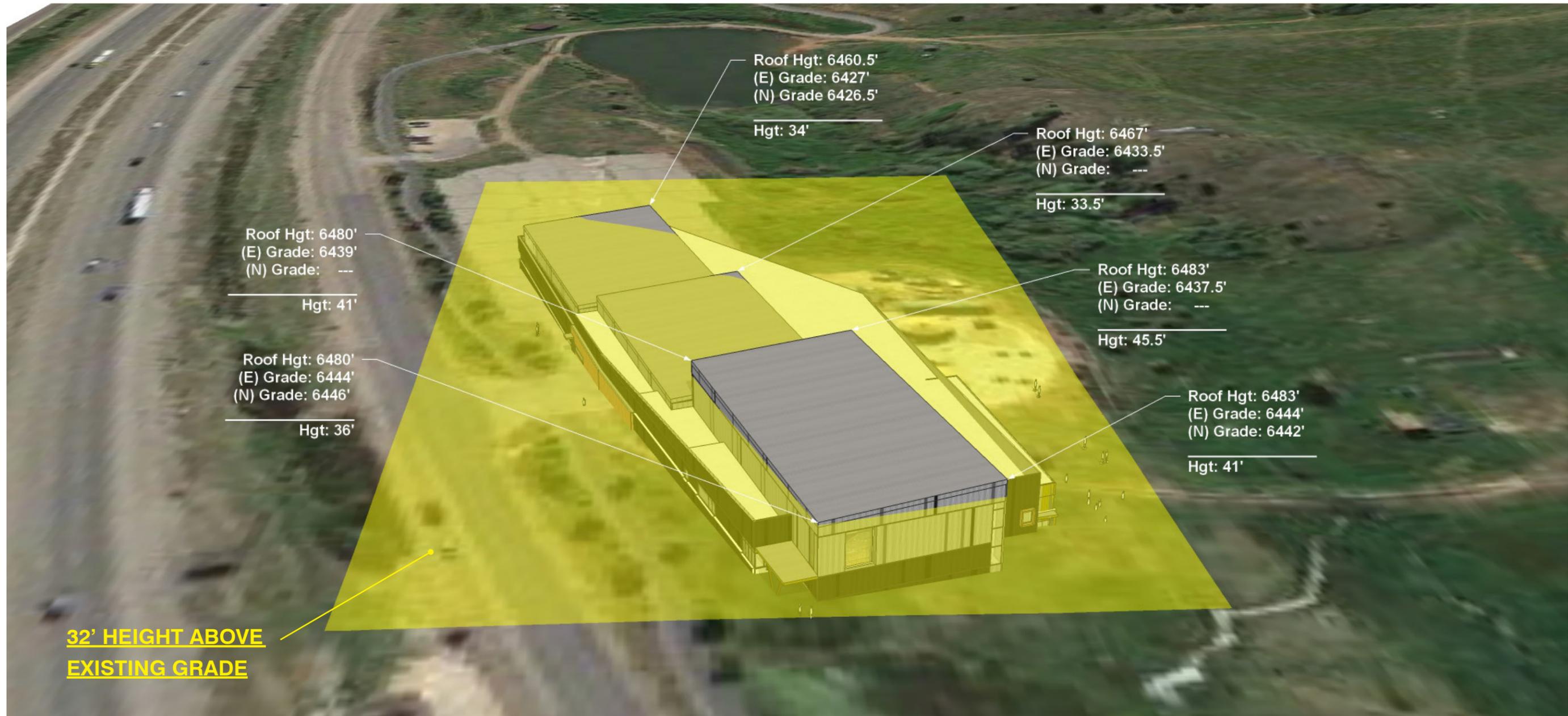


VIEW LOOKING WEST:  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**BUILDING HEIGHTS**

10.12.16  
PROJECT # 1506  
CADDIS PC

**EXHIBIT C**



**VIEW LOOKING EAST:**  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**BUILDING HEIGHTS**

10.12.16

PROJECT # 1506

**CADDIS PC**

**EXHIBIT C**

<p>Roof Hgt: 6480' (E) Grade: 6444' (N) Grade: 6446'</p> <hr/> <p>Hgt: 36'</p>	<p>Roof Hgt: 6480' (E) Grade: 6439' (N) Grade: ---</p> <hr/> <p>Hgt: 41'</p>	<p>Roof Hgt: 6483' (E) Grade: 6437.5' (N) Grade: ---</p> <hr/> <p>Hgt: 45.5'</p>	<p>Roof Hgt: 6483' (E) Grade: 6444' (N) Grade: 6442'</p> <hr/> <p>Hgt: 41'</p>
--	--	--	--



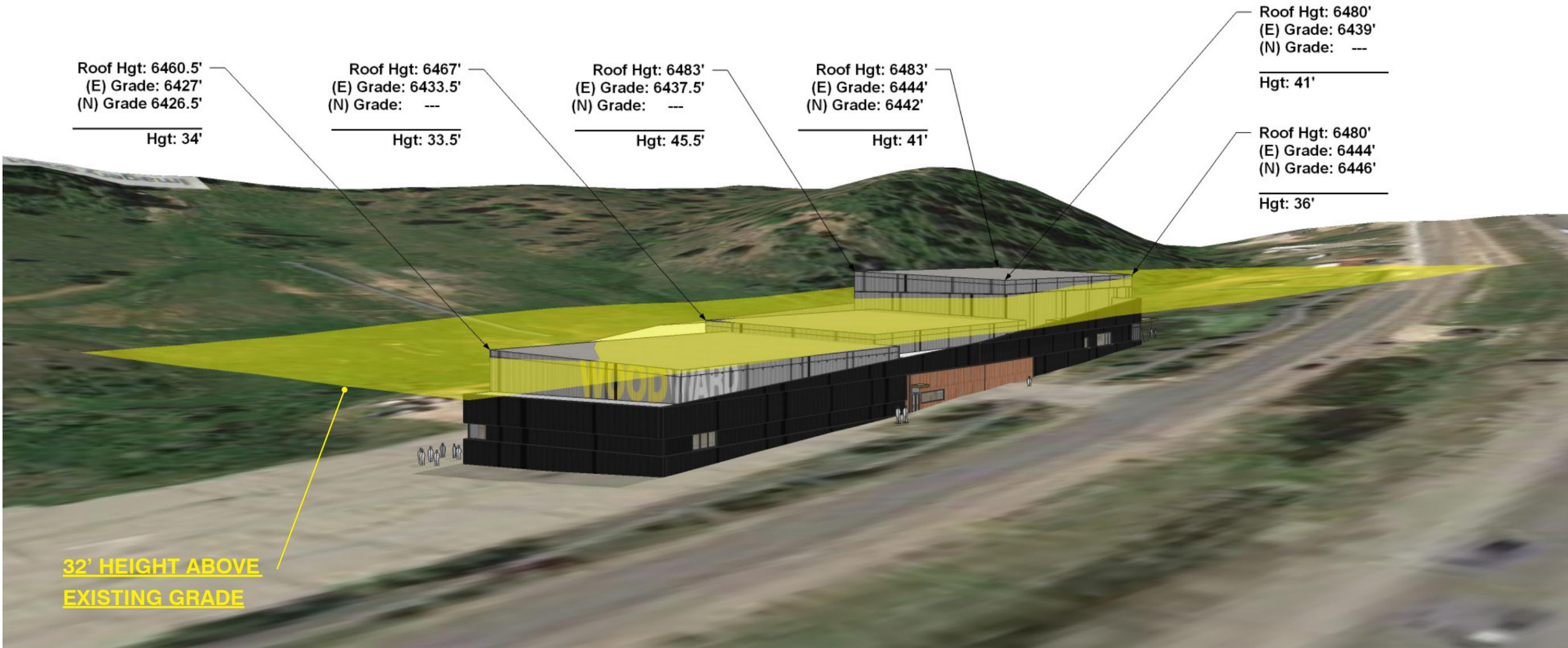
**32' HEIGHT ABOVE  
EXISTING GRADE**

**VIEW LOOKING EAST:**  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**BUILDING HEIGHTS**

10.12.16  
PROJECT # 1506  
**CADDIS PC**

**EXHIBIT C**

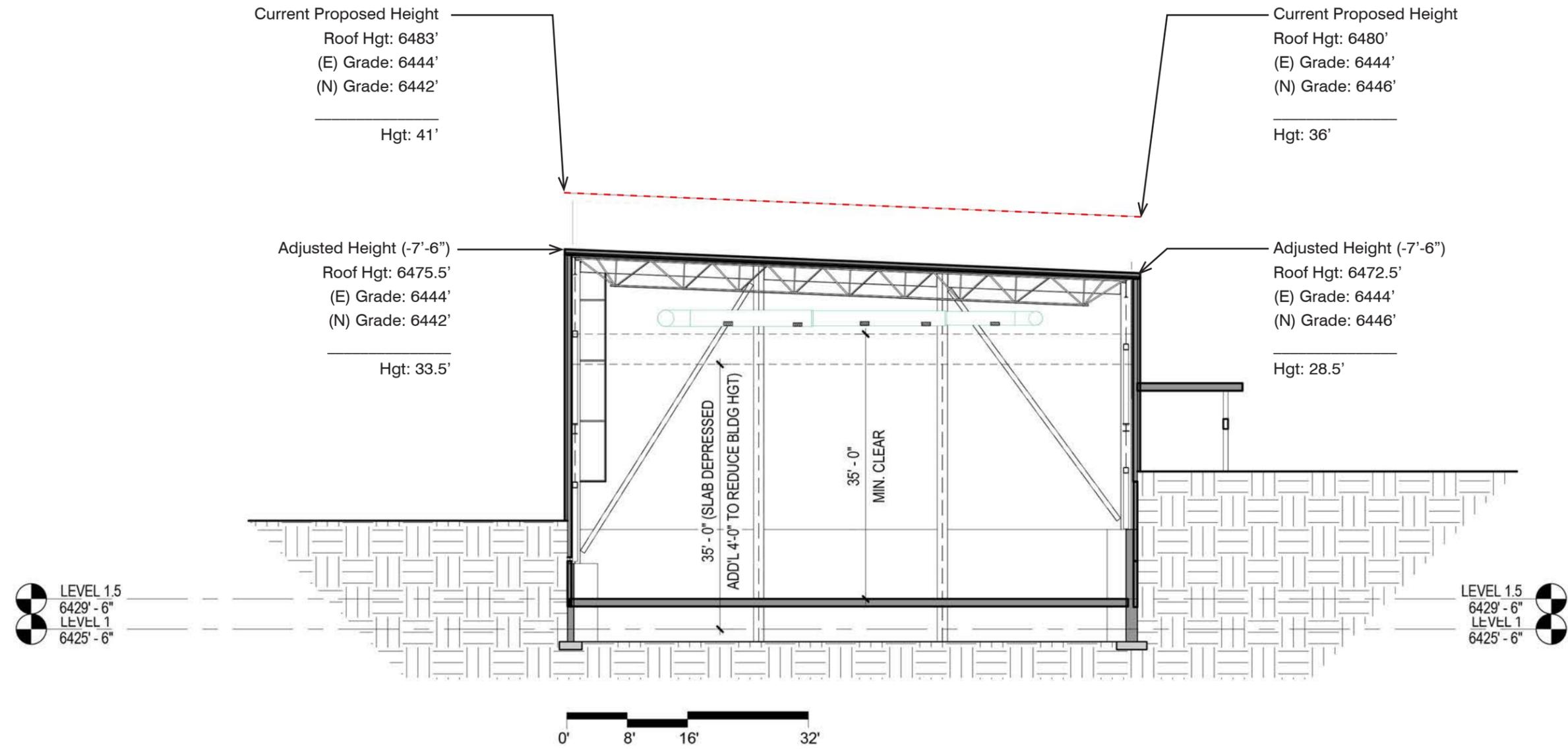


VIEW LOOKING SOUTHWEST:  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**BUILDING HEIGHTS**

10.12.16  
PROJECT # 1506  
**CADDIS PC**

**EXHIBIT C**



**HEIGHT ADJUSTMENT:**  
OPTION 1: REDUCE ROOF HEIGHT BY PROVIDING 35'-0" MIN. CLEAR IN TRAINING AREA  
OPTION 2: REDUCE ROOF HEIGHT ADD'L 4'-0" BY DEPRESSING FLOOR SLAB

**BUILDING HEIGHT ADJUSTMENTS**

10.12.16

PROJECT # 1506

**CADDIS PC**

**EXHIBIT C**



VIEW LOOKING WEST:  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

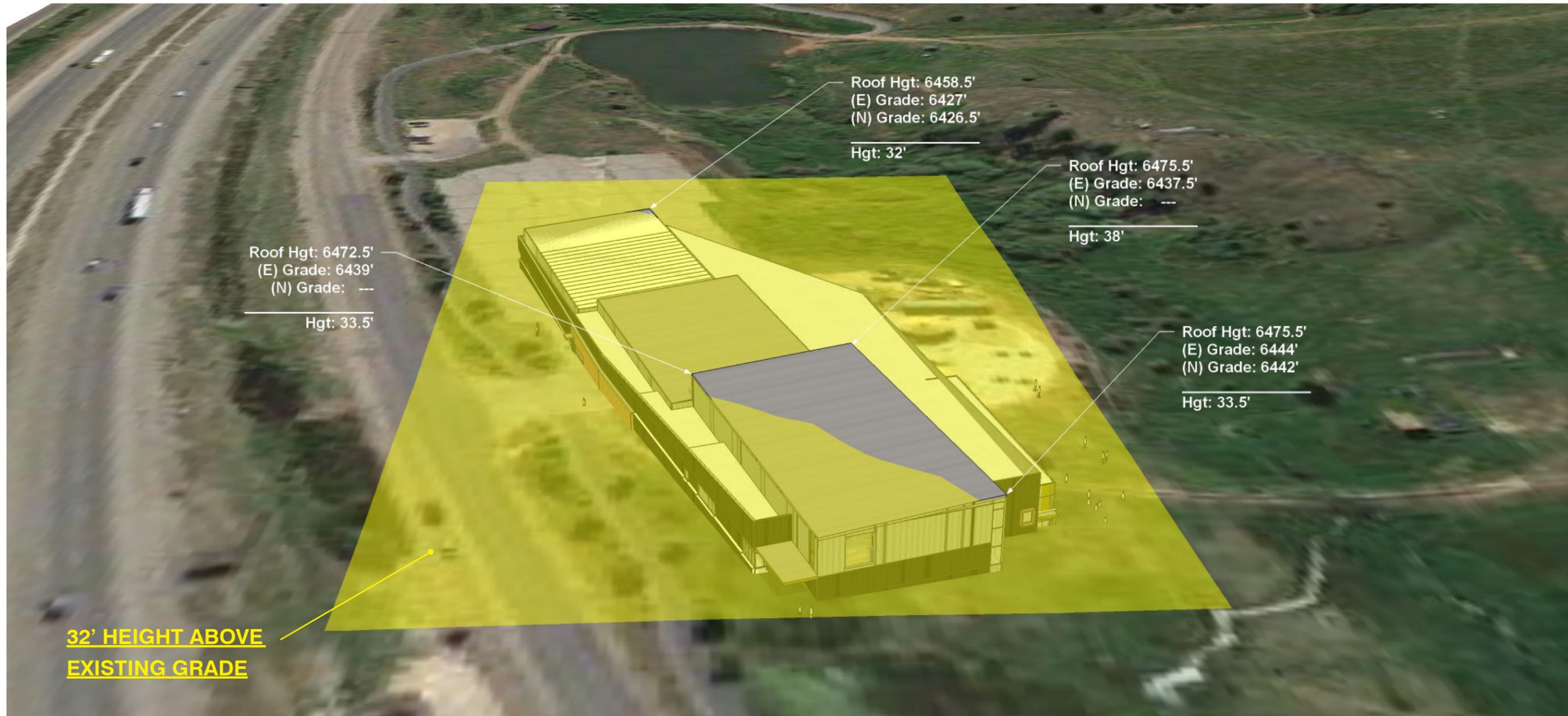
**ADJUSTED BUILDING HEIGHTS**

10.12.16

PROJECT # 1506

**CADDIS PC**

**EXHIBIT C**



VIEW LOOKING EAST:  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**ADJUSTED BUILDING HEIGHTS**

10.12.16

PROJECT # 1506

**CADDIS PC**

**EXHIBIT C**

Roof Hgt: 6472.5'  
(E) Grade: 6439'  
(N) Grade: ---  
-----  
Hgt: 33.5'

Roof Hgt: 6458.5'  
(E) Grade: 6427'  
(N) Grade: 6426.5'  
-----  
Hgt: 32'

Roof Hgt: 6475.5'  
(E) Grade: 6437.5'  
(N) Grade: ---  
-----  
Hgt: 38'

Roof Hgt: 6475.5'  
(E) Grade: 6444'  
(N) Grade: 6442'  
-----  
Hgt: 33.5'



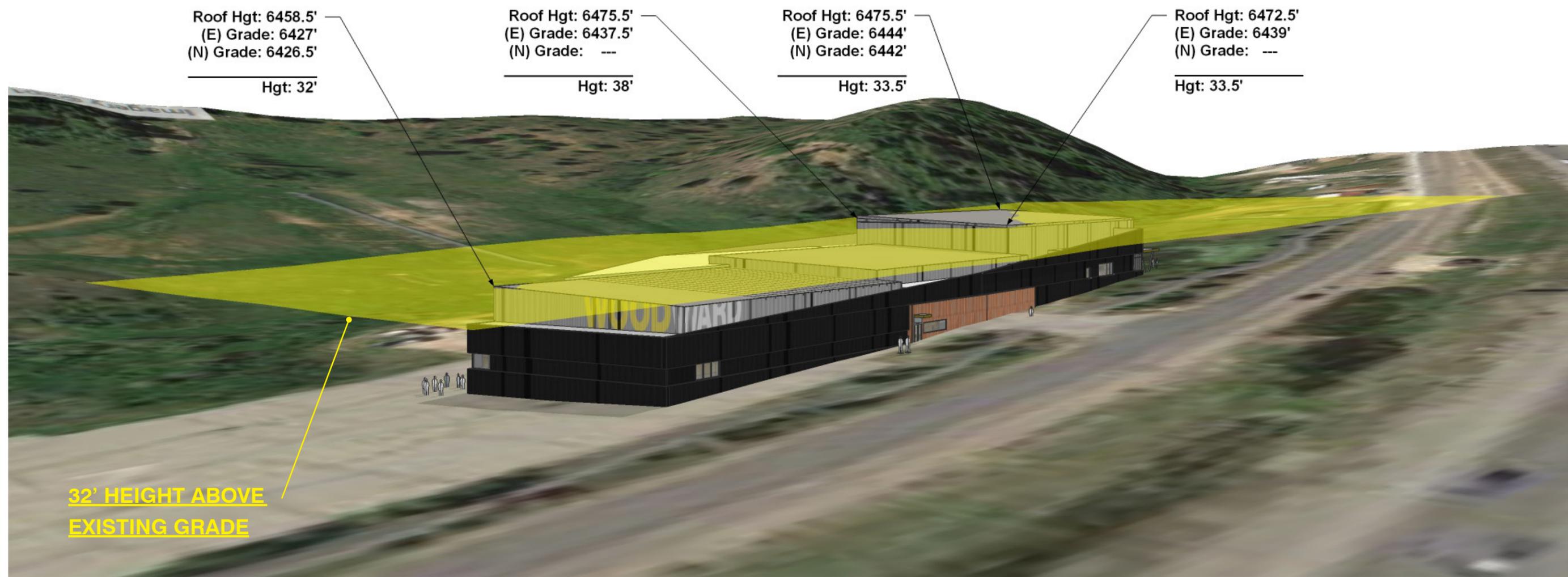
**32' HEIGHT ABOVE  
EXISTING GRADE**

VIEW LOOKING EAST:  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**ADJUSTED BUILDING HEIGHTS**

10.12.16  
PROJECT # 1506  
**CADDIS PC**

**EXHIBIT C**



VIEW LOOKING SOUTHWEST:  
OVERALL BUILDING HEIGHT MEASURED FROM  
BUILDING HIGH POINT TO GRADE DIRECTLY  
BELOW THAT POINT

**ADJUSTED BUILDING HEIGHTS**

10.12.16

PROJECT # 1506

**CADDIS PC**

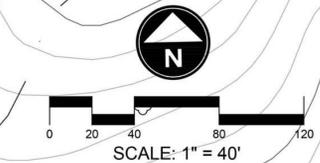
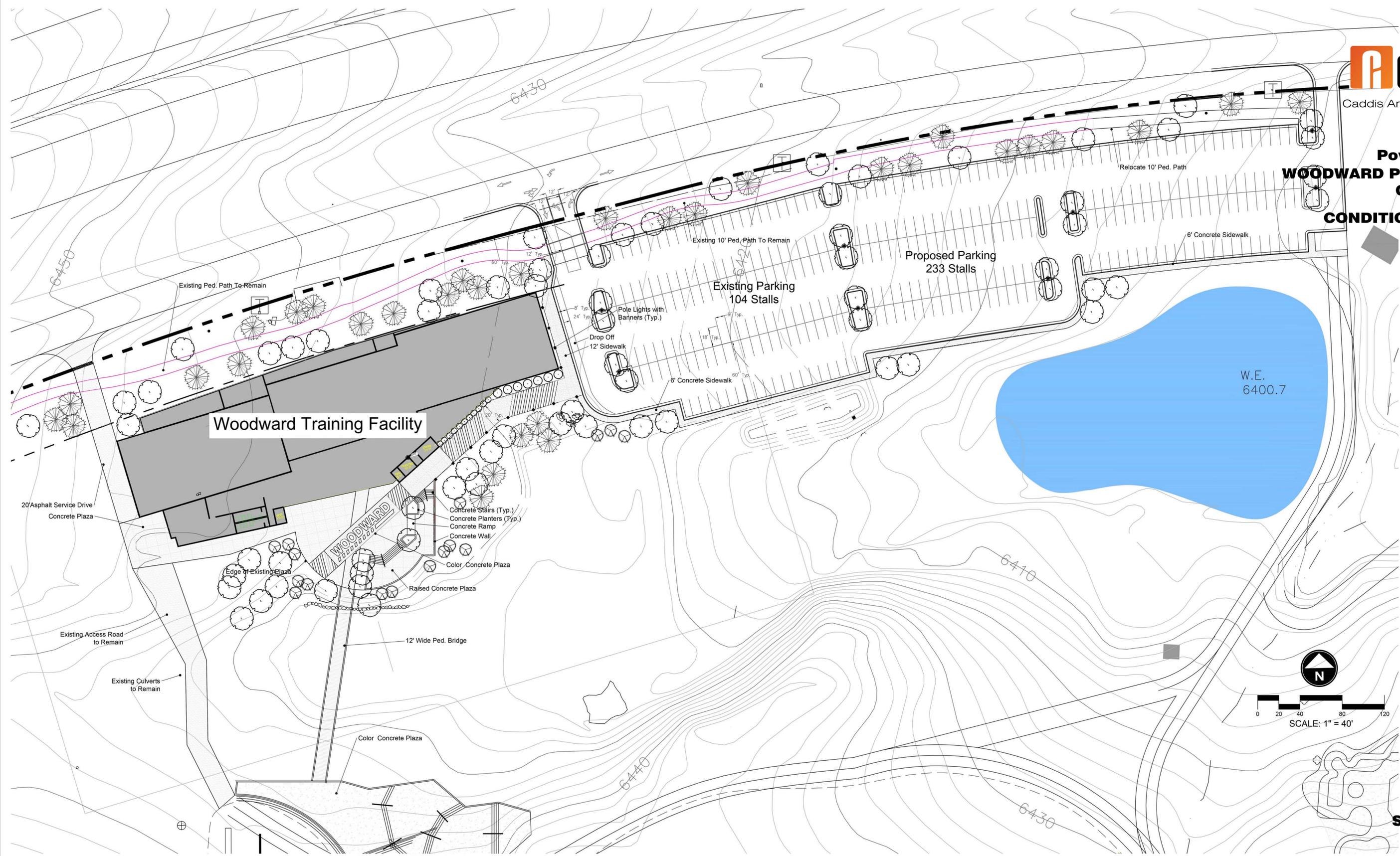
**EXHIBIT C**



Caddis Architecture, pc.

**Powdr Corp.  
WOODWARD PARK CITY  
GORGOZA**

**CONDITIONAL USE  
PERMIT**



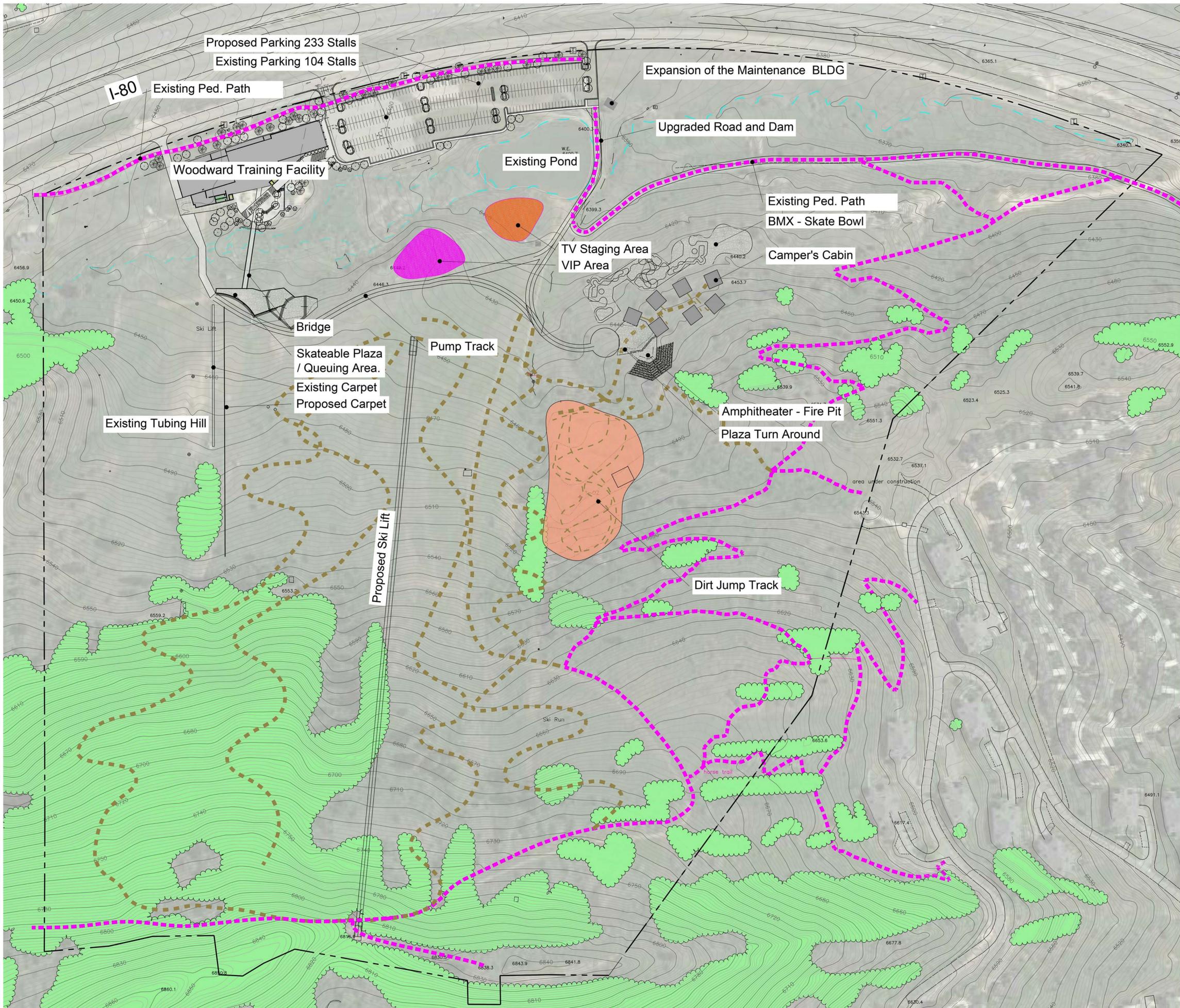
**L101  
SITE PLAN**

6.01.2016

1506

**CADDIS PC**

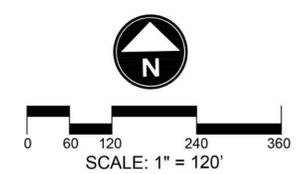
**EXHIBIT D**



**Powdr Corp.**  
**WOODWARD PARK CITY**  
**GORGOZA**  
**CONDITIONAL USE PERMIT**

Legend:

- Woodward Mountain Bike Trails - - - - -
- County Trails - - - - -



**L105**  
**MASTER PLAN - SUMMER SEASON**

6.01.2016  
 1506

**CADDIS PC**

**EXHIBIT D**







---

## MEMORANDUM

---

DATE: November 2, 2016  
TO: Summit County Council  
FROM: Rich Bullough  
RE: Summit County Mental Health Services and Needs Assessment

---

The purpose of this work session is to present the results of the recently completed Summit County Mental Health Services and Needs Assessment. Also, Strategic Directives, based on the findings, will be discussed. Additionally, during regular session, we will ask Council to consider, and possibly approve, a resolution recognizing the contributions of the Public Steering Committee participants, and stating support of our path forward.

While it has long been recognized that mental health is critical to population health, the public conversation around mental health and substance abuse has elevated in recent years. In Summit County, there have been several factors driving this discussion. Some of these include personal experiences and stories of our residents, and others have been issues related to the known impacts on legal and social systems. Regardless of the specific issue, as the discussion increased many began to ask for possible changes related to the mental health and substance abuse treatment system and programs in Summit County.

Before launching on a plan to create, improve, and/or increase services, it was important to assess resident experiences and potential gaps in what services are needed and provided. As such, this Summit County Mental Health Services and Needs Assessment was conducted.

Beginning over a year ago, a “ground up” approach was formulated to engage the community in this process. A facilitator of the process was hired, and a Community Steering Committee was formed to develop the assessment. Over many months, the topics of concern, critical populations for engagement, and the actual questions for the survey were identified and developed.

Over 1000 Summit County residents were ultimately engaged in the assessment. Engagement tools included citizen, health provider, and criminal justice surveys, as well as clergy interviews and community focus groups.



Please refer to the full Assessment report for detailed findings, and to the Assessment PowerPoint for a condensed overview. The results of the assessment will drive our focus related to these issues moving forward. From the assessment, five Strategic Directives have been identified:

- 1) Educate and Cultivate Awareness
- 2) Increase Capacity and Access
- 3) Improve Coordination of Treatment
- 4) Build Community Partnerships
- 5) Address Funding Gaps

As you know, assessing need and identifying priorities is just the beginning towards actually improving services and impacting the wellbeing of our residents. With Council's support, we will be initiating a community engagement process to formulate a Strategic Plan aimed at addressing the identified Strategic Directives. This Strategic Plan will include specific activities, timelines, measurable outcomes, and partners to achieve our objectives. We anticipate implementation to be achieved in 2017.

We thank the Summit County Council for your support of the Community Assessment and for your focus on these important issues.

# Summit County

## Mental Health Services and Needs Assessment

# Summit County Mental Health Assessment

---

To better understand how the citizens and health care providers of Summit County perceive the current state of its Mental Health and Substance Abuse treatment, and therefore improve its services, the following methodologies were utilized:

- Citizen Survey
  - Health Care Providers Survey
  - Criminal Justice Personnel Survey
  - Interviews with Clergy
  - Focus Groups
- 

# Citizen Survey

---

959 people filled out the Summit County Mental Health Survey. The demographics of the respondents are as follows:

### Gender

Female: **65%**      Male: **35%**

\*Summit County total F: 49% M: 51%

### Race

White: **82.5%**    Hispanic: **13.5%**    Other: **4%**

\*Summit County total White: 85.1% Hispanic: 11.5% Other: 3.4%

### Age

0-18 years:	<b>20.0%</b>
18-25 years:	<b>11.6%</b>
25-40 years:	<b>25.9%</b>
41-65 years:	<b>35.0%</b>
66-75 years:	<b>6.2%</b>
75+ years:	<b>1.3%</b>

### Area of Summit County

North Summit County (Coalville, Henefer, Hoytsville, or Wanship areas): **8.0%**

South Summit County (Kamas, Oakley, or Peoa areas): **16.3%**

Western Summit County (Park City, Kimball Junction, or Snyderville Basin) : **75.7%**

\*Summit County total population = 39,633

“Have you or someone you know had experience with seeking treatment for mental illness in Summit County?”

The following data are from the 44.6% who responded  
**“No”**

- 56% said they would not know where to go for help
- 53% said they do not believe adequate support exists in Summit County

“Have you or someone you know had experience with seeking treatment for mental illness in Summit County?”

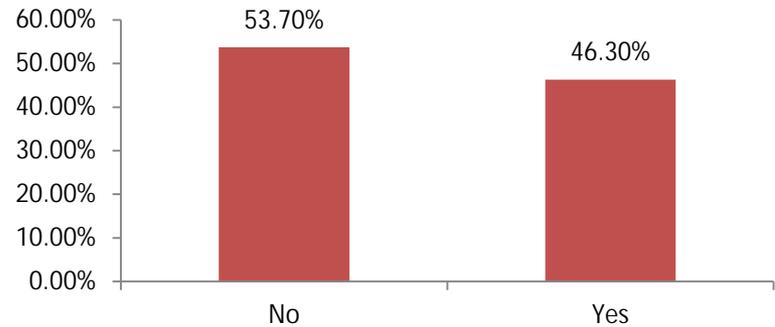
The following few slides provide data from the 55.4% who responded “**Yes**”

For those who have had experience with seeking treatment for mental illness in Summit County:

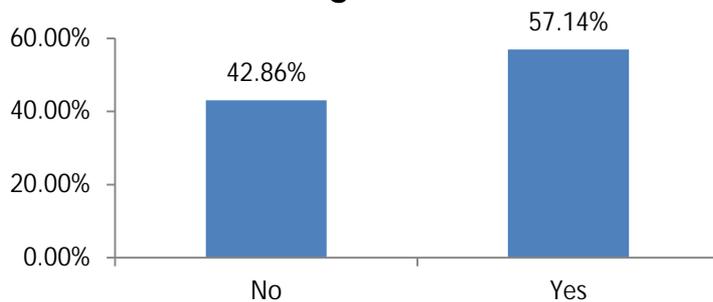
- Were you able to find the help you needed in Summit County?
  - What barriers to treatment did you face?
  - What was the wait time for treatment?
  - How was the treatment quality?
  - Did your intervention involve the criminal justice system?
- 

56.9% of respondents were able to find professionals in Summit County to provide a diagnosis, but fewer were able to find the needed treatment, and even fewer were able to find adequate follow-up services and support in Summit County.

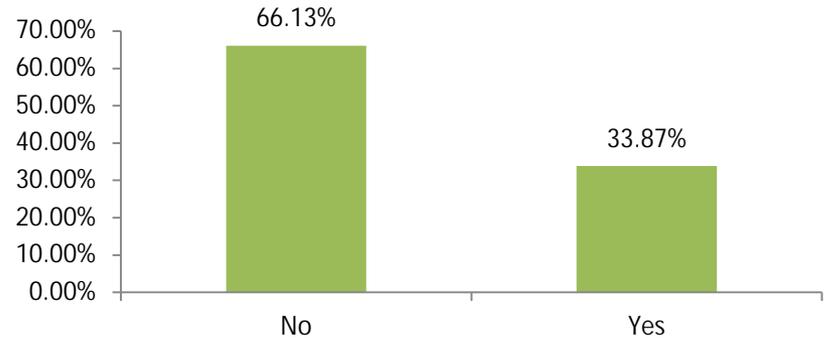
### Were they able to stay in the county to receive needed treatment?



### Were they able to find professionals in Summit County to provide a diagnosis?

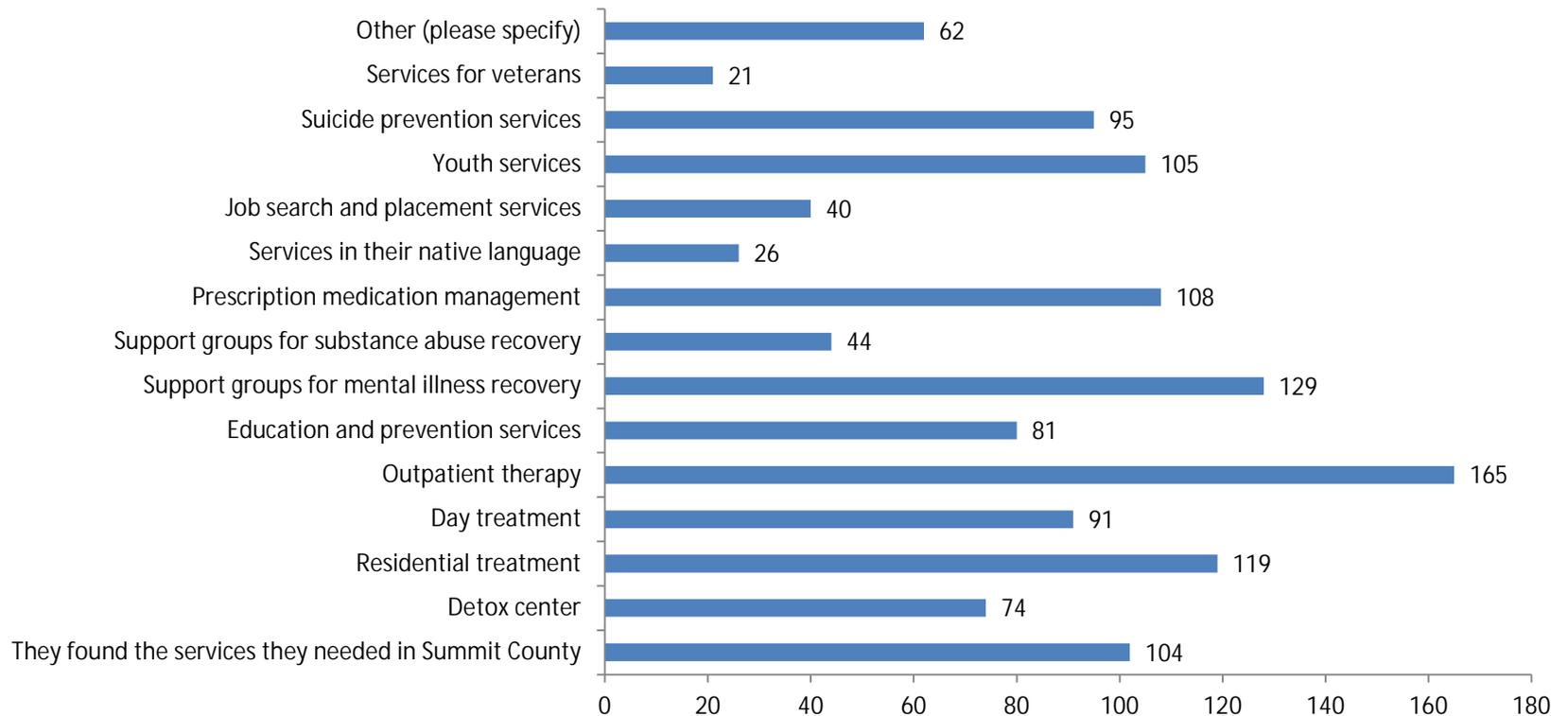


### After the initial treatment, were they able to find adequate follow-up services and support in Summit County?



Survey Answers

## What needed services and supports did they have difficulty accessing in Summit County?

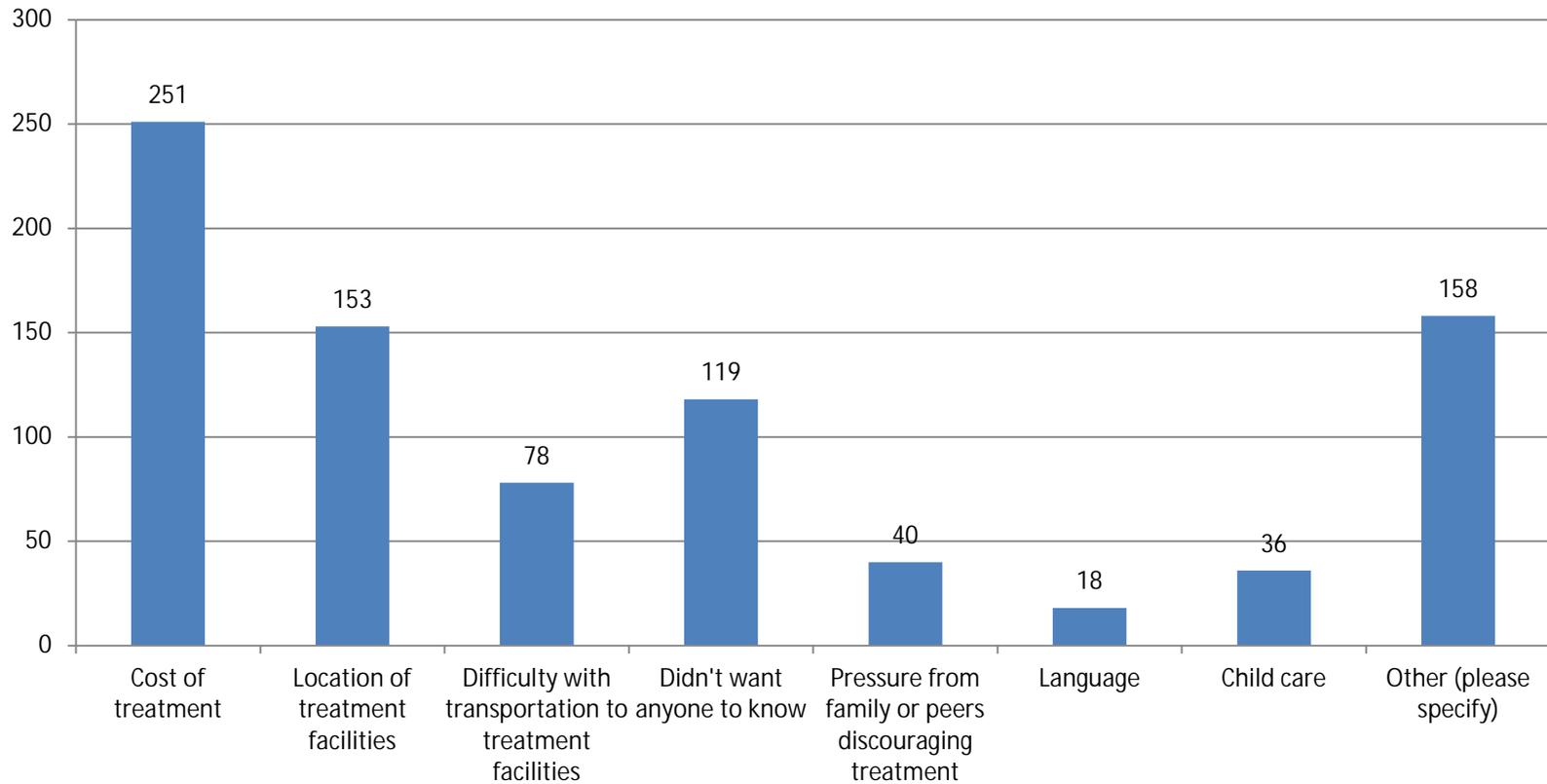


About 67% of those who left the County did so because of lack of services. Patients had the most difficulty accessing outpatient therapy, then support groups for mental illness recovery, then residential treatment.

For those who have had experience with seeking treatment for mental illness in Summit County:

- Were you able to find the help you needed in Summit County?
- **What barriers to treatment did you face?**
- What was the wait time for treatment?
- How was the treatment quality?
- Did your intervention involve the criminal justice system?

## What barriers made it difficult to access treatment?

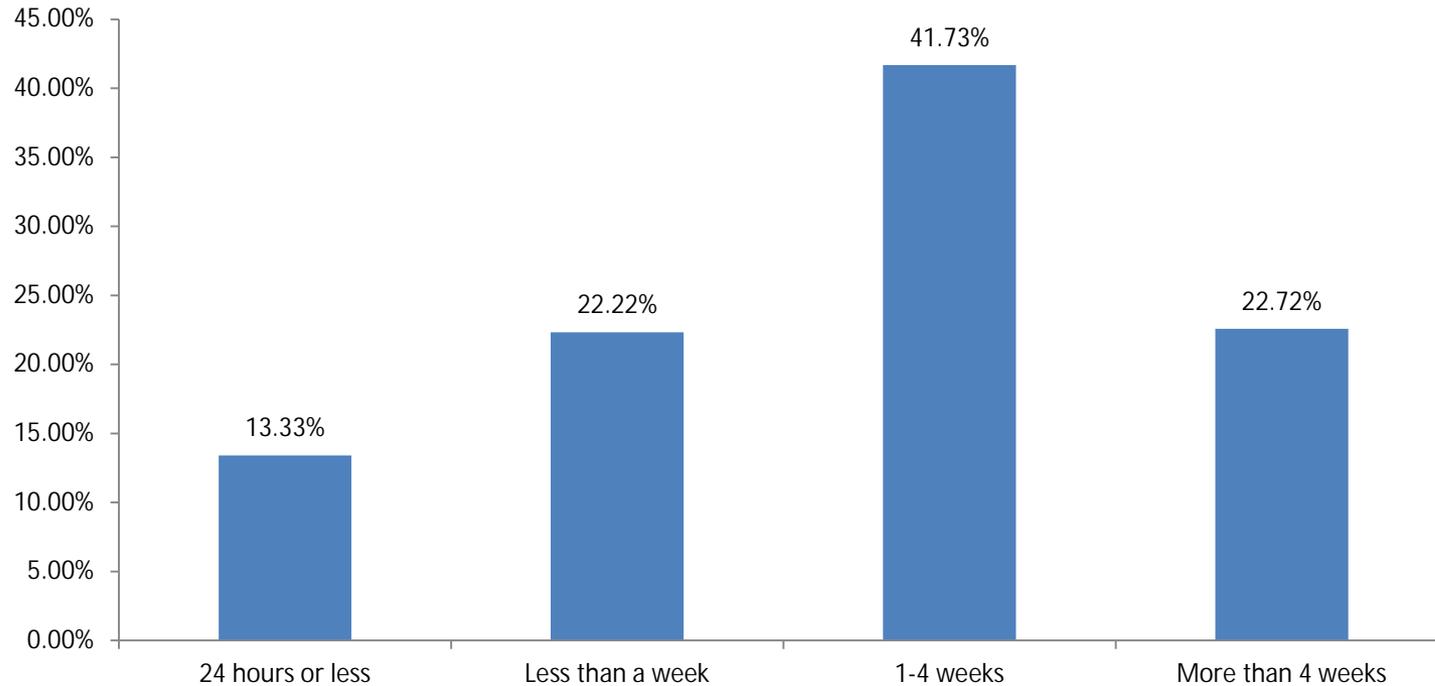


77% of people ran into barriers, the most common barrier they saw was the cost of treatment, then the location of treatment facilities, not wanting anyone to know, and difficulty with transportation to treatment facilities.

For those who have had experience with seeking treatment for mental illness in Summit County:

- Were you able to find the help you needed in Summit County?
- What barriers to treatment did you face?
- **What was the wait time for treatment?**
- How was the treatment quality?
- Did your intervention involve the criminal justice system?

## From the time they asked for treatment, how long did it take to receive treatment?

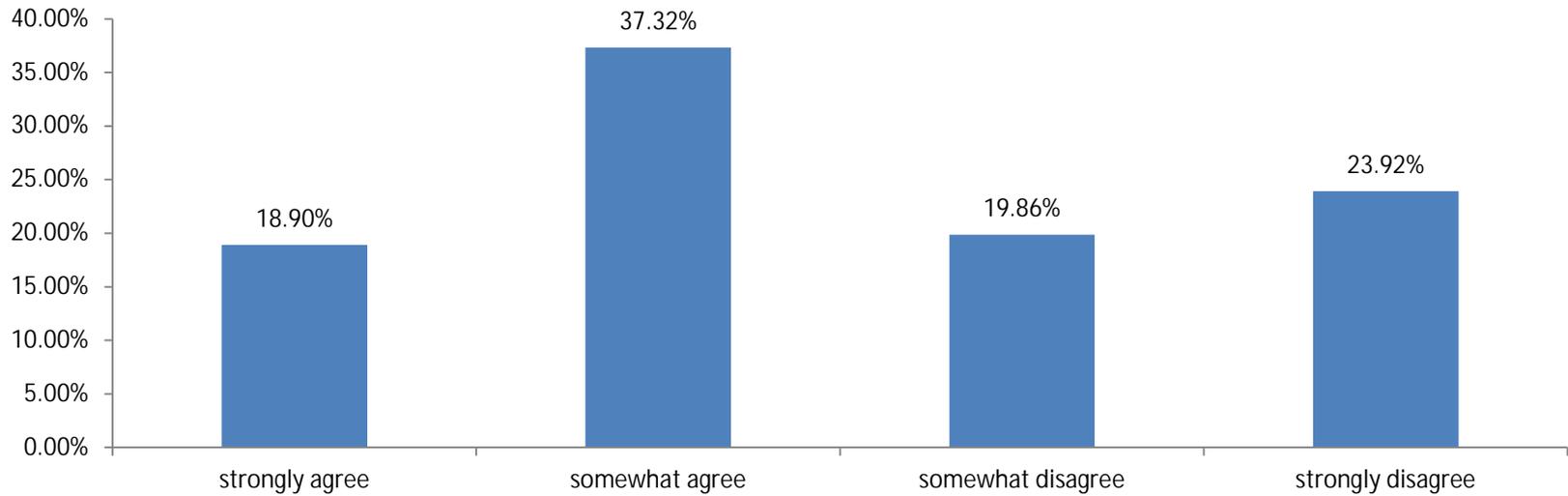


Most people had to wait at least one week (64.27%) with 22.58% waiting more than 4 weeks.

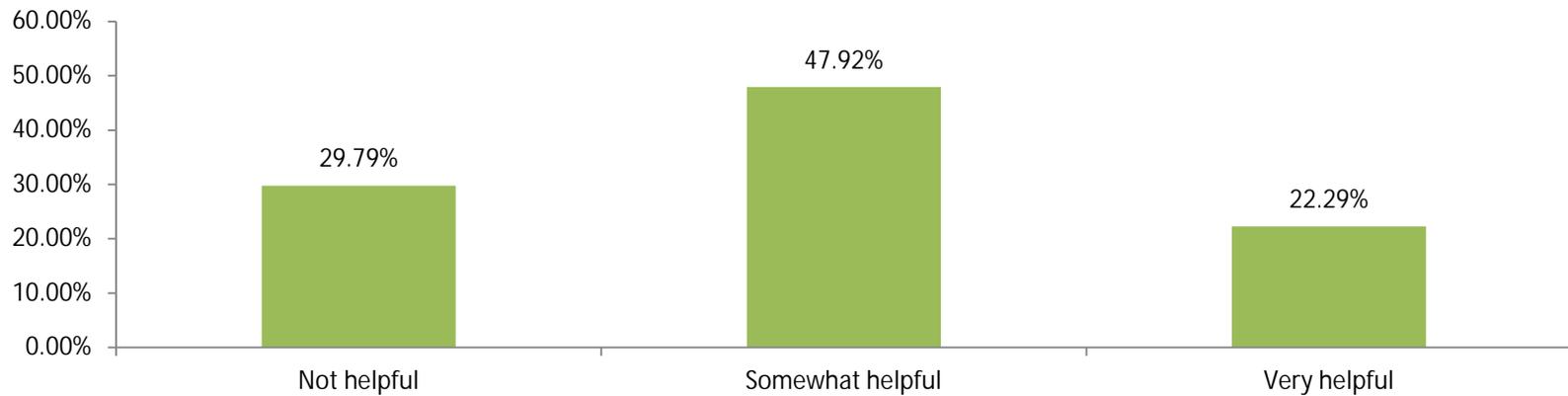
For those who have had experience with seeking treatment for mental illness in Summit County:

- Were you able to find the help you needed in Summit County?
- What barriers to treatment did you face?
- What was the wait time for treatment?
- **How was the treatment quality?**
- Did your intervention involve the criminal justice system?

## In your opinion, treatment was effective.



## How helpful was the treatment they received?



A few things influenced the respondents ratings of their treatment's helpfulness and effectiveness. These include:

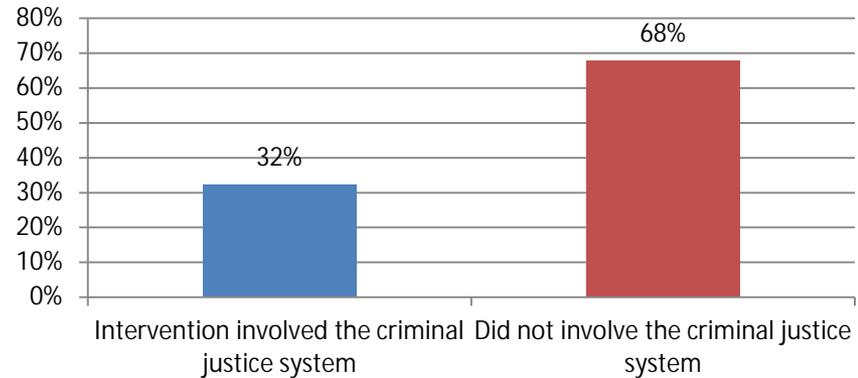
1. Whether or not they had to leave the County for treatment
    - Those who were able to stay in the County rated their treatment effectiveness and helpfulness much higher
  
  2. What type of treatment they were seeking
    - Those whose treatment involved help with substance abuse rated their treatment less helpful than those whose treatment was primarily for mental health
  
  3. Whether or not intervention involved the criminal justice system
    - Those whose intervention involved the criminal justice system rated their treatments as much less helpful than those whose intervention did not
- 

For those who have had experience with seeking treatment for mental illness in Summit County:

- Were you able to find the help you needed in Summit County?
  - What barriers to treatment did you face?
  - What was the wait time for treatment?
  - How was the treatment quality?
  - Did your intervention involve the criminal justice system?
- 

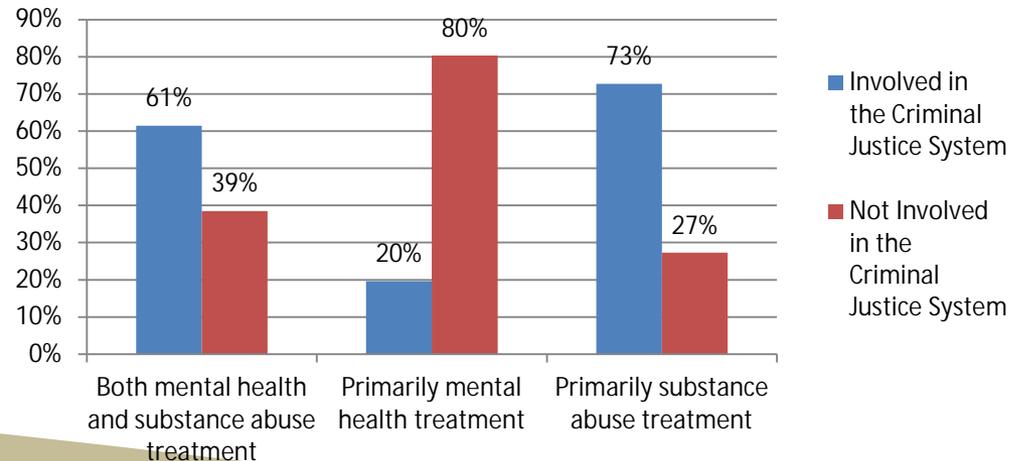
Overall, intervention involved the criminal justice system 32% of the time.

## Did intervention involve interaction with the criminal justice system?



When substance abuse was involved, the criminal justice system was involved significantly more often.

## Did intervention involve interaction with the criminal justice system?



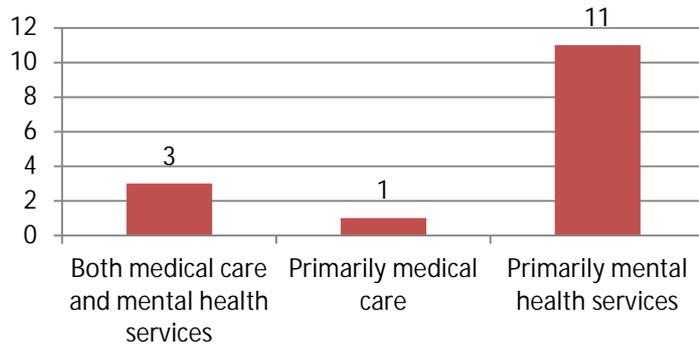
# Mental Health Providers Survey



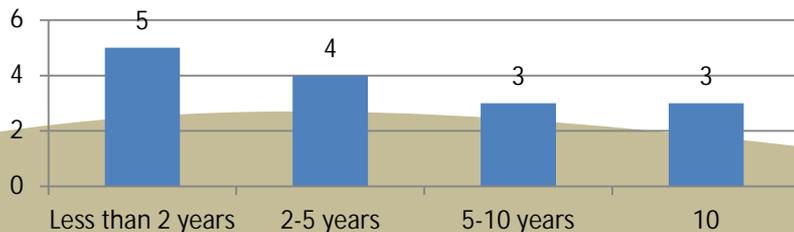
# Providers Survey

Total respondents: 15

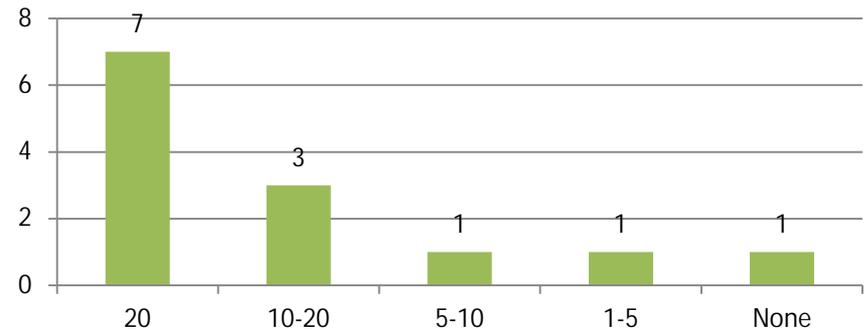
The healthcare services that you provide are:



How long have you worked as a healthcare professional in Summit County?



In a typical month, how many patients dealing with mental illness do you interact with in your role as a healthcare provider?



Q1, Q2 and Q3

# “Where do the healthcare services that you provide fit on the continuum of care?”

The majority of the service providers who responded provide only Out Patient care and/or Educational Services.

Out Patient only: **6 providers**

Educational Services only: **2 providers**

Out Patient and Educational Services: **3 providers**

**Only 4 of the 15 provide anything beyond Out Patient care and Educational Services.**

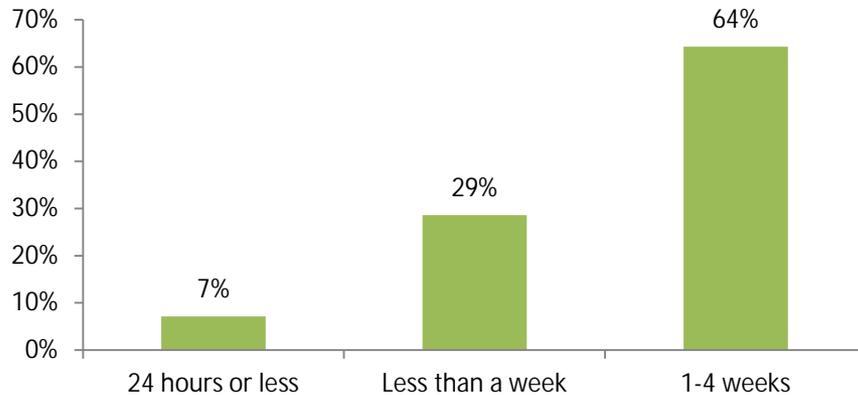
Out Patient, Educational Services, and Intensive Out Patient: **2 providers**

Acute hospitalization, Intensive Out Patient, and Out Patient: **1 provider**

Acute hospitalization, Intensive Out Patient, Out Patient, Educational Services, In Patient Residential Treatment, and Day Treatment: **1 provider**

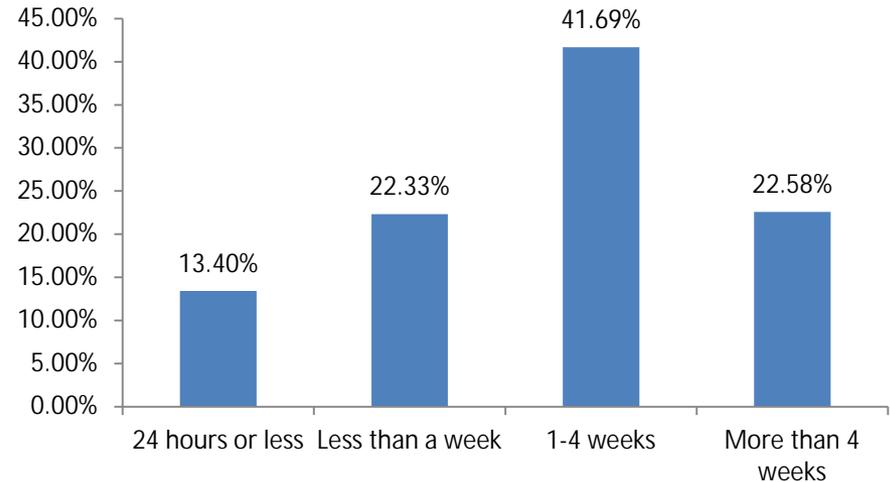
## What the Providers Said

What is the typical wait time for patients from the time that they first request treatment and the time that treatment is provided?



## What the Patients Said

From the time they asked for treatment, how long did it take to receive treatment?



Incongruences in the data exist on each end. None of the providers reported taking more than 4 weeks to administer treatment, while 22.6% of patients experienced this. Also, a lot more people were able to receive Day Of treatment than the providers report they have provided. Based on previous analysis, this is most likely due to the patients leaving Summit County to receive the Day Of treatment.

# What's Working and What are the Gaps?

## WORKING

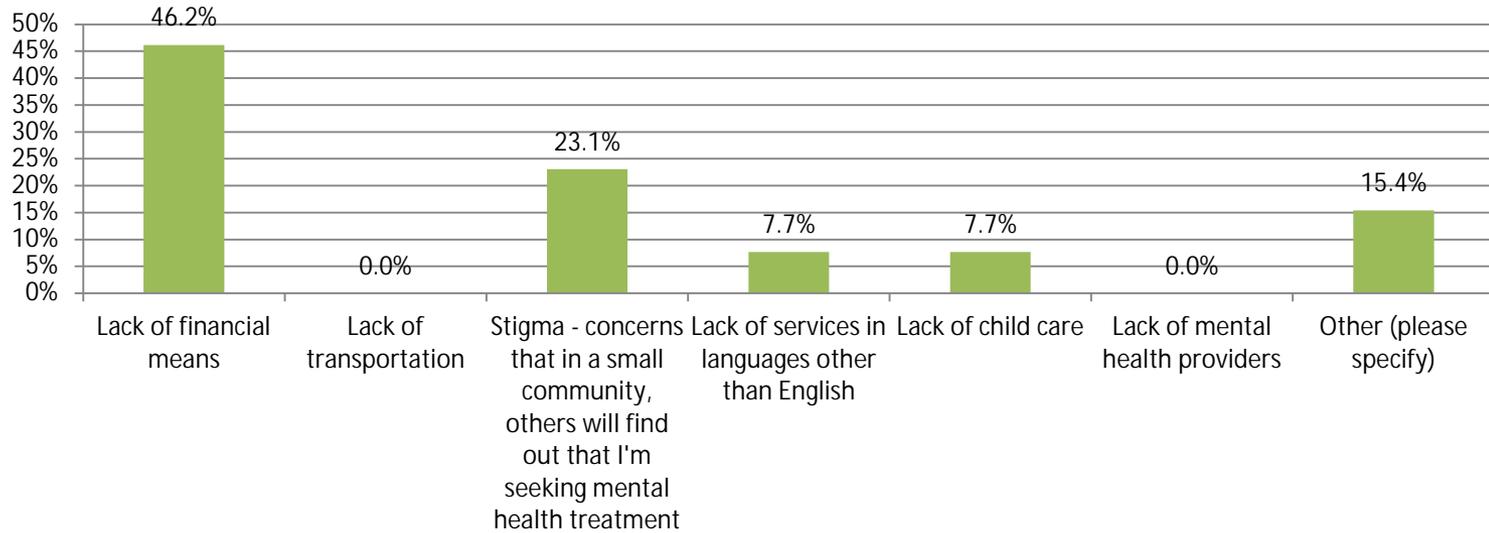
- Good quality therapists
- Good coordination of treatment
- School-based therapy
- Clients know providers care about them
- Good crisis assessment and intervention
- Variety of resources available: Valley, Jewish Family Services, Christian Center People's Health, Private Practice
- School counselors very good at making referrals
- Collaboration between agencies

## GAPS

- Need more education and tools
- Lack of inpatient services
- Very long wait times
- Valley employees seem overworked
- Teachers don't know what services are available
- No immediate crisis service aside from ER
- No intensive day treatment for adolescents
- No residential treatment of adolescents or adults
- No Hospital crisis unit
- Inadequate drug and alcohol treatment
- Shortage of culturally sensitive options
- Need better pay so therapists will stay
- No means to pay

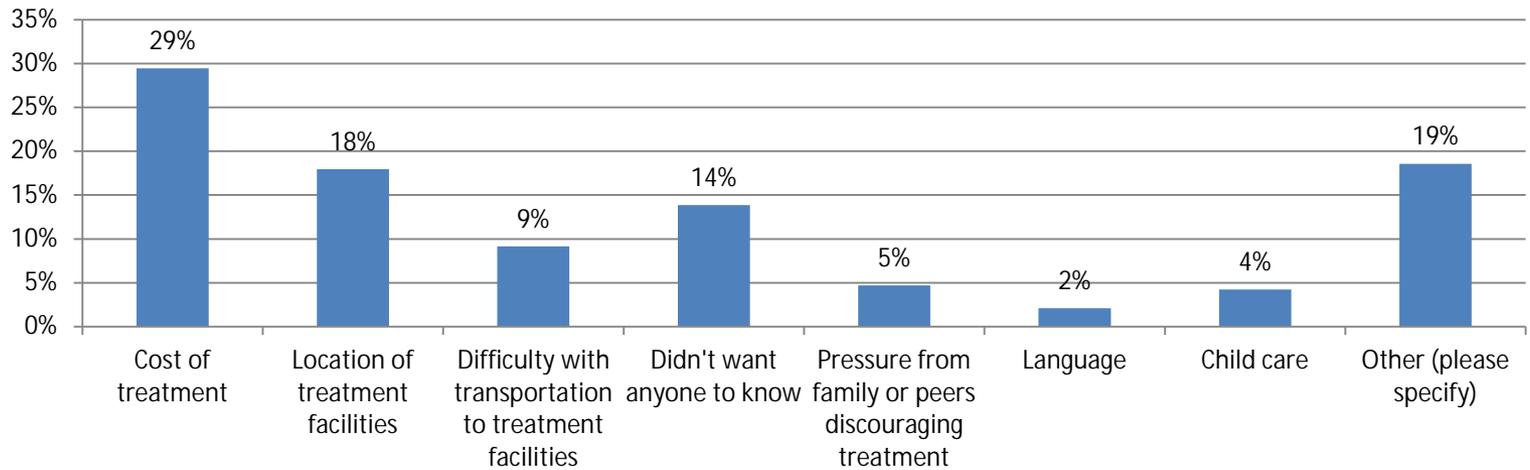
# What do you see as the greatest barrier to accessing mental health services in the county?

What the Providers Said



# What barriers made it difficult to access treatment?

What the Patients Said

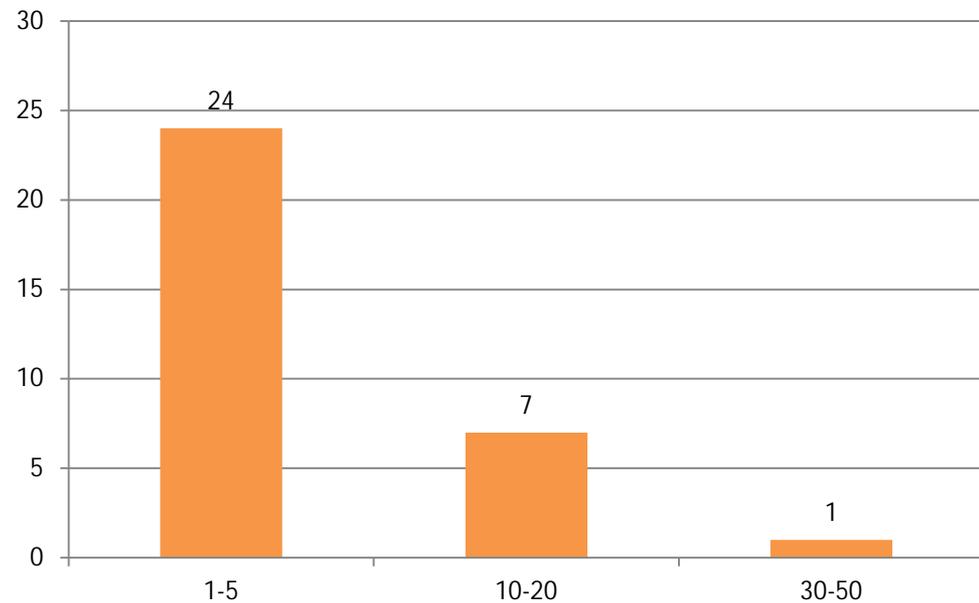


# Criminal Justice Employee Survey

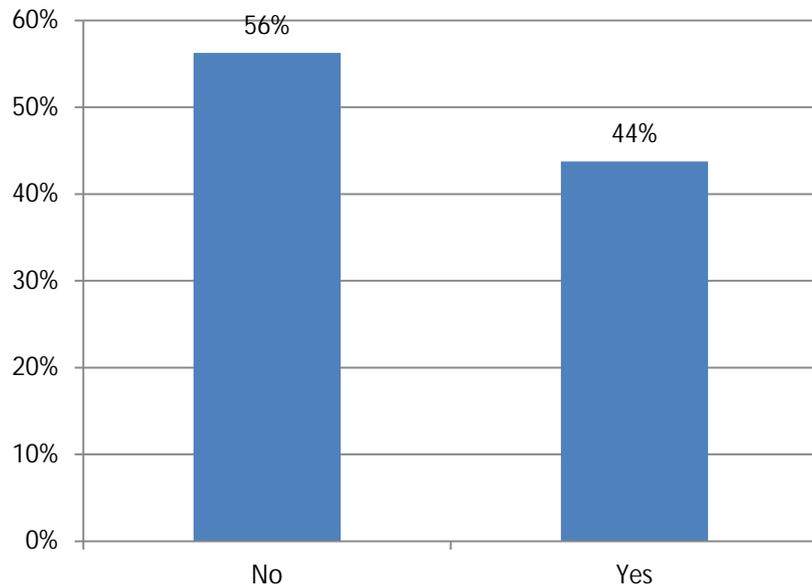
---

Total respondents: 32

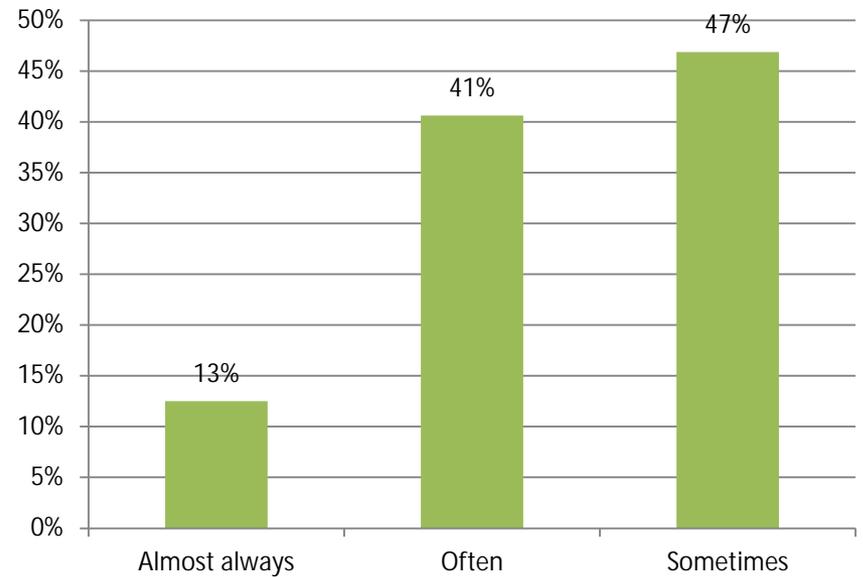
Approximately how many mentally ill offenders do you interact with in an average month through the criminal justice system/while at work?



## Do these people generally have support people with them when you interact with them?



## How often do these mentally ill people reoffend or re-enter the criminal justice system?



# Limitations to the current criminal justice system in helping mentally ill offenders that:

## **Can** be solved without changes in state legislation

- Not given proper sentences
- No where to take them that will help them
- Lack of social services
- Lack of family engagement
- Preventive education, treatment and housing
- Lack of immediate or crisis services
- Lack of law enforcement training
- Lack of affordable treatment
- Lack of funding

## **Can't** be solved without changes in state legislation

- State laws don't allow for forced medication
- Need stiffer penalties for repeat narcotic offenders
- Jail overcrowding and lack of mental health staff in jails
- Need more money
- Need Mental Health Court
- Inadequate inpatient beds
- No long-term assistance

# “Would mental health court be a viable option in Summit County?”

“Yes” 70%

“There are a lot of people that suffer from mental illness that really need help managing their lives...”

“We have a number of offenders with mental health issues that could be well served by a mental health court. However; we would require additional services for referrals - we do not currently have enough services in county to assist - specifically for juveniles with mental health issues.”

“Maybe, it should be explored but I don't know that we have the capacity to do it with current resources.”

“It would work if we had enough clients to sustain the court. We currently struggle keeping 10 clients in Drug Court.”

“It would at least shine a light on the problem of lack of facilities designed to treat mentally ill persons.”

“this would help stabilize our mental clients with wrap around services”

“An alternative to criminal punishment for mentally ill offenders who may not know the difference between right and wrong.”

“I believe it would help the mentally ill in how to return back and function in society”

# Clergy Interviews

- Six religious leaders were interviewed from representative areas of the County. Most of whom haven't consulted much with people with mental health or substance abuse challenges. One bishop meets with people about these challenges on a weekly basis while two had minimal experience and three bishops hadn't dealt with anyone yet with these issues.
  - Those that did have experience said they turned to professional help through LDS services or a counselor that the previous leader had used, who is not in Summit County.
  - The religious leaders said that they haven't run into any barriers in seeking help. The biggest challenge is in people being willing to admit there's a problem. They felt that the services have been pretty helpful and that they are sufficient.
- 

# Clergy Focus Group

## Assets

- Active 12-step groups
- NAMI - fairly active
- Private practice OP services, but limited options
- LDS family svcs. - FT psychologist
- LDS addiction recovery groups
- People's health clinic
- Dr. Peg Jam - clinical psych
- VBH
- Support from other congregants

## Challenges

- Limited insurance coverage options
- Costs for acute svcs.
- Wait list @ Uni - distance
- \* No network/grid of resources
- Helping parents w/ troubled kids
- VBH - understaffed
- Lack of case mgmt.
- Lots of school counselors not trained
- No detox centers
- No TX network for addiction
- Medicaid expansion
- What's socially acceptable (stigma) especially w/ addiction + youth
- Stigma w/ getting help
- U.S. health classes don't discuss mental health

## 3 wishes

- Community version of PHL for MH ~~needs a hub~~
- "We've only got one wing of the hospital for MH"
  - addiction
  - wrap around svcs.
  - Chronic MH
- Spanish speaking, culturally sensitive therapists
- "Blue collar people don't do therapy"
- Improve MH ed. in public school
- Suicide prevention hotline
- County emergency response to include mental health

# Community Dialogue Session



# Strategic Directives

# Strategic Directive 1: **EDUCATE & CULTIVATE AWARENESS**

*"I want to live in a community where we treat friends and neighbors struggling with mental illness with the same compassion and open support as those with any other illness."*

## KEY INITIATIVES

- Develop a clear starting point or hub where individuals and families can go to get oriented to mental health services that are available and connected with the right mental health resources.
- Devise Mental health awareness campaigns in partnership with local media, area employers, schools, government and non-profits.
- Coordinate & promote suicide prevention programs in schools, among civic groups, and in the business community.

## WHAT DOES SUCCESS LOOK LIKE?

- Reduction in stigma surrounding mental illness and addiction
- Reduction in suicide rates
- Development of a clear, well-communicated pathway to getting help for mental illness

# Strategic Directive 2: **INCREASE CAPACITY & ACCESS**

*"I need to know that people dealing with mental illness in our community will be able to access appropriate, timely treatment."*

## KEY INITIATIVES

- Develop robust telehealth offerings : improved access and reduced stigma
- Expand the effectiveness and availability of crisis services.
- Increase outpatient capacity and day treatment options.
- Increase medication management services
- Advance rehabilitative services, vocational rehabilitation and housing to facilitate patient's re-entry into the community.
- Incentivize mental health providers to practice in the County.

## WHAT DOES SUCCESS LOOK LIKE?

- Reduction in wait times
- Increased treatment and support options
- Increased participation in mental health services by members of the community
- Expanded services for English Language Learners
- Reduction in the use of public safety and criminal justice systems as the "go-to" intervention
- More successful and cost effective treatment outcomes
- Reduction in wait time for substance abuse assessment; report to Court expedited considerably

# Strategic Directive 3:

## IMPROVE COORDINATION OF TREATMENT

*"I need my healthcare providers and other community partners to work together to improve health outcomes."*

### KEY INITIATIVES

- Develop case management and wrap around services across the continuum of care.
- Increase support services for family and friends caring for a loved one with mental illness.
- Develop an advocacy service for patients and their caregiving networks to help them navigate mental health treatment.
- Develop more comprehensive early detection and intervention services including training in our schools.

### WHAT DOES SUCCESS LOOK LIKE?

- Improved sharing of medical records among providers
- Increased availability and use of wraparound services

# Strategic Directive 4:

## **BUILD COMMUNITY PARTNERSHIPS**

*“Mental health challenges will not be solved by County Government alone. We need to work together in order to be successful.”*

### KEY INITIATIVES

- Convene a mental health summit for the purpose of developing increased coordination of mental health treatment among different entities in our community.
- Build a community safety net that interrupts the criminal justice process to all for mental health / substance abuse interventions, assessments, and treatment as an alternative to jail.
- Examine models for creating successful public-private partnerships to address community needs.

### WHAT DOES SUCCESS LOOK LIKE?

- Coordinated, community-wide effort to improve mental health
- Increased channels of communication among community providers and patients
- Increase in successful probation completion and pleas in abeyance successfully completed
- Assignment of defendants to salutary mental health programs increases, jailed defendants decrease

# Strategic Directive 5: **ADDRESS FUNDING GAPS**

*"I want to find ways to fund treatment for members of our community that lack the financial means."*

## KEY INITIATIVES

- Focus on telehealth service offering to moderate cost and facilitate early intervention.
- Emphasize early intervention through effective training for primary healthcare providers, school personnel and first responders.
- Incentivize therapists/mental health professionals to increase their case loads of low-income clients.
- Identify federal, state, and private funding opportunities. (grant writing opportunities, etc.)

## WHAT DOES SUCCESS LOOK LIKE?

- Increase in low-income individuals seeking and obtaining mental health services
- Reduction in the costly reliance on the County criminal justice system as a primary source of mental health intervention.

# SUMMIT COUNTY



REPORT OF MENTAL HEALTH SURVEY FINDINGS  
AND COMMUNITY-BASED STRATEGIC PLANNING  
DIRECTIVES FOR SUMMIT COUNTY

OCTOBER 2016

# SUMMIT COUNTY

Report of Mental Health Survey Findings and Community-Based Strategic Planning Directives  
For Summit County

October 2016

## Letter from Summit County Health Director



Mental health needs and challenges impact many members of our community in a variety of ways. When trying to address unmet needs and focus resources to meet priorities, it can be truly overwhelming to know where to start.

During the summer of 2015, however, an idea began to take root. What if we could engage a broad segment of the community in a conversation about mental health? We could then leverage that input to chart a course for more comprehensive mental health support and services in Summit County.

Last fall, we assembled a steering committee composed of volunteer members from the community, who solicited input from all sectors of the county to help us identify mental health needs among our citizens. What follows is the product of a yearlong journey led by this dedicated group of residents, facilitated by Summit County in close partnership with Valley Behavioral Health. This study represents some of our residents' very best thinking. From these results, strategies will be developed and implemented to better meet the mental health needs of our residents.

My sincere thanks to the more than one thousand individuals who took time to complete the mental health survey and to the steering committee that worked so tirelessly on this endeavor. I am certain the data and stories collected through this effort will serve as a roadmap for many years to come.

With Gratitude,

A handwritten signature in blue ink, appearing to read "Rich Bullough".

Rich Bullough, PhD, Health Director



# TABLE OF CONTENTS

Methodology.....4

Needs Assessment.....6

Strategic Planning Directives.....13

Primary Directive.....14

Directive 1: Community Education & Awareness.....15

Directive 2: Increased Capacity & Access.....16

Directive 3: Improved Coordination of Treatment.....17

Directive 4: Focus on Partnerships.....18

Directive 5: Funding.....19

Recommendations & Next Steps.....20

Conclusion.....21

Special Thanks.....22

Appendix.....23



# METHODOLOGY

The County assembled a steering committee, consisting of nine members of the community. The purpose of this committee was to gather data from the citizenry about experiences with mental health and mental health services and synthesize that information into a set of recommended strategic directives. These individuals volunteered countless hours to the project. Tanner LLC, a Salt Lake City-based professional services firm was engaged to provide independent facilitation of the process and to aid in data analysis and development of this document. Although the committee was selected by Summit County, it was charged to remain objective and independent from the County and healthcare providers. Ultimately, the committee, not the County or Tanner, determined the content of the mental health needs assessment and strategic plan as well as the process employed in its creation.

It is important to note that the purpose of the outreach was to engage as many members of the community as possible in a conversation about mental health and to collect perspectives from as many people as possible, not to create a statistically valid study of mental health issues for Summit County. The committee leveraged volunteer resources of the community in conducting that outreach and had as its goal to be as inclusive as possible. Outreach was conducted through local civic and religious groups, major employers, school districts, the criminal justice system and medical and mental healthcare providers. As the largest mental health provider in the County, Valley Behavioral Health was very supportive of this effort.

Throughout the process, care was taken to involve every segment of the community. The committee itself had members from North Summit, South Summit as well as Park City and Snyderville Basin. About 75% of survey responses came from residents of Park City, Snyderville Basin, and Kimball Junction while 25% came from North and South Summit. It was encouraging to see 13.5% of responses from Hispanics which is proportional with the Hispanic population of the County according to the most recent census data from the US Census Bureau. In addition, significant outreach was conducted in Spanish including a live meeting as well as a Spanish version of the survey that was aggressively distributed to ensure inclusion of perspectives from Spanish speaking residents.

## Surveys

To assess the state of Summit County's mental health awareness, care, and services, several online surveys were conducted: one for the mental health providers of Summit County, one for criminal justice personnel, and one for the general public (English and Spanish versions). The steering committee was heavily involved in deciding what questions were asked and the language for asking these questions, especially for the general public surveys. Several long and thorough meetings were held to discuss how to remove bias and judgment from each question and to ensure that gaps in interpretation were minimized as much as possible.

Within the general public surveys were two main branches of questions, each set based on whether a person had experience (his/her own or through someone else) with seeking treatment for mental illness in Summit County. Those who did not have direct experience were asked one set of questions and those with direct experience were asked questions centered on that experience. Subjects ranging from awareness of mental health facilities/services to effectiveness of treatment were discussed, and a paper version was administered at the People's Health Clinic in Spanish to encourage responses from those who could not access the online surveys or preferred not to contribute in that way.



# METHODOLOGY

As the committee began its work, there was significant concern over whether it would be successful in getting a meaningful number of survey responses, particularly given the stigma that is often associated with mental illness. In all, over 1,000 responses were collected for the general public survey, 15 were collected for the providers' survey, and 32 were collected for the criminal justice survey, for a grand total of nearly 1,100. Considering that the County's population is approximately 40,000, this is a remarkable response rate for a survey narrowly focused on mental health. The next section highlights some of the survey results. A more complete set of results is included in the Appendix.

## Community Dialogue Sessions And Personal Interviews

The steering committee also conducted five dialogue sessions with community stakeholders and residents to gain additional perspective. These sessions were open to the public and over 60 individuals turned out to share their experiences and thoughts. There was very passionate, but respectful dialogue during these sessions and it was clear that participants have deep concern for how to more effectively treat mental illness in the County. In addition, 25 individual interviews were conducted.

“My son is 17 and had a full blow psychotic attack... It was triggered by Zoloft, an anti-depressant, but most likely would have happened eventually due to an underlying mental disorder. He has been in the Hospital since January and we are hoping he'll be back home in August...

“His life will be very different when he comes home. He's heavily medicated now and is not the same. He's socially awkward, occasionally leaves food on his face or zipper open, paces, has hand tremors, spaces out, says strange things, gets fixated on things, etc. His hygiene isn't great and he doesn't care about how he looks. He has a hard time focusing so school will be difficult for him. He is an excellent athlete but can't get motivated about much anymore. He wanted to go to a good college and be a pilot. Maybe those dreams have changed now.

“It will be hard enough if he stays on his meds. If he fails to take his meds, then life could be very challenging. We don't know what to anticipate upon his return. But the greatest thing I foresee happening in Summit County is:

1. A long term residential treatment center
2. More assistance in the schools
3. More Psychiatrists
4. More caseworkers
5. More community education to help reduce the associated stigma with mental health
6. More education in the hospitals and with the police”

—*Summit County Parent*



# NEEDS ASSESSMENT

Thorough research has been conducted nationally to look at barriers to effective mental health treatment. Many of the findings of that research are very applicable to Summit County and consistent with the feedback we received through the survey, dialogue sessions, and interviews.

For example, according to national epidemiologic surveys, the majority (about two-thirds) of people with symptoms of clinical criteria for mental and substance use disorders do not receive any treatment.<sup>1</sup> Social stigma and lack of awareness of resources and their effectiveness can get in the way of individuals seeking treatment. Primary care physicians often do not receive training and support for mental health cases and yet they typically are the first to see a mental health patient in crisis and refer them on. Lastly, there are inadequate funding mechanisms, a shortage of behavioral health care providers, and inadequate insurance to pay for needed treatment (and often inadequate coverage when insurance is in place).<sup>2</sup> Interestingly, the issue of funding for mental health treatment also impacts those with insurance. For example, one study found that nearly half of individuals in need of substance abuse treatment had private insurance yet failed to receive treatment.<sup>3</sup> It is also common for individuals struggling with mental illness or addiction to significantly delay treatment (often for 10 years or more) and the delay leads to additional health problems.<sup>4</sup>

According to the U.S. Centers for Disease Control, in 2014 over 47,000 people died of a drug overdose, which approximates the number of deaths attributed to motor vehicle accidents and homicides combined.<sup>5</sup> This is an area where early intervention and prevention could have a dramatic impact since 90% of Americans who meet the medical criteria for addiction started smoking, drinking or using other drugs before age 18.<sup>6</sup>

What follows is a brief summary of key observations from the survey, dialogue sessions, and interviews. A detailed description of survey finding and other information are included in the Appendix.

---

1 Wang, P. S., Lane, M., Olfson, M., Pincus, H. A, Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 629-640.

2 [9] Watson Wyatt Worldwide. (2007). *Mental Health in the North American Labour Force: Literature Review and Research Gap Analysis*. Toronto, ON, Canada: Author. Available from: [www.mentalhealthroundtable.ca/documents.html](http://www.mentalhealthroundtable.ca/documents.html)

3 [10] Mark, T. L., Coffey, R. M., King, E., Harwood, H., McKusick, D., Genuardi, J., et al. (2000). Spending on mental health and substance abuse treatment, 1987-1997. *Health Affairs*, 19(4), 108-120.

4 [11] Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A, Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 603-613.

5 CDC/NCHS, National Vital Statistics System, Mortality File, 2014, last accessed Dec. 11, 2015

6 The National Center on Addiction & Substance Abuse at Columbia University (2011). *Adolescent Substance Use: America's #1 Public Health Problem*, Page 10



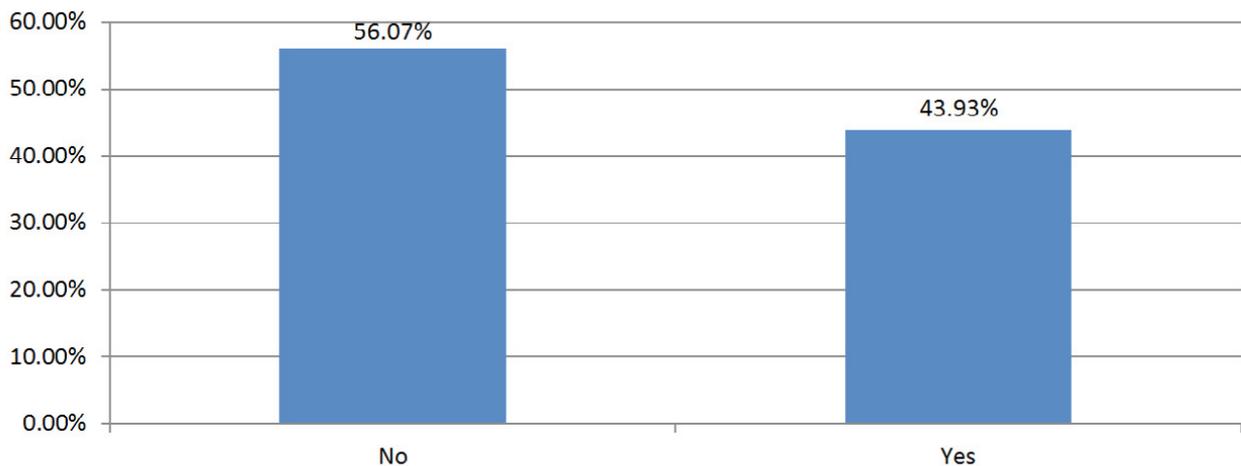
# NEEDS ASSESSMENT

## Barriers

**Funding & Stigma** – Consistent with national studies, the two largest barriers identified by survey respondents fit broadly into funding issues and stigma. This was a consistent theme in responses from patients, friends and family, and providers. Both issues came up regularly during community dialogue sessions. See the Appendix for more details.

**No Clear Starting Point** – Many respondents and particularly participants in the dialogue sessions suggested that there is a huge need for a clear starting point for those seeking help. People simply don't know where to go to get help. Many contacted multiple providers before finally finding someone that could help with a diagnosis and treatment. Some suggested establishing a clear first point of contact that could help orient individuals and families to available services and guide them as they find a diagnosis and initial treatment options.

If you were to experience a crisis or tragedy in your life, would you know where to go for help?



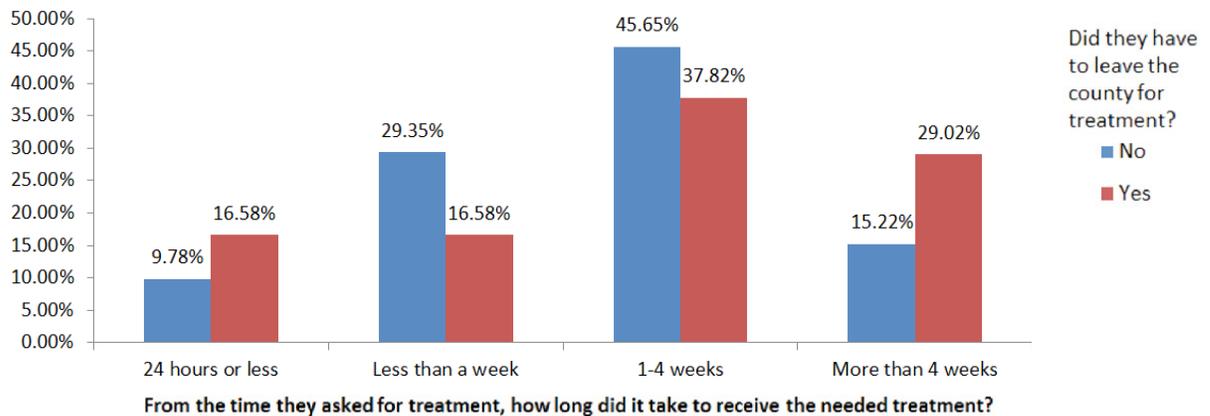
# NEEDS ASSESSMENT

## Gaps

**Lack of Providers** – The survey results seem supportive of the idea that Summit County struggles with a general shortage of behavioral healthcare providers just as most of the country. For example, only 57% of respondents that sought treatment in the County were able to find professionals here that could provide them with a diagnosis. Most were not able to find treatment or adequate follow-up services and support in the County. The lack of providers is most acute for English Language Learners.

**Wait Times** – Wait times were also a significant issue with 29% of those receiving treatment in the County waiting more than 4 weeks and 46% waiting one to four weeks. Given the relatively low population density in the County, the lack of more intensive treatment options such as residential treatment was expected. However, a significant number of survey respondents expressed having difficulty accessing more basic services such as outpatient therapy and day treatment. In both the provider survey and during dialogue sessions, the issue of crisis services came up with the emergency room at the hospital being the only option currently available in the County. However, the hospital is not currently an adequate solution because there is no inpatient option for psychiatric patients. Those that are having a mental health crisis can be evaluated there, but must then be transferred to another hospital for treatment. Wait times in these acute situations can literally mean the difference between life and death.

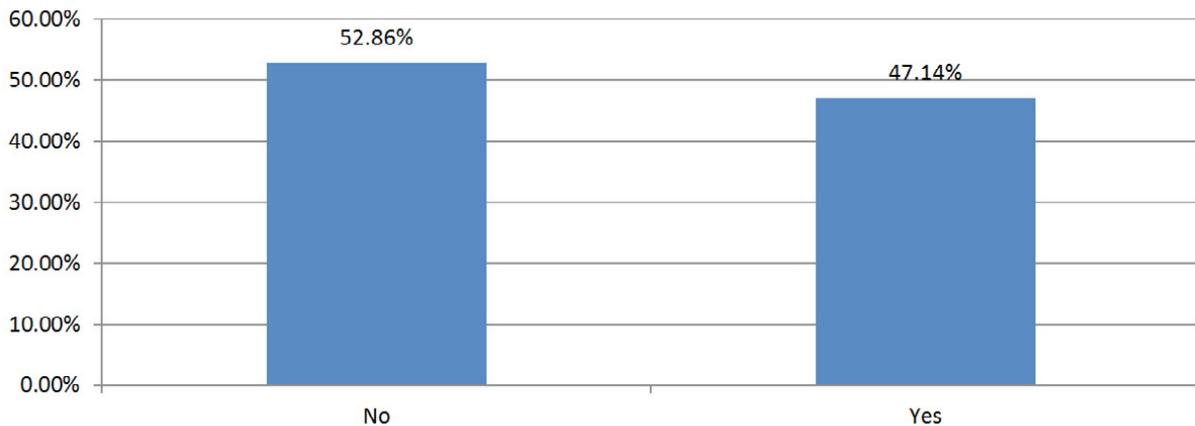
How long did it take to receive treatment for those who had to leave the county for it versus for those who did not?



# NEEDS ASSESSMENT

**Lack of Support Services** – Many concerns expressed related to the difficulty in accessing support services, including things like aftercare, group therapy and on-going case management. For example, of respondents that were able to find adequate initial treatment in Summit County, only a third indicated that they were able to access follow-up and support services in the County after the initial treatment. Many family and friends of individuals struggling with mental illness expressed frustration in their comments and during dialogue sessions in this regard. They indicated that a little bit of support and education for them would have gone a long way towards improving health outcomes for their family member or loved one.

Do you believe that adequate support exists within Summit County to assist those dealing with mental illness or substance abuse issues?



# NEEDS ASSESSMENT

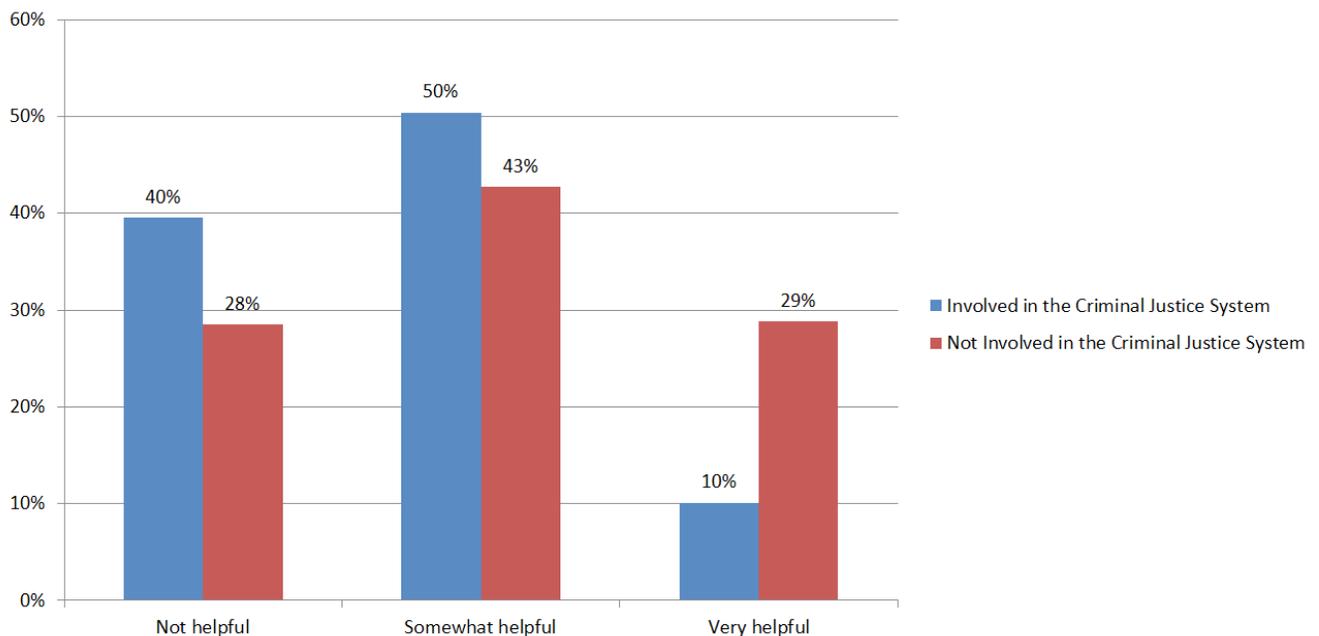
## The Under-Served

**Criminal Justice** – The United States has a history of funneling those struggling with substance abuse and/or mental illness to county jails. While our country has the highest per capita incarceration rates in the world, it is clear that issues with mental health/substance abuse are not unique to Summit County. Eighty-five percent of jail populations nationally suffer from some form of mental illness. Yet only about 11% have access to treatment. Based on conversations with judges and attorneys, these national statistics seems consistent with experiences in the County.<sup>7</sup>

As might be expected, where mental health intervention involved respondents in the criminal justice system, treatment was deemed less helpful than among other constituents. This was particularly true for respondents suffering from substance abuse. In the survey of criminal justice personnel, respondents indicated a significant need for mental health support among those criminally charged; this is clearly a challenged, needy population. In the absence of mental health/substance abuse support services, the jail often becomes the crisis intervention of last resort. When this happens, the county incurs significant additional costs that might have been prevented through earlier mental health intervention.

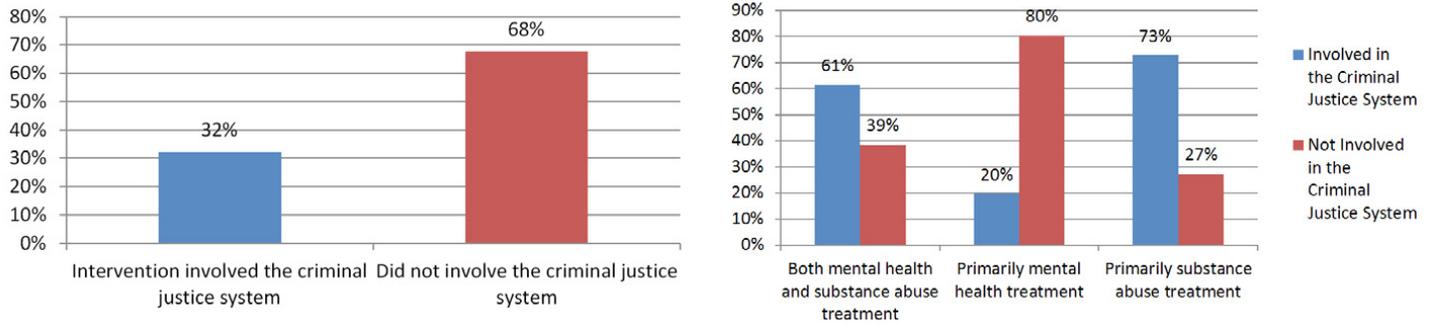
<sup>7</sup> National Center on Addiction and Substance Abuse - Columbia University. (2010). Behind bars II: Substance Abuse and America's Prison Population. New York, NY: National Center on Addiction and Substance Abuse at Columbia University.

### Does intervention involving the criminal justice system influence the helpfulness of treatment?

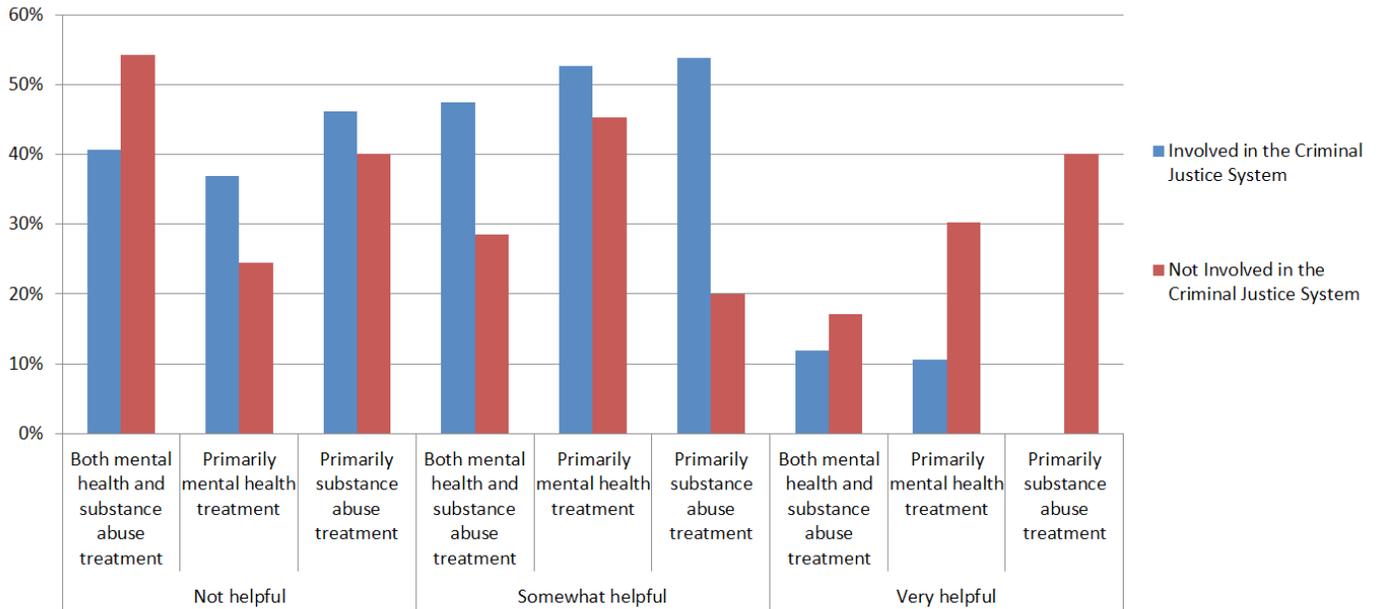


# NEEDS ASSESSMENT

## Did intervention involve interaction with the criminal justice system?



## How helpful was the treatment?



# NEEDS ASSESSMENT

**English Language Learners** – This has been a growing segment of our community and there are currently very limited services available in the County for English Language Learners, with Spanish speakers representing the largest group. Particularly for mental illness, culturally as well as linguistically appropriate services are vital to successful treatment outcomes.<sup>8</sup>

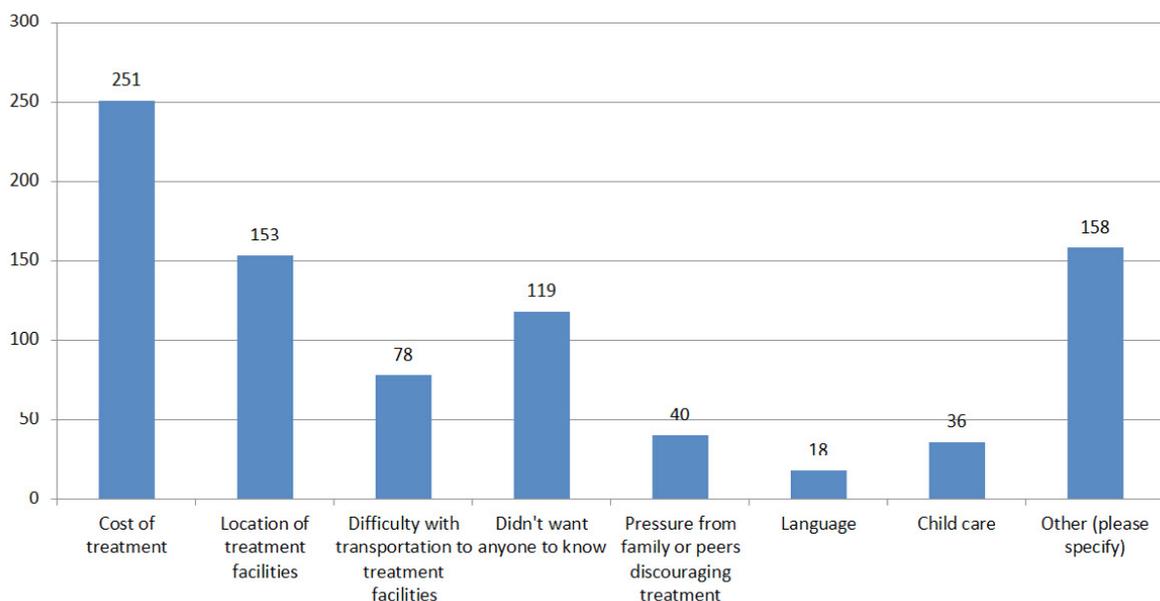
**Those Lacking Financial Means** – The cost of treatment was the biggest barrier highlighted by both residents and mental health providers. While these costs likely have the biggest impact on the most economically disadvantaged in our community, the extremely high cost of acute care can put treatment out of reach for even some of the more affluent members of the community.

“Our son came out from a two week hospitalization without a diagnosis or any treatment to speak of, and we received a bill for over \$18,000. Our son had been homeless and uninsured. What’s particularly frightening about the high cost of care is that mental illness is a chronic disease. It can be managed, but in almost every case, periodic hospitalizations or in-patient treatments at prices like these can be expected. We’re working on financial plans that will protect us, but we can’t help but worry that over our son’s lifetime such costs could significantly hurt our whole family.”

—Summit County Parent

8 Molina CW, Zambrana E, Aguirre-Molina M. The influence of culture, class and environment on health care. In: Molina CW, Aguirre-Molina M, editors. Latino health: A growing challenge. Washington, DC: American Public Health Association; 1994

## What barriers made it difficult to access treatment?



# SUMMIT COUNTY'S COMMUNITY-BASED STRATEGIC PLANNING DIRECTIVES

The central purpose in this undertaking was to provide candid information from Summit County's residents about the state of mental health in their community. The results are meant to be a tool that can be used by elected officials, County staff, and other stakeholders to guide goal setting and focus efforts on those things that residents have identified as their highest priorities regarding mental health in Summit County. It is recognized that responsibility for improving mental health services and supports must be shared by public and private interests in the County. No single entity has all of the solutions and progress will require participation by the citizenry.

The County can play a key role by convening stakeholders across the community who will need to play a role in carrying out the directives that follow. *In order to truly be effective, a detailed implementation plan with clear timelines and specific steps will need to be developed in alignment with these directives.* It is vital that all stakeholders that will play a role in implementation are involved in the process of creating those timelines and specific steps. The test of the plan's usefulness will be defined by how effective it is in guiding decisions and creating the future to which citizens aspire.

In the process of examining this strategic plan, the reader will encounter various terms and phrases associated with key elements of the plan. It is important that we place an understanding of the strategic plan within the context of what these elements are intended to contribute.

## **Primary Directive**

This is a clear statement that describes the community's overall objective with regards to mental health. The Primary Directive represents the highest level directive, serving as the hub of the plan to which all other strategic directives are attached.

## **Strategic Directive**

This plan contains five strategic directives. A strategic directive is a very high level priority that is articulated in a way that effectively describes a community priority. It is not intended to describe specific initiatives, ideas, programs, or services. It captures in a very general way what citizens believe is most important in their community.

## **Key Initiative**

Each strategic directive is accompanied by a number of key initiatives which assist in bringing the directive to the level of application. In other words, key initiatives are more specific actions, programs, and ideas designed to bring about the realization of the strategic directives. A directive is a destination and the initiatives represent the directions that will enable us to arrive at our destination.

## **What Does Success Look Like?**

This section of each strategic directive is designed to describe some of the key indicators we will look to in evaluating the success of that directive. Specific targets have not been outlined in this document, but will be described in greater detail in the implementation plans that will ultimately be adopted.



# THE PRIMARY DIRECTIVE FOR MENTAL HEALTH IN SUMMIT COUNTY

In Summit County, our Primary Directive is:

**“Enhance the quality of life for all residents by improving community awareness of mental health and increasing access to appropriate treatment.”**

Strategic Directives are as follows:

1. Educate & Cultivate Awareness
2. Increase Capacity & Access
3. Improve Coordination of Treatment
4. Focus on Building Community Partnerships
5. Funding



## STRATEGIC DIRECTIVE 1

# EDUCATE & CULTIVATE AWARENESS



*I want to live in a community where we treat friends and neighbors struggling with mental illness with the same compassion and open support as those with any other illness.*

We must change the prevailing understanding of what it means to live well in Summit County. The need for education and awareness takes two primary forms. First, there is a significant need for general education and awareness relative to mental health. This includes everything from an understanding of the science of mental illness in order to cure misunderstanding and stigma, to an awareness of early warning signs and risk factors to aid in early intervention and prevention. Second, there is a need to create increased awareness relative to available services. Many individuals either do not seek or are unable to find help because they do not know where to look. While progress has been made towards treating mental illness on parity with other illness, there remains much work to do.

### **Key Initiatives:**

- Develop a clear starting point or hub where individuals and families can go to get oriented to mental health services that are available and connected with the right mental health resources. The County should play a pivotal role in convening the right stakeholders for the purpose of developing such a system.
- Devise Mental health awareness campaigns in partnership with local media, area employers, schools, government and non-profits.
- Coordinate & promote suicide prevention programs in schools, among civic groups, and in the business community.

### **What Does Success Look Like?**

- Reduction in stigma surrounding mental illness and addiction
- Reduction in suicide rates
- Development of a clear, well-communicated pathway to getting help for mental illness

*“It is difficult to negotiate the mental health system, even as a psychiatrist; yet we expect people burdened by severe mental symptoms to find their way in a poorly organized system with many gaps in service.”*

*—Summit County Psychiatrist & Friend*



## STRATEGIC DIRECTIVE 2

# INCREASE CAPACITY & ACCESS



*I need to know that people dealing with mental illness in our community will be able to access appropriate, timely treatment.*

It is critical that we focus resources on building capacity in order to handle crises, reduce wait times and improve access for those where transportation, language or other barriers are getting in the way of treatment. Because of the relatively low population density and rural character of much of our County, creative solutions may be necessary to overcome some of these barriers. When mental illness is properly diagnosed and treated, behavioral issues that require law enforcement and criminal justice interventions decline, taking pressure off of our courts and jail.

### **Key Initiatives:**

- Develop robust telehealth offerings to provide increased access to specialists and lower the barrier to accessing treatment that is created by the shame and stigma of accessing initial treatment in a more public way.
- Expand the effectiveness and availability of crisis services. Increase outpatient capacity and day treatment options.
- Increase medication management services by leveraging nurse practitioners.
- Advance rehabilitative services, vocational rehabilitation and housing to facilitate patient's re-entry into the community.
- Incentivize mental health providers to practice in the County.

### **What Does Success Look Like?**

- Reduction in wait times
- Increased treatment and support options for County residents suffering from mental illness/substance abuse
- Increased participation in mental health services by members of the community
- Expanded services for English Language Learners
- Reduction in the use of public safety and criminal justice systems as the "go-to" intervention for mental illness
- More successful and cost effective treatment outcomes
- Reduction in wait time for substance abuse assessment; report to Court expedited considerably

*"When my son needed substance abuse intervention and detox services, there were none available. So now, he sits in the 'largest mental health facility' - jail."*

*—Summit County Father*



## STRATEGIC DIRECTIVE 3

# IMPROVE COORDINATION OF TREATMENT



*I need my healthcare providers and other community partners to work together to improve health outcomes.*

We must improve the effectiveness of coordination between healthcare providers and other community partners. The onset of serious mental illness often requires intensive, high-acuity mental health services followed up by services from less acute providers as the patient's condition improves. These services must be coordinated more effectively and ideally include better leverage of supportive family members and friends.

### Key Initiatives:

- Develop case management and wrap around services across the continuum of care.
- Increase support services for family and friends caring for a loved one with mental illness.
- Develop an advocacy service for patients and their caregiving networks to help them navigate mental health treatment.
- Develop more comprehensive early detection and intervention services including training in our schools.

### What Does Success Look Like?

- Improved sharing of medical records among providers
- Increased availability and use of wraparound services

*“Not one provider in Summit County could help... we sought services, but were told they were unable to help us. There were also no facilities within the County where my son could receive care. I believe it is absolutely unconscionable that IHC and the University of Utah fail to share medical records - my son was bounced among 15+ doctors within the state, and each time, I had to restate the symptoms, medications, and physician visits. It took going out of state to receive the proper diagnosis and treatment plan for my son.”*

*—Summit County Mother*



## STRATEGIC DIRECTIVE 4

# FOCUS ON BUILDING COMMUNITY PARTNERSHIPS



*Mental health challenges will not be solved by County Government alone. We need to work together in order to be successful.*

In order to succeed in improving mental health awareness and access to appropriate treatment, we need a coordinated, community-wide effort. It will be necessary to leverage relationships among health care providers, non-profit organizations, churches, employers, schools, law enforcement, and other criminal justice entities. The County has an important leadership role to play and can help in collaboratively setting priorities and ensuring that the community does not lose focus on the need to improve awareness and access.

### **Key Initiatives:**

- Convene a mental health summit for the purpose of developing increased coordination of mental health treatment among different entities in our community.
- Build a community safety net that interrupts the criminal justice process to all for mental health / substance abuse interventions, assessments, and treatment as an alternative to jail.
- Examine models for creating successful public-private partnerships to address community needs.

### **What Does Success Look Like?**

- Coordinated, community-wide effort to improve mental health
- Increased channels of communication among community providers and patients
- Increase in successful probation completion and pleas in abeyance successfully completed
- Assignment of defendants to salutary mental health programs increases, jailed defendants decrease

*“I know others suffer and it would be amazing to see a change in society regarding these things, mainly so we can get the early intervention that children need so they do not end up as adults without help.”*

*—Summit County Wife*



## STRATEGIC DIRECTIVE 5

# FUNDING



*I want to find ways to fund treatment for members of our community that lack the financial means.*

Cost represents the number one barrier to accessing appropriate mental health treatment. While there are a host of factors contributing to this complex issue and there are no “silver bullets,” the County should continue to focus on finding ways to fund treatment for the most vulnerable members of our community.

### **Key Initiatives:**

- Focus on telehealth service offering to moderate cost and facilitate early intervention.
- Emphasize early intervention through effective training for primary healthcare providers, school personnel and first responders.
- Incentivize therapists/mental health professionals to increase their case loads of low-income clients.
- Identify federal, state, and private funding opportunities by researching how other communities fund their mental health programs. (grant writing opportunities, etc.)

### **What Does Success Look Like?**

- Increase in low-income individuals seeking and obtaining mental health services
- Reduction in the costly reliance on the County criminal justice system as a primary source of mental health intervention.

*“Despite the challenges we faced with the mental health system, I cannot imagine how much harder things would have been if I were uninsured and poor.”*

*—Summit County Mother*



# KEY FIRST STEPS

A community-based strategic planning document is only a first step towards improving mental health awareness and access to appropriate treatment. The steering committee respectfully submits to the County Council the following recommendations for critical first steps in reaching our goals.

- 1) Add mental health as a strategic priority for the County to guide the County Council's goal setting and resource allocation discussions.
- 2) Convene a committee of key stakeholders from both the private and public sectors for the purpose of developing a proposal for a detailed implementation plan and timeline that would have roles for both public and private stakeholders. In order to ensure the success of this committee, we believe it will be necessary to create a dedicated staffing resource at the County that can effectively coordinate and manage this process.



# CONCLUSION

Mental illness is something that impacts quality of life for every resident. The community's health and well-being are directly related to the mental health of our residents. The appropriate, compassionate response that we have witnessed from members of the community during our outreach has been truly inspiring. This past year has been an exhilarating journey for each of us, but it is only a first step.

We believe that Summit County can become a model of mental health support and programs that can be emulated and studied by communities throughout our state and the nation. There is much work to do, but many capable and caring community members have displayed a willingness to work together to make things better.

We would like to specifically thank the members of the County Council for their willingness to engage in this community-based process. They have kept their commitment to foster a truly independent, citizen-led process. It is unique in the State of Utah and could well serve as a model for many Utah counties.

It has been a pleasure to serve. Now, the real work begins!

Respectfully,

Nora Buchanan  
Dean Evans  
Ray Freer  
Mark Marsh  
Reverend Robin Nygaard  
Roy Parker  
Lynne Rutan  
Shad Sorenson  
Malena Stevens



# SPECIAL THANKS

Beth Armstrong  
Charles Robinson & St. Luke's Episcopal Church  
CONNECT Summit County  
Ed Rutan  
Nann Worel  
People's Health Clinic  
PC Unidos  
Park City LDS Stake Leadership  
PCSD Counselors  
Summit County Council  
Summit County Health Department  
Valley Behavioral Health

Lastly and importantly, we wish to thank two important groups. Thank you to those who responded to the survey or participated in a dialogue session. Special thanks to those who were willing to share their personal and often painful experiences with mental illness. We also express appreciation for all mental health providers in our community who are on the front lines in helping individuals and families struggling with mental illness. We thank you for the important work you are doing.



# APPENDIX

## OVERVIEW

In order to understand how the citizens and health care providers of Summit County perceive the current state of its Mental Health and Substance Abuse treatment, and therefore improve its services, the following methodologies were utilized:

- Citizen Survey
- Health Care Providers Survey
- Criminal Justice Personnel Survey
- Interviews with Clergy
- Focus Groups

## CITIZEN SURVEY

### Survey Respondents & Demographics

959 people filled out the Summit County Mental Health Survey. The demographics of the respondents are as follows:

<b>Gender</b>	<b>Race</b>	<b>Age</b>	
Female: <b>65%</b>	White: <b>82.5%</b>	0-18 years: <b>20.0%</b>	
Male: <b>35%</b>	Hispanic: <b>13.5%</b>	18-25 years: <b>11.6%</b>	
	Other: <b>4%</b>	25-40 years: <b>25.9%</b>	
<i>*Summit County total</i>		41-65 years: <b>35.0%</b>	
<i>F: 49% M: 51%</i>	<i>*Summit County total</i>	66-75 years: <b>6.2%</b>	
	<i>White: 85.1% Hispanic: 11.5%</i>	75+ years: <b>1.3%</b>	
	<i>Other: 3.4%</i>		

#### Area of Summit County

North Summit County (Coalville, Henefer, Hoytsville, or Wanship areas): **8.0%**

South Summit County (Kamas, Oakley, or Peoa areas): **16.3%**

Western Summit County (Park City, Kimball Junction, or Snyderville Basin) : **75.7%**

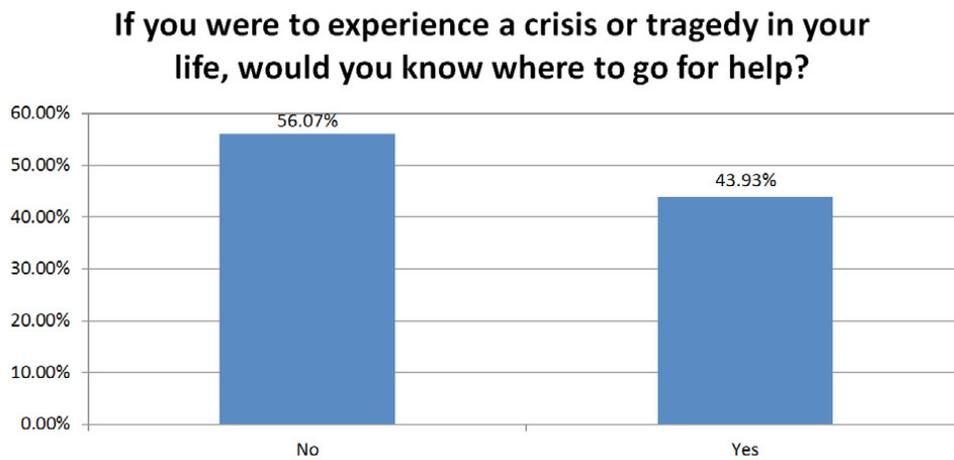
*\*Summit County total population = 39,633*



# APPENDIX

“Have you or someone you know had experience with seeking treatment for mental illness in Summit County?”

NO (44.6%)



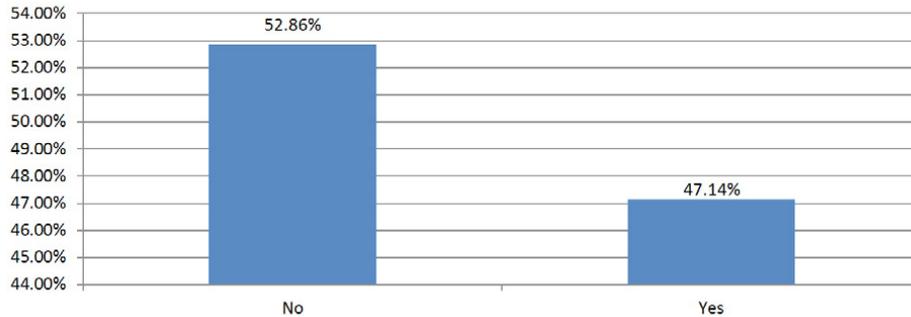
Those who said “Yes” included where they would go for help. The most common responses were:

- Friends or family - 26.5%
- A Doctor - 19.1%
- A mental health professional - 17.9%
- Church - 16.7%
- Valley Behavioral Health - 12.4%



# APPENDIX

## Do you believe that adequate support exists within Summit County to assist those dealing with mental illness or substance abuse issues?



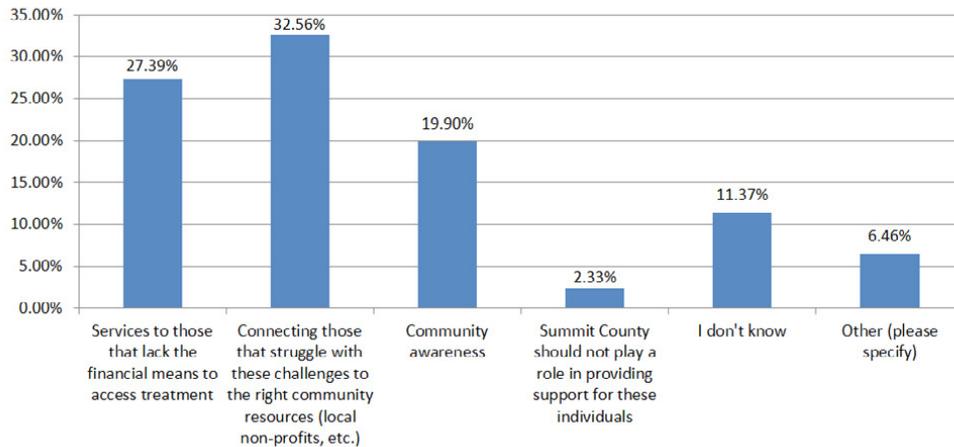
63% of people who said “No” explained that they simply don’t know if adequate support exists or don’t think it does because they are not familiar with it and don’t know of any places to go. They assume that there is not sufficient care because they don’t know of the resources in Summit County.

16.8% of those who answered “No” said that there are insufficient resources with scarce personnel, appointment times, places to go for services, and funding.

The remaining 20.2% gave a variety of other responses, including hearing about inadequate support from others, lack of awareness, and the cost of treatment.

# APPENDIX

**Where do you believe the County should focus its efforts in supporting those with persistent mental illness or substance abuse challenges?**



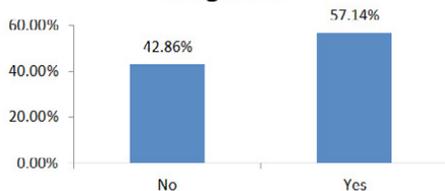
The biggest concerns are with connecting those that struggle with these challenges to the right community resources (local non-profits, etc.) and services to those that lack the financial means to access treatment.

YES (55.4%)

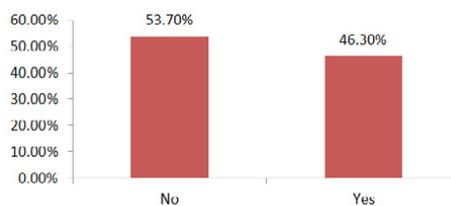
## “Were you able to find the help you needed in Summit County?”

56.9% of respondents were able to find professionals in Summit County to provide a diagnosis, but fewer were able to find the needed treatment, and even fewer were able to find adequate follow-up services and support in Summit County.

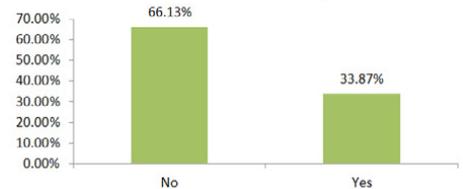
**Were they able to find professionals in Summit County to provide a diagnosis?**



**Were they able to stay in the county to receive needed treatment?**



**After the initial treatment, were they able to find adequate follow-up services and support in Summit County?**



# APPENDIX

## Were people who left initially able to use services in Summit County for treatment or follow-up?

Stayed in the county for diagnosis, but had to leave the county for treatment	25%
Stayed in the county for treatment, but couldn't find follow-up services in the county	36.1%
Left the county for diagnosis, but were able to return to the county for treatment	8.3%
Left the county for treatment, but were able to return to the county for follow-up services	10.1%

Overall, there were many more people who had to leave the county for future services than people who were able to come back to the county for future services.

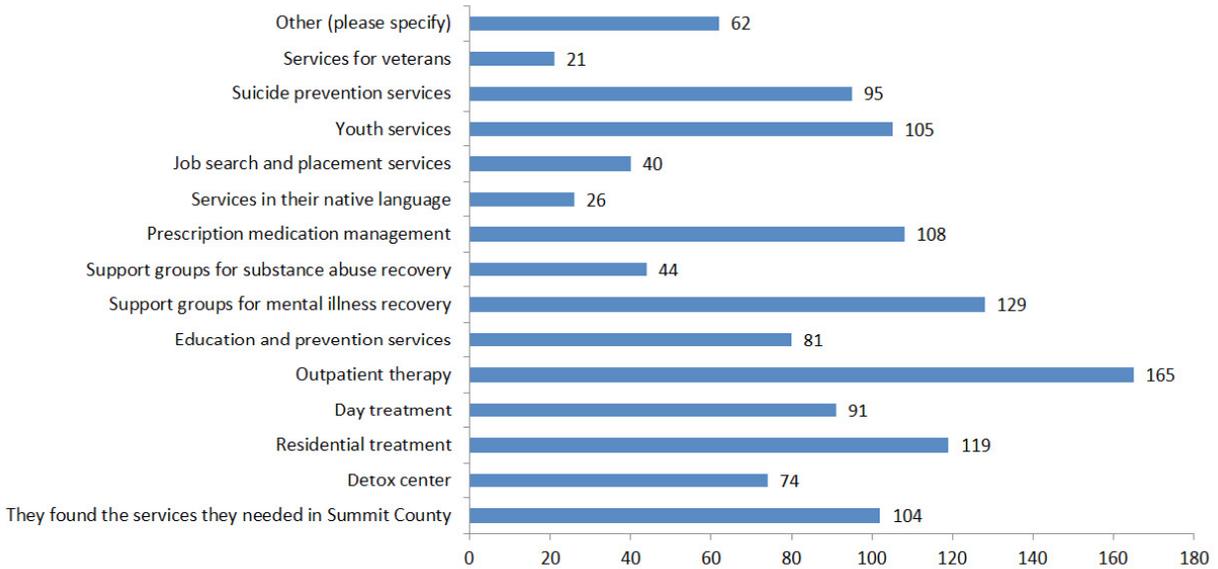
## Reasons for Leaving

The majority of people, about 67%, who left Summit County for treatment left because of lack of resources within the county. Most of these could not find the service they were seeking and others felt that they could receive higher quality treatment elsewhere.



# APPENDIX

## What needed services and supports did they have difficulty accessing in Summit County?



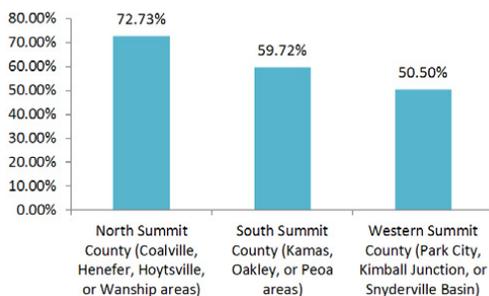
Patients had the most difficulty accessing outpatient therapy, then support groups for mental illness recovery, then residential treatment.

## “Were there specific groups of people that had more trouble finding treatment in Summit County?”

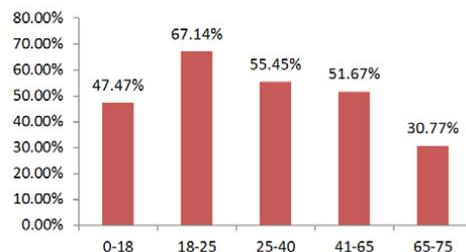
Generally, those who live in the more rural areas (North and South Summit County) had to leave the county to receive treatment more frequently.

People ages 18-25 years old and 25-40 years old had to leave the county for needed treatment a greater percent of the time.

### Did they have to leave the county to receive needed treatment?

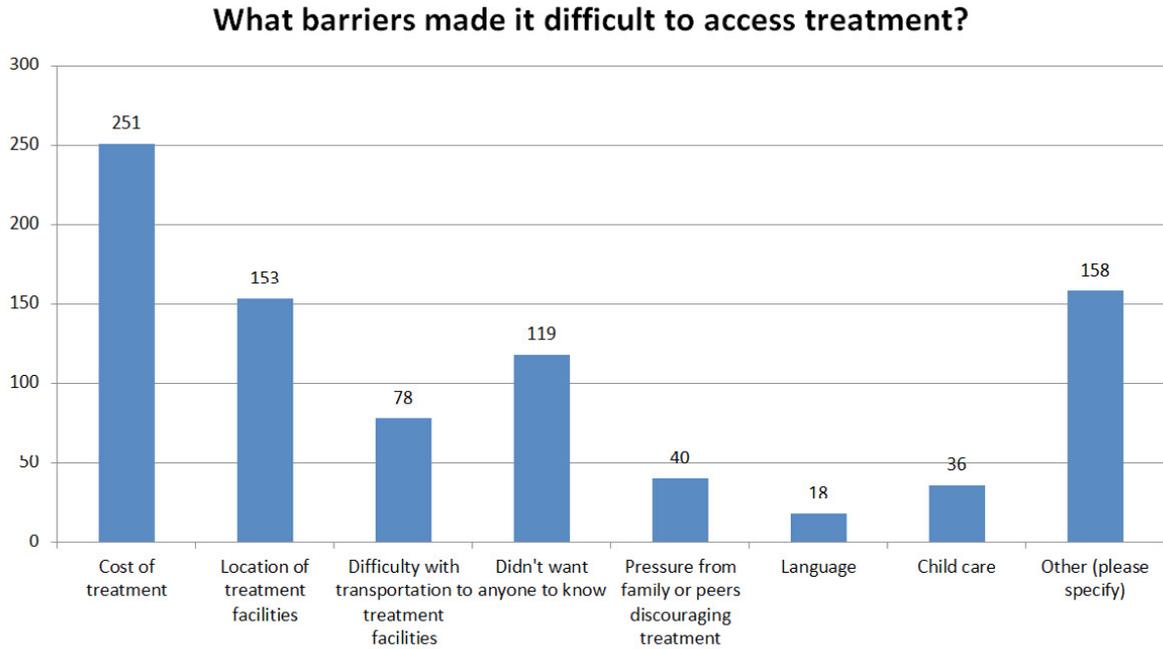


### Did they have to leave the county to receive needed treatment?



# APPENDIX

## “What barriers to treatment did you face?”

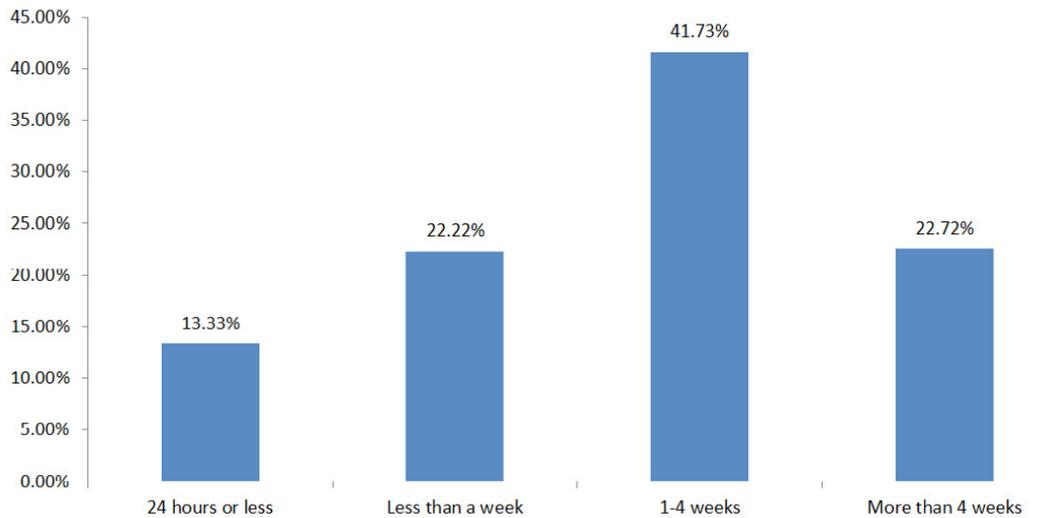


77% of people ran into barriers, the most common barrier they saw was the cost of treatment, then the location of treatment facilities, not wanting anyone to know, and difficulty with transportation to treatment facilities.

# APPENDIX

## “What was the wait time for treatment?”

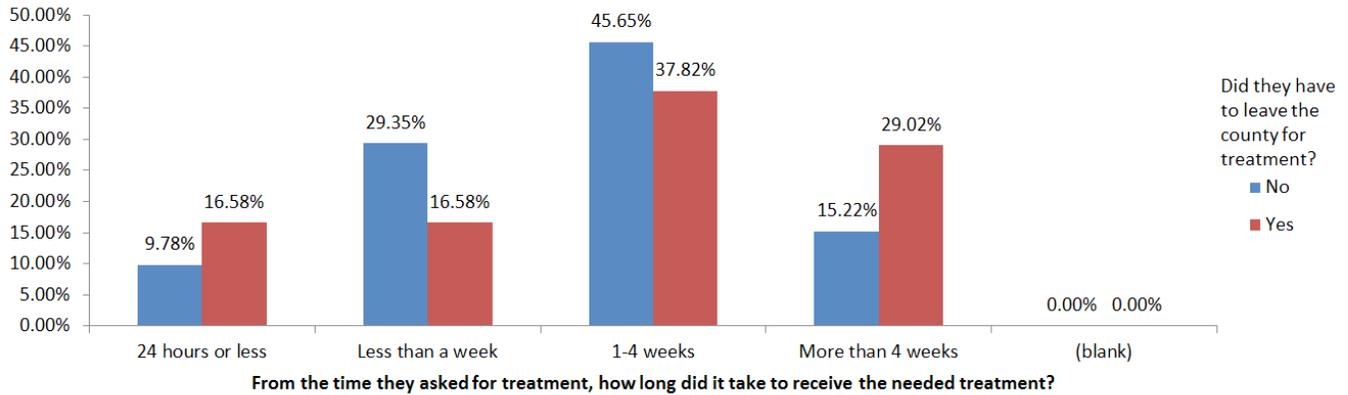
From the time they asked for treatment, how long did it take to receive treatment?



Most people had to wait at least one week (64.27%) with 22.58% waiting more than 4 weeks.

# APPENDIX

## How long did it take to receive treatment for those who had to leave the county for it versus for those who did not?

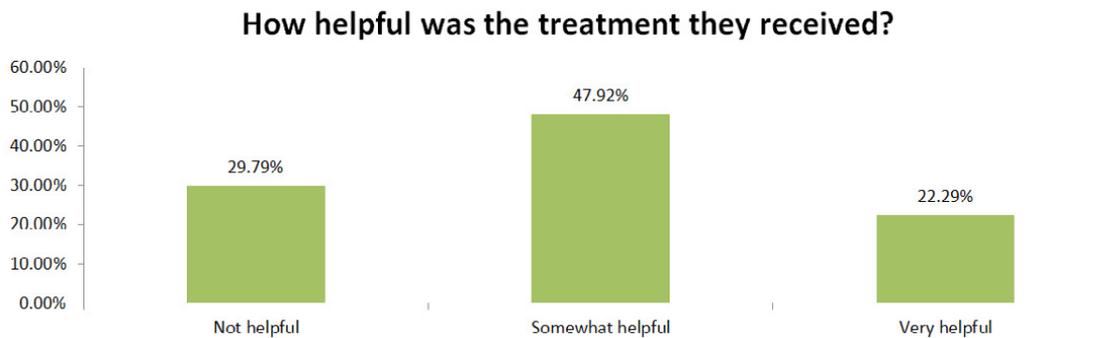
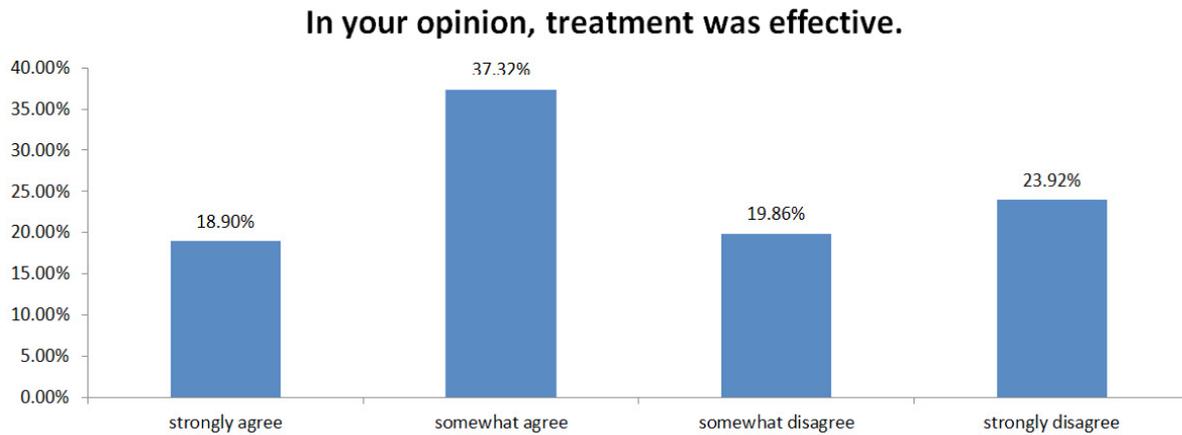


In general, when people had to leave Summit County to receive treatment, it took longer for them to receive the treatment. 29.0% of people that had to leave the county for treatment ended up waiting more than 4 weeks for the needed treatment while only 14.8% of those that stayed in the county had to wait that long. People are able to get Day Of treatment easier outside of Summit County with 16.6% of people who left the county finding treatment in 24 hours or less while only 9.9% of people who didn't leave were able to find it that quickly.



# APPENDIX

## “How was the treatment quality?”

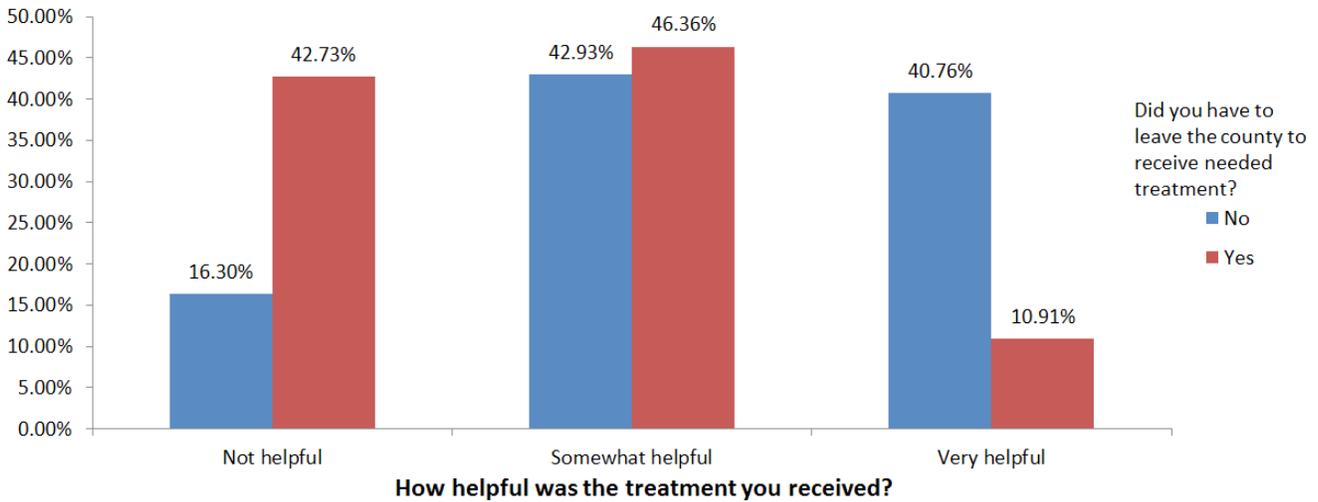


A few things influenced the respondents ratings of their treatment’s helpfulness. These include:

- Whether or not they had to leave the county for treatment
- What type of treatment they were seeking
- Whether or not intervention involved the criminal justice system

# APPENDIX

## How helpfulness of treatment is affected by whether or not they had to leave the county for it.

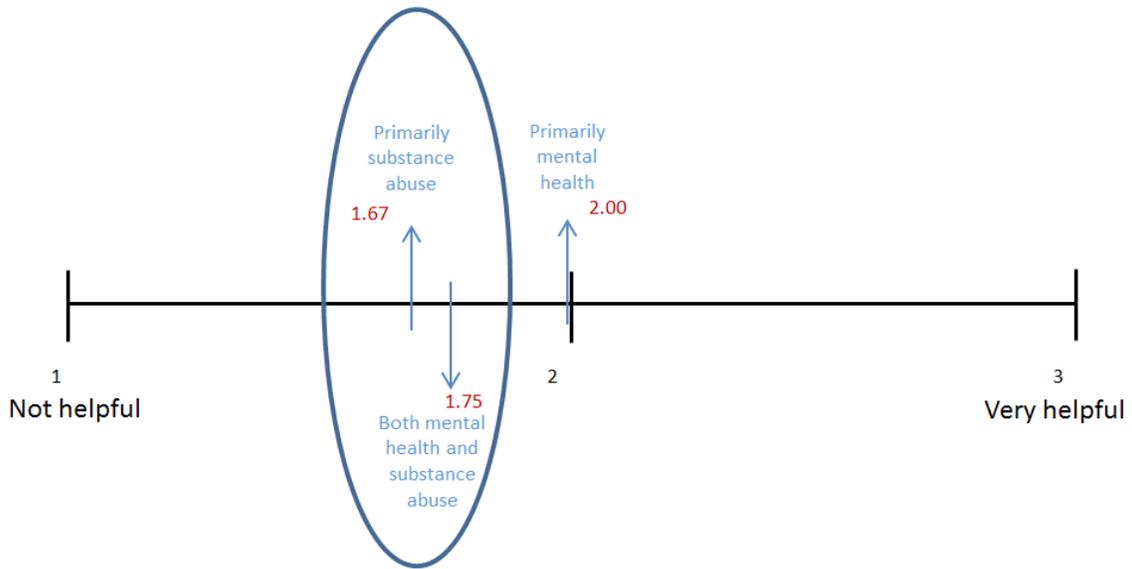


Those who stayed in the County for treatment rated the effectiveness and helpfulness of their treatment much higher.

Overall, approximately 73% of people that did not have to leave the county agreed that their treatment was effective while only 56% of people that had to leave the county agreed that their treatment was at least somewhat effective.

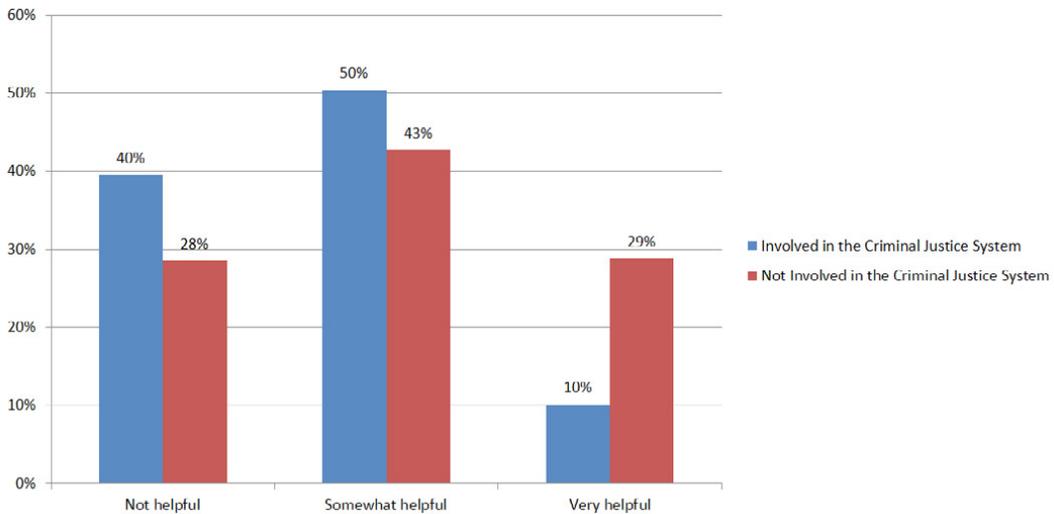
The effect on helpfulness is illustrated in the graph above.

# APPENDIX



Those whose treatment involved help with substance abuse challenges rated their treatments as somewhat less helpful than those whose treatment was primarily for mental health.

**Does intervention involving the criminal justice system influence the helpfulness of treatment?**



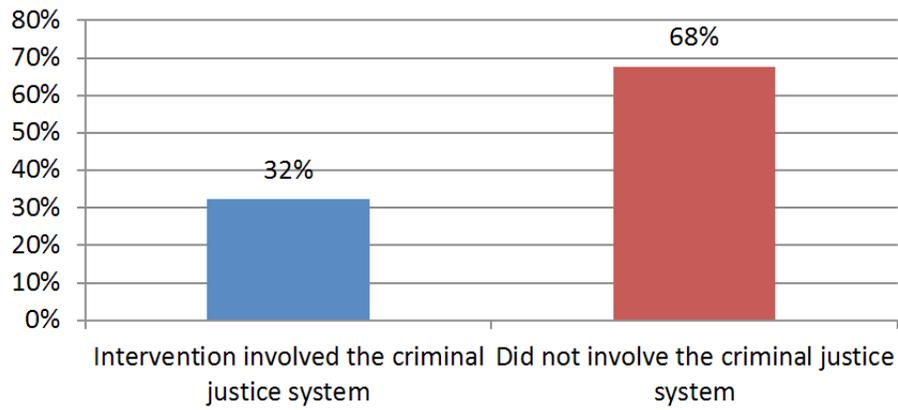
Those whose intervention involved the criminal justice system rated their treatments as much less helpful than those whose intervention did not.

# APPENDIX

## “Did your intervention involve the criminal justice system?”

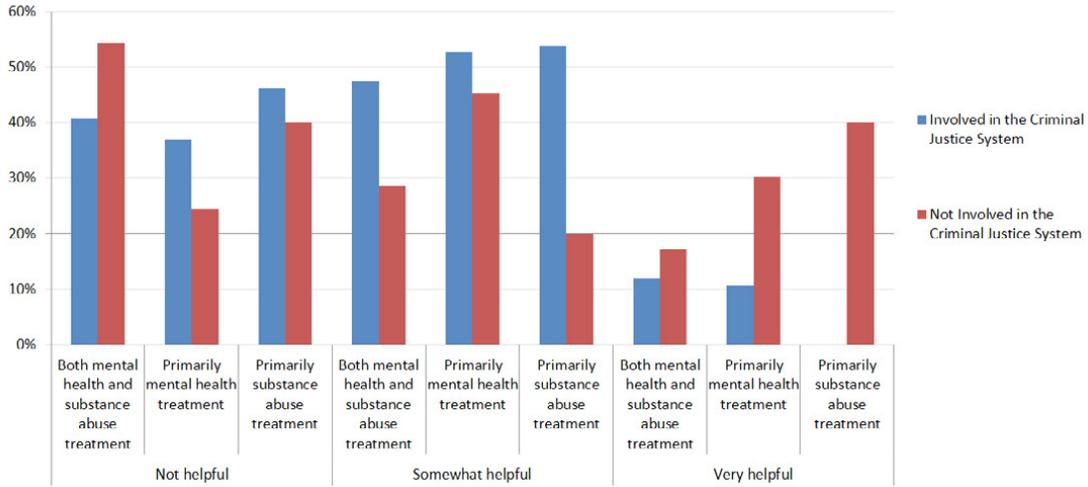
Overall, intervention involved the criminal justice system 32% of the time.

### Did intervention involve interaction with the criminal justice system?



When substance abuse was involved, the criminal justice system was involved significantly more often.

# APPENDIX



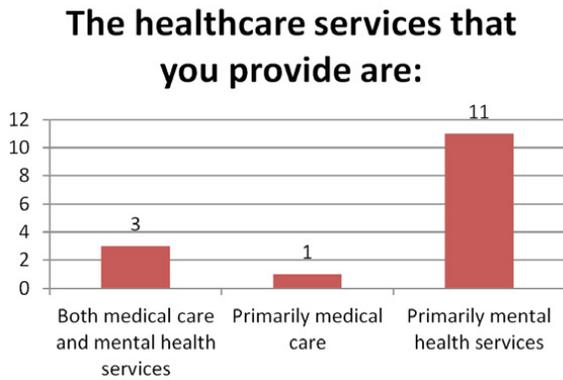
The positive correlation between having substance abuse challenges and having intervention involving the criminal justice system brings up the question of whether the negative effect that each of these factors has on helpfulness is due to one or the other. This graph illustrates that the poor helpfulness ratings are mostly due to the interaction with the criminal justice system, and that what type of treatment was needed is not as influential. The only exception is that when people deal with both mental health and substance abuse treatment, they seem to be more dissatisfied overall.

# APPENDIX

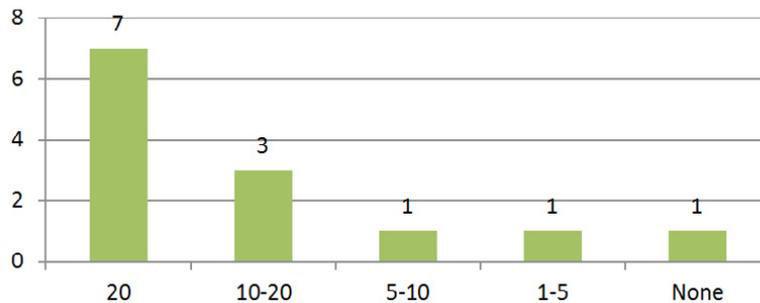
## MENTAL HEALTH PROVIDERS SURVEY

### About the Respondents

Total respondents: 15



**In a typical month, how many patients dealing with mental illness do you interact with in your role as a healthcare provider?**



# APPENDIX

## “Where do the healthcare services that you provide fit on the continuum of care?”

The majority of the service providers who responded provide only out patient care and/or educational services.

Out Patient Only: **6 providers**

Educational Services Only: **2 providers**

Out Patient and Educational Services: **3 providers**

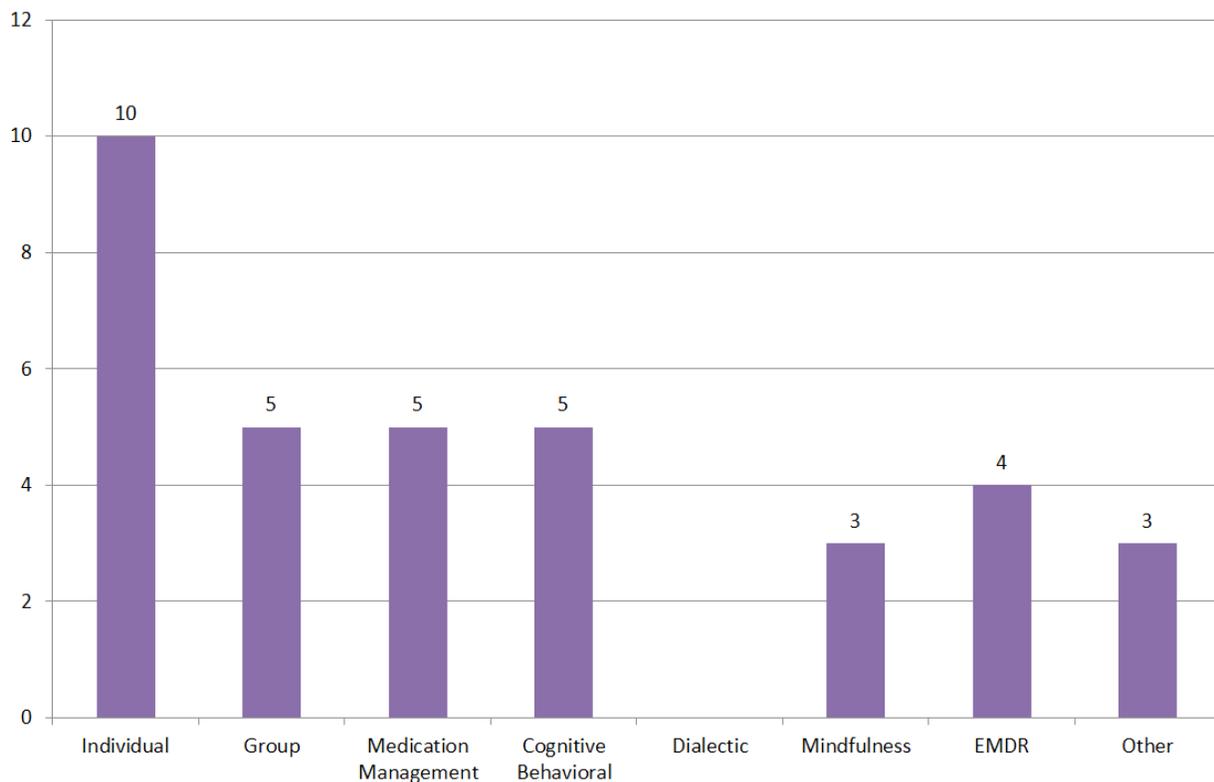
Only 4 of the 15 provide anything beyond out patient care and educational services.

Out Patient, Educational Services, and Intensive Out Patient: **2 providers**

Acute hospitalization, Intensive Out Patient, and Out Patient: **1 provider**

Acute hospitalization, Intensive Out Patient, Out Patient, Educational Services, In Patient Residential Treatment, and Day Treatment: **1 provider**

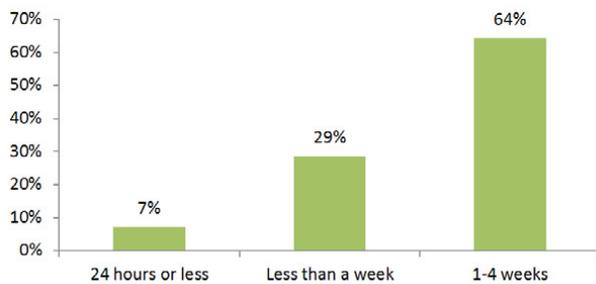
### What types of outpatient treatment do you provide?



# APPENDIX

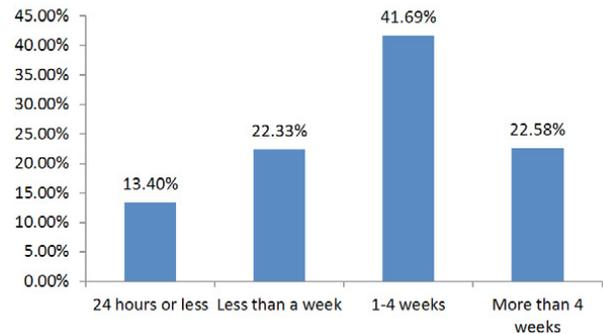
## What the Providers Said

**What is the typical wait time for patients from the time that they first request treatment and the time that treatment is provided?**



## What the Patients Said

**From the time they asked for treatment, how long did it take to receive treatment?**



Incongruences in the data exist on each end. None of the providers reported taking more than 4 weeks to administer treatment, while 22.6% of patients experienced this. Also, a lot more people were able to receive day-of treatment than the providers report they have provided. Based on previous analysis, this is most likely due to the patients leaving Summit County to receive the day-of treatment.



# APPENDIX

## “What things are working well?”

“I serve in pediatrics. We have an adequate number of good quality therapists and a good organization for our Medicaid and uninsured population with reasonable wait times. Having two pediatric-trained psychiatrists in town is exciting as well. I also appreciate the presence of therapists in schools!”

“Monthly wrap services meetings. Services for families who can be seen in office. School based therapy 6-12th grades.”

“There are good providers for those who can afford their care for mental health issues, excepting substance abuse issues.”

“Clients know that their providers really care about them”

“Crisis assessment and intervention”

“The school Based mental health program: serving 10 school in summit county: serving over 85 kids each school year. Crisis walk-in appts in out unit- clients can walk in in crisis and get immediate support M-F 8-5”

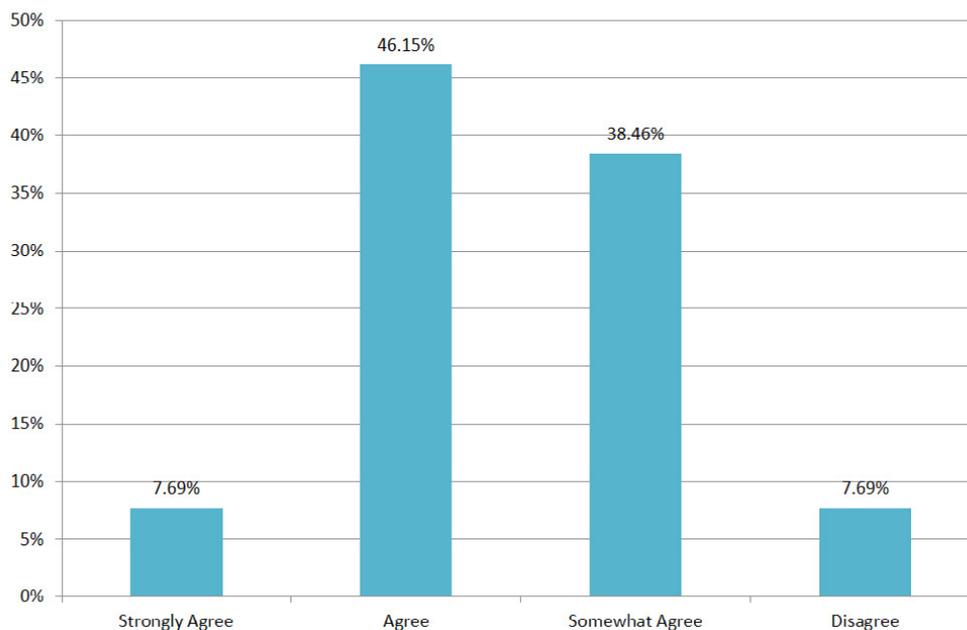
“Offering free assessments and being available 24/7 Offering multiple services to accommodate the clients needs.”

“Variety of resources available- Jewish Family Services, Christian Center, private practice therapists, Valley MH”

“Services are available and the school counselors are very good at making referrals”

“Collaboration between agencies”

**Different healthcare providers in Summit County do a good job of working together to coordinate treatment for individuals suffering from mental illness:**



# APPENDIX

## “What gaps in mental health services have you observed?”

“I think there is always a need for more education about mental health subjects like wellness, identifying stress and ways to relieve it, substance use and other addictions like eating disorders and pornography -- just general prevention strategies that also serve to destigmatize.”

“A lack of inpatient services for both substance abuse and mental health issues”

“Very long waiting times for services to begin, particularly for patients needing to see the psychiatrist. Valley employees seem overworked with too much to handle. In the school program, counselors are making appropriate referrals, but teachers often do not know our services are available.”

“There is no immediate crisis service aside from the emergency room”

“There is no intensive day treatment for adolescents, there is no residential treatment for adolescents or adults, there is no hospital mental health crisis unit to service Summit county...”

“Culturally sensitive Services for Latino Families. Bilingual staff. Drug and alcohol treatment. After care services when youth return from acute hospitalization, day treatment. Need more social work and coordination of services when people drop from treatment. Psychiatry. Therapists who specialize in the areas of working with children, trauma informed care and practices. Walk-in crisis services. Need more school based therapists and better pay for them so they stay. Need elementary school based services.”

“Lack of step-down placement options and funding for high acuity patients post-hospital discharge”

“Giving knowledge to all clinics I am here.”

“Long wait times to be seen and assessed for those who have medicaid or need to access services through Valley Behavioral Health”

“Day treatment. Support groups. Community events to increase awareness”

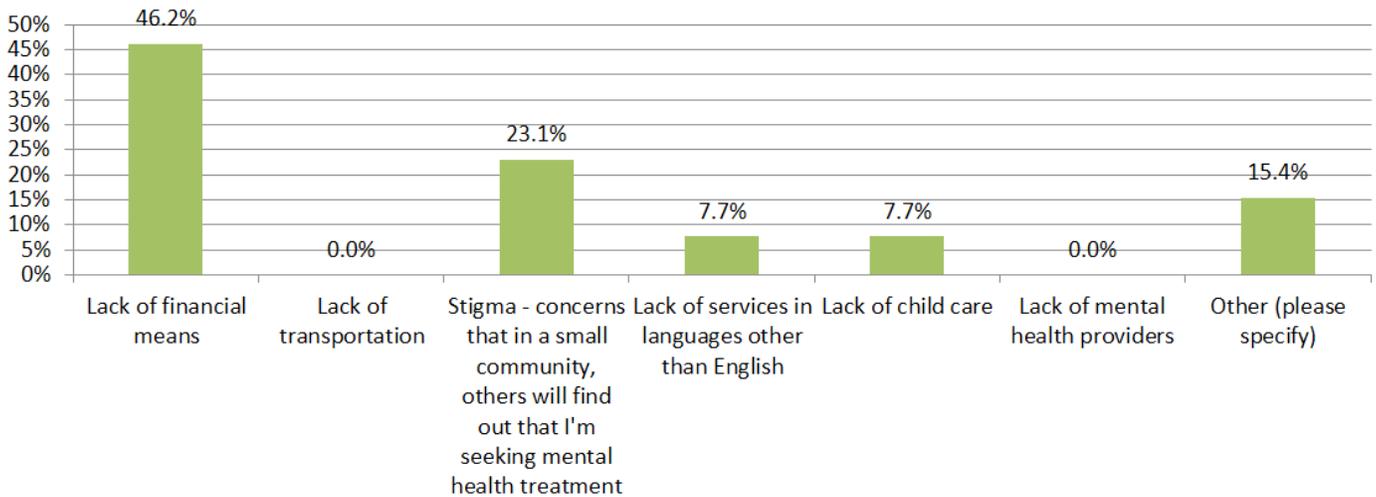
“Cost”



# APPENDIX

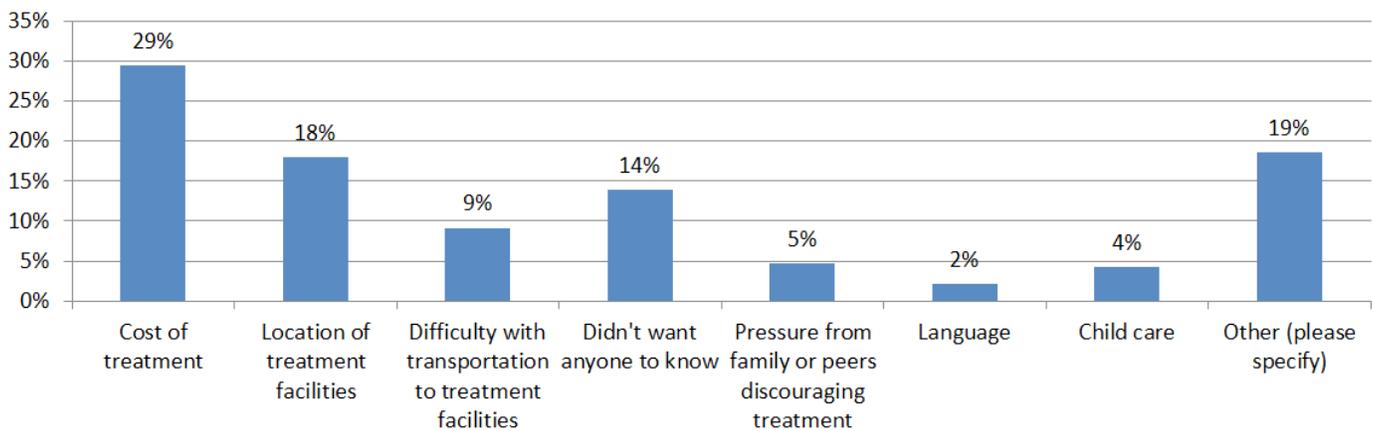
## What the Providers Said

### What do you see as the greatest barrier to accessing mental health services in the county?



## What the Patients Said

### What barriers made it difficult to access treatment?



Both provider and patient rated the cost of treatment as the number one barrier to accessing care. They both also rated the stigma as a big concern.

# APPENDIX

## “What would you change about mental health services in Summit County?”

“Tune up the crisis services at the hospital. Also, my practice does a good job communicating with therapists about patients we share and I’d like to see this model spread to include the whole web of providers. What if there was a way to share experiences between schools, therapists and docs on a monthly basis in the form of (nameless) case studies that highlights new resources, med combinations that were helpful, therapy techniques, etc with an emphasis on education and resource sharing?”

“I would institute some sort of Crisis unit at the hospital. I would put more money in to early intervention in the elementary schools. I would hire Licensed therapists to do mental health in the elementaries...Trauma work, friendship and bully groups are great but the reality of our community is that so many kids are struggling at home. There needs to be more intervention at earlier ages for our Latino population as well. VBH has a great program supporting the schools but there is not nearly enough money to support every single school in the district...”

“Expanding range and types of services available to families (Different specialties, more robust treatment programs, access to MED EVALS (HUGE BARRIER), more nurse practitioners to fill in gaps of waiting 2 months or more to see psychiatry. Better pay for professionals so they can afford to live and work in PC.”

“Increase awareness, distribute list of community resources”

“More promotion of services available.”

“More advertising of available services”

“More therapists available to offer low fee counseling through non profits. More opportunities for therapists to network and meet other providers.”

“I would become more transparent in letting people know what we have to offer.”

“Expand Medicaid coverage; Autism and IEP awareness in more rural parts of the county”



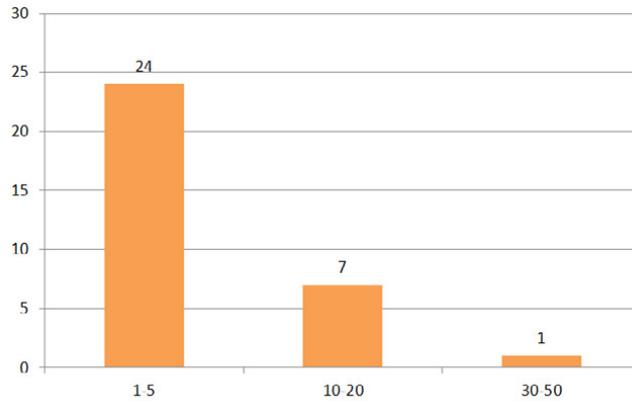
# APPENDIX

## CRIMINAL JUSTICE PERSONNEL SURVEY

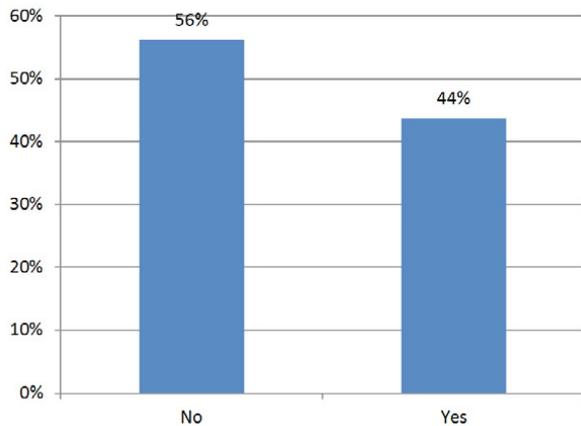
### About the Respondents

Total Respondents: 32

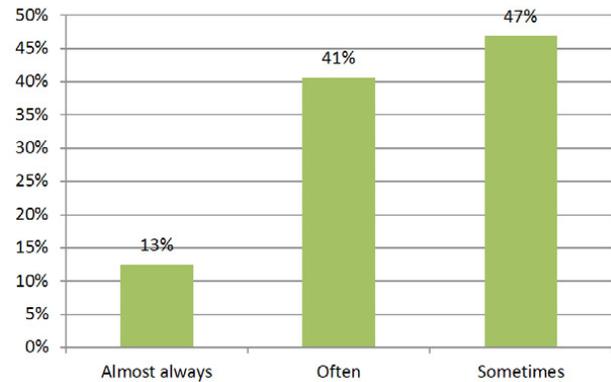
Approximately how many mentally ill offenders do you interact with in an average month through the criminal justice system/while at work?



Do these people generally have support people with them when you interact with them?



How often do these mentally ill people reoffend or re-enter the criminal justice system?



# APPENDIX

## Limitations to the current criminal justice system in helping mentally ill offenders that can be solved without changes in state legislation

“Not given the proper sentences. Becomes a revolving door and on going problem for Law Enforcement.”

“There is no where to take them that will actually give them the help they need... [create] private health centers having the option to keep these people in their facility until they go through some type of therapy. Kind of like a rehab. I don't believe it's anything the state needs to be involved in.”

“I don't think it is the justice system's responsibility to help them. It should be responsibility of their families.”

“Preventive Education, Treatment and Housing”

“Lack of local services”

“At times, we either have the option of having them committed for a psychiatric evaluation and/or take them to jail for an offense. Other than that, we have few options as Officers; especially on night shifts.”

“We need full time mental health doctors that are on site so they can intervene during a crisis with forced medications.”

“Lack of immediate or crisis services... Creating a critical response team or mental health on call team to deal with immediate issues.”

“Law Enforcement training... Funding for training is more of a local responsibility.”

“Not enough affordable treatment in Park City.”

“Fund mental health facilities”

“Medical/mental staff available with the knowledge and willingness to treat them... Medical staff needs to be willing to investigate the inmates history and treat accordingly so they can be medically treated properly while in the facility from day 1 of their stay. Also, hiring more staff so they have the time to treat inmates correctly.”

“Lack of knowledge. Most of the time, we don't know when people are mentally ill or do not know the diagnosis or treatment needs. Getting information from past or current providers seems to be an almost impossible task because of HIPPA regulations and the unwillingness of most mentally ill offenders to discuss their mental health... We could learn much more if the court would order mental health and substance abuse assessments earlier in the criminal proceeding or if such assessments could be performed when a person is booked into jail. This requires funding and coordination, not legislative changes.”

“There are not enough in-patient beds and day treatment facilities to help these folks. They need constant longer care options and most do not have financial resources or physical and family resources to follow-up with recommended care. They need more constant care and contact to assure that they are properly medicating and doing the right treatments or therapies... Private local non-profits and facilities could fill some of these gaps. Possibly VBH, the Health Department or Peoples Health Center could administer or monitor meds or see some of these folks through grants or other donations to bridge the local gaps.”

# APPENDIX

## Limitations to the current criminal justice system in helping mentally ill offenders that **cannot** be solved without changes in state legislation

“There is no way to actually force them to take their meds... State laws don't have any way of helping these people the way they need to be helped. If the state could pay for their inpatient treatment in a mental health facility that would help them. Anything else will fall short.”

“Stiffer penalties for repeat narcotic offenders... 90% of methamphetamine abusers/users will become future mental health clients due to the chemical changes that occur in the brain after use”

“Treatment options.. Facilities willing or able to house mentally ill offenders/ wait times for existing facilities.”

“Lack of housing is care facilities. Jail overcrowding. Lack of mental health staff in the jails to work with mental health issues.”

“Dollars, More Case Managers, More Programs for the mentally ill, like clubhouse etc.”

“No mental health court in Summit County. Frequently mentally ill offenders present without a support system and are homeless once released from custody.”

“There are no programs to help families after 5:00pm. There are no programs to help with juveniles.”

“Bed space at the State Hospital for incarcerated offenders.”

“Resources beyond involuntary commitment”

“No long term assistance provided, there is significant help for the short term but not plan for long term help.”

“Lack of resources in Summit.. Funding for housing”



# APPENDIX

## “How can the criminal justice system better help mentally ill offenders in accessing mental health services?”

“Courts would be able to order people with mental health problems to attend programs, take medications, and speak with councilors on a regular basis.”

“Maybe we could make the appointments with them or make sure their family or friends are in support of them going there and can take them there. Just showing a little more empathy.”

“Easier access to resources available on a 24 hr basis.”

“Staffing available or at least medical staff trained to treat mentally individuals”

“Better partnerships with outside services to assist offenders when they are released.”

“More court mandated treatment for mentally ill offenders”

“Continued referrals. Calling support people in crisis situations. (Involuntary commitment is not ideal, but can be beneficial in exigent circumstances).”

“Awareness of resources available”

“More affordable local treatment providers.”

“Realistically, the only way is to commit them to a mental health facility and to pay for that treatment until they are stable enough to go out on their own.”

“Possibly more tracking or more closely monitored.”

“Supervision and follow through with treatment”

“24 hour service that is not the ER”

“Smooth referrals from the Court”

“The criminal justice system shouldn’t be the primary system to house and treat mentally ill offenders. The fact that jails have become the warehouses where the mentally ill are kept is the main problem that needs to be solved.”

“Have more options available for offenders”

“Push for building more state hospitals and mental health faculties”

“Mental health court, mental health services in the rural areas.”

“The court needs to be aware of mental health issues of each offender so that it can order appropriate evaluations and treatment. This could be accomplished by requiring that every offender complete a mental health assessment before sentencing.”

“Earlier intervention. Screening at the jails at time of booking. Diversion agreements and Pleas in Abeyance to “decriminalize” these mental health actions as episodes not crimes. Better more frequent reviews with the courts to assure understanding of treatment and agreements and to enable the offenders to stay focused and on track.”

# APPENDIX

## “Would mental health court be a viable option in Summit County?”

### YES - 70%

“At least an issue worth conducting a needs assessment on.”

“More understanding of the full situation.”

“There are a lot of people that suffer from mental illness that really need help managing their lives...”

“We have a number of offenders with mental health issues that could be well served by a mental health court. However; we would require additional services for referrals - we do not currently have enough services in county to assist - specifically for juveniles with mental health issues.”

“Maybe, it should be explored but I don’t know that we have the capacity to do it with current resources.”

“It would work if we had enough clients to sustain the court. We currently struggle keeping 10 clients in Drug Court.”

“It would at least shine a light on the problem of lack of facilities designed to treat mentally ill persons.”

“Close Supervision of offenders”

“This would help stabilize our mental clients with wrap around services”

“An alternative to criminal punishment for mentally ill offenders who may not know the difference between right and wrong.”

“I believe it would help the mentally ill in how to return back and function in society”

“It would be easier to keep track of and to help with the mental health people.”

### NO - 30%

“Not enough mental health facilities and professional in place to meet the demand.”

“It would make more sense to transfer the cases to Salt Lake County, where an established mental health court exists. There won’t be enough of a caseload in Summit County to justify a mental health court.”

“I believe it should be up to the courts to evaluate each offender on an individual basis and determine the best course of action. Having worked in a county with a mental health court program, I feel that it is often abused by defense attorneys. Mental health treatment is important for offenders with mental health problems, but I don’t feel that there is a large enough population of severely mental ill repeat offenders in Summit County to justify a mental health court program.”

“I do not believe that there is a high enough population of mental patients that would make it a sustainable program.”

“I don’t think that we have a large enough population of offenders with an Axis I or II diagnosis to sustain a mental health court.”

“There’s not enough need. If it was a small-capacity court then definitely yes.”

“Like drug court, it is a total waste of money!”

“Unknown if it would help.”

“I have seen similar options such as Drug court fail more times then it has been helpful.”



# APPENDIX

## SUMMIT COUNTY MEETING WITH PARENTS

### Potential Assets the Community Has...

- Several agencies; Valley, Peace House, Christ Center, Jewish Family Services, Holy Cross Ministries, Hospital and People's Health Clinic
- NAMI
- Amazing community who are intelligent, generous, and hard working
- We have a lot of general mental health professionals
- Weekly family support group in Park City
- Regular family to family classes in Salt Lake
- Some agencies in SLC if you can get there
- Primary care physician
- We see models looking around the state/county we'd like to emulate
- Interest in population to learn more
- C.I.T officers
- Connect
- School system
- Talented psychiatrists and therapists
- Valley Behavioral Health – basic services

### Challenges

- Parents bear the burden to advocate for their loved ones
- Lack of education to primary physicians/pediatricians/inability to refer
- School psychologist was terminated/and not replaced!
- Cost
- Need to support mentally ill folks who don't know/accept the they're mentally ill
- No one stop location for info and services (VBH doesn't cut it) (UCLA model)
- Lack of education to teachers
- No day treatment
- Residential care and recovery services for long term care
- School counselors aren't supported by the district (no advocacy)
- Lack of coordination and communication between IMH and U of U and Valley Mental
- No advocates to help negotiate the system



# APPENDIX

- Integrating back into the community
- Residential care and treatment then follow up services
- Insurance support
- No continuity of service personnel
- Identifying and diagnosing addiction and underlying mental health
- Crisis management
- Long wait times
- Self-medication
- No continuity
- Getting in to treatment as an adult with a broken system
- Education system
- Medication management
- Too much turnover in profession
- We're dealing with chronic disease
- System in incredibly fragmented

## If I were King/Queen....

- Create or expand a centralized organization where people could go to get information, attend support groups and talk to advocates or liaisons for access to formalized care of treatment (low/no cost and non-denominational)
- Create an umbrella of wrap around services (case management) to guide, serve patients, from crisis to rehabilitation to recovery and reintegration into society with help along the way with relapses
- Found an agency that would oversee education, outreach, treatment, recovery and long term residence for the mentally ill.
- Construct a single facility to provide and coordinate mental health services (including: research, day treatment, and residential care) coordinating with the U of U and summit county
- Centralized organization of services with educated advocates – website advertised
- More education of issues in schools as well as programs in schools to assist parents and students
- Biggest impact robust recovery services for adults torn between that and effective early intervention in schools
- Create a facility (not VBH) that has the ability to help, train, educate provide services and support for mental health needs
- Appropriate special ed services in schools for children with mental health issues
- Provide affordable access to counseling for all ages
- Create policies and procedures to implement detection Day 1 of Kindergarten
- Do away with the mental health stigma!

**SUMMIT COUNTY, UTAH**  
**RESOLUTION NO. 2016-\_\_\_\_\_**

**RESOLUTION CONCERNING THE REPORT OF MENTAL HEALTH SURVEY  
FINDINGS AND COMMUNITY-BASED STRATEGIC PLANNING DIRECTIVES FOR  
SUMMIT COUNTY**

**WHEREAS**, in recognition of the importance of mental health to our community, the Summit County Council authorized the Director of the Department of Health to undertake a mental health needs assessment survey; and

**WHEREAS**, the Summit County Council has now received and been briefed on the Report of Mental Health Survey Findings and Community-Based Strategic Planning Directives for Summit County dated October 2016 (the "Report"); and

**WHEREAS**, the Summit County Board of Health will soon be briefed on the Report; and

**NOW, THEREFORE, BE IT RESOLVED**, that the County Council ("the Council") of the County of Summit, State of Utah resolves as follows:

- (1) The Council thanks the members of the Steering Committee, namely Nora Buchanan, Dean Evans, Ray Freer, Mark Marsh, Reverend Robin Nygaard, Roy Parker, Lynne Rutan, Shad Sorenson and Malena Stevens, for their work on the Report and commends them for their dedication to addressing this important public issue.
- (2) The Council also thanks Valley Behavioral Health for its support of the survey project and Dan Griffiths and Tanner LLC for their work on the survey project.
- (3) The Council directs the Director of the Department of Health to offer to brief the Park City Council, the Park City School Board, the North Summit School Board and the South Summit School Board on the Report.
- (4) The Report and an executive summary of the Report shall promptly be placed on the County's public website.
- (5) The Director of the Department of Health shall disseminate information about the Report throughout Summit County.
- (6) A public hearing on the Report and the Strategic Directives proposed in the Report shall tentatively be held in early February 2017.
- (7) In anticipation of possible action that the Council may take concerning the recommendations in the Report following the February 2017 public hearing, the Director of the Department Health is directed to assemble a working group to develop and submit to the Council a plan to implement the strategic directives that may be adopted by the Council.

APPROVED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

SUMMIT COUNTY COUNCIL  
SUMMIT COUNTY, UTAH

ATTEST:

---

Roger Armstrong  
Chair

---

Kent Jones, County Clerk

Public Works Director



Derrick A. Radke, P.E.

## MEMORANDUM

October 26, 2016

To: Summit County Council

From: Derrick Radke, PE - Summit County Public Works Director

Re: Agenda Item for November 9, 2016  
Syringa Networks - Franchise Agreement Proposal

SYRINGA NETWORKS has requested that Summit County enter into a Franchise Agreement which is enclosed for your consideration. The proposed agreement allows SYRINGA NETWORKS to install "fiber optic-related" lines and equipment within the County right-of-way. The Agreement is non-exclusive and requires SYRINGA NETWORKS to still follow the required Permitting process as any other utility or person wanting to work in our right-of-way.

Because of the nature of the business that SYRINGA NETWORKS engages, they will not be required to pay the County a franchise fee. Syringa Networks is a telecommunications service provider. They do not provide any video, broadcast, or television programming services over their network. They strictly provide high speed bandwidth either to the Internet or to other locations/end points as specified by our clients. The immediate requirement for presence in Summit County is to construct a dark fiber network for a client that operates a cellular telephone network. The term of this agreement is for 10 years and would expire in January of 2026.

David Thomas, Chief Civil Deputy County Attorney drafted the Agreement. The terms of the Agreement are consistent with State and Federal Law.

I would recommend that the Franchise Agreement with SYRINGA NETWORKS be executed. If you concur, please sign the Agreements and return one the two copies to my office. The original Agreements have been delivered to Annette Singleton, Office Manager. If you have any questions or if I can be of further assistance, please let me know.

Enclosure (2 copies - Franchise Agreement Documents)

CC: Michelle Swensen, Syringa Networks UT OSP Coordinator, sent to: [ospcoordinators@syringanetworks.netfile](mailto:ospcoordinators@syringanetworks.netfile)  
(C:\Users\DRadke\Documents\MyDocs\communications\Syringa Franchise\cc-syringa franchise agreement 10-26-16.doc)

**FRANCHISE AGREEMENT BETWEEN  
SUMMIT COUNTY, UTAH AND  
SYRINGA NETWORKS, LLC**

This Franchise Agreement ("Franchise") is between Summit County, Utah, hereinafter referred to as the "County" and Syringa Networks, LLC, hereinafter referred to as "the Grantee." The County and the Grantee are referred to together as "the Parties."

The County hereby acknowledges that the Grantee has the financial, legal, and technical ability to provide services, facilities, and equipment necessary to meet the fiber optic-related needs of the community, and having afforded the public adequate notice and opportunity for comment, desires to enter into this Franchise with the Grantee for the construction and operation of a Fiber Optic System on the terms set forth herein.

**SECTION 1**

**Definition of Terms**

**1.1 Terms.** For the purpose of this Franchise, the following terms, phrases, words, and abbreviations shall have the meanings ascribed to them below. When not inconsistent with the context, words used in the present tense include the future tense, words in the plural number include the singular number, and words in the singular number include the plural number:

- A. "Affiliate" when used in relation to any person, means another person who owns or controls, is owned or controlled by, or is under common ownership or control with, such person.
- B. "County" means Summit County, Utah, or the lawful successor, transferee, or assignee thereof.
- C. "FCC" means Federal Communications Commission or successor governmental entity thereto.
- D. "Fiber Optic System" means the Grantee's facility, consisting of a set of closed transmission paths and associated signal generation, reception, and control equipment that is designed to provide Fiber Optic Service to multiple customers within the Service Area.
- E.. "Grantee" means Syringa Networks, LLC or the lawful successor, transferee, or assignee thereof.

F. "Person" means an individual, partnership, association, joint stock company, trust, corporation, or governmental entity but not the County.

H. "Public Way" shall mean the surface of, and the space above and below, any public street, highway, freeway, bridge, land path, alley, court, boulevard, sidewalk, parkway, way, lane, public way, drive, circle, or other public right-of-way, including, but not limited to, public utility easements, dedicated utility strips, or rights-of-way dedicated for compatible uses and any temporary or permanent fixtures or improvements located thereon now or hereafter held by the County in the Service Area which shall entitle the County and the Grantee to the use thereof for the purpose of installing, operating, repairing, and maintaining the Fiber Optic System. Public Way shall also mean any easement now or hereafter held by the County within the Service Area for the purpose of public travel, or for utility or public service use dedicated for compatible uses, and shall include other easements or rights-of-way as shall within their proper use and meaning entitle the County and the Grantee to the use thereof for the purposes of installing and operating the Grantee's Fiber Optic System over poles, wires, cables, conductors, ducts, conduits, vaults, manholes, amplifiers, appliances, attachments, and other property as may be ordinarily necessary and pertinent to the Fiber Optic System. Public Way shall not include bike paths or trails not dedicated for utility services or compatible uses.

I. "Service Area" means the present boundaries of the County, and shall include any additions thereto by annexation or other legal means, subject to the exceptions in subsection 3.9.

## SECTION 2

### Grant of Franchise

**2.1 Grant.** The County hereby grants to the Grantee a nonexclusive Franchise which authorizes the Grantee to construct and operate a Fiber Optic System in, along, among, upon, across, above, over, under, or in any manner connected with Public Ways within the Service Area, and for that purpose to erect, install, construct, repair, replace, reconstruct, maintain, or retain in, on, over, under, upon, across, or along any Public Way such facilities and equipment as may be necessary or appurtenant to the Fiber Optic System.

**2.2 Competitive Equity.** The Grantee acknowledges and agrees that the County reserves the right to grant one (1) or more additional franchises or other similar lawful authorization to provide Fiber Optic Services within the County; provided, the County agrees that, within ninety (90) days of

the Grantee's request, it shall amend this Franchise to include any material terms or conditions that it makes available to the new entrant, or provide relief from existing material terms or conditions, so as to insure that the regulatory and financial burdens on each entity are materially equivalent. "Material terms and conditions" include, but are not limited to: insurance; System build-out requirements; security instruments; and notice and opportunity to cure breaches. The parties agree that this provision shall not require a word for word identical franchise or authorization for a competitive entity so long as the regulatory and financial burdens on each entity are materially equivalent.

**2.3 Term.** The Franchise granted hereunder shall be for an initial term of ten (10) years commencing on the Effective Date of the Franchise as set forth in subsection 8.7, unless otherwise lawfully terminated in accordance with the terms of this Franchise.

### **SECTION 3**

#### **Standards of Service**

**3.1 Conditions of Occupancy.** The Fiber Optic System installed by the Grantee pursuant to the terms hereof shall be located so as to cause a minimum of interference with the proper use of Public Ways and with the rights and reasonable convenience of property owners who own property that adjoins any of such Public Ways.

**3.2 Other Ordinances.** The Grantee agrees to comply with the terms of any lawfully adopted generally applicable local ordinance and regulations, to the extent the provisions of the ordinance or regulations do not have the effect of limiting the benefits or expanding the obligations of the Grantee that are granted by this Franchise. Neither party may unilaterally alter the material rights and obligations set forth in this Franchise. In the event of a conflict between any ordinance and this Franchise, the Franchise shall control, provided however, that the Grantee agrees that it is subject to the lawful exercise of the police power of the County.

**3.3 Restoration of Public Ways.** If during the course of the Grantee's construction, operation, or maintenance of the Fiber Optic System there occurs a disturbance of any Public Way by the Grantee, Grantee shall replace and restore such Public Way at Grantee's expense to a condition reasonably comparable to the condition of the Public Way existing immediately prior to such disturbance and in a manner reasonably approved by the County Engineer.

**3.4 Relocation for the County.** Upon its receipt of reasonable advance written notice, to be not less than five (5) business days in the event of a temporary relocation and no less than ten (10) business days for a permanent relocation, the Grantee shall, at its own expense except as provided by law or entitlement, protect, support, raise, lower, temporarily disconnect, relocate in or remove from the Public Way, any property of the Grantee when lawfully required by the County by reason of traffic conditions, public safety, street abandonment, freeway and street construction, change or establishment of street grade, installation of sewers, drains, gas or water pipes, power lines or other municipal utility infrastructure, or any other type of public structures or improvements which are not used to compete with the Grantee's services.

**3.5 Relocation for a Third Party.** The Grantee shall, on the request of any Person holding a lawful permit issued by the County, protect, support, raise, lower, temporarily disconnect, relocate in or remove from the Public Way as necessary any property of the Grantee, provided: (A) the expense of such is paid by said Person benefiting from the relocation, including, if required by the Grantee, making such payment in advance; and (B) the Grantee is given reasonable advance written notice to prepare for such changes. For purposes of this subsection, "reasonable advance written notice" shall be no less than ten (10) business days in the event of a temporary relocation, and no less than sixty (60) days for a permanent relocation.

**3.6 Trimming of Trees and Shrubbery.** After obtaining the prior written consent of the County, the Grantee shall have the authority to trim trees or other natural growth overhanging any of its Fiber Optic System within Public Ways in the Service Area so as to prevent branches from coming in contact with the Grantee's wires, cables, or other equipment. The Grantee shall reasonably compensate the County for any damage caused by such trimming, or shall, in its sole discretion and at its own cost and expense, with the prior written consent of the County, reasonably replace all trees or shrubs damaged as a result of any construction of the Fiber Optic System undertaken by the Grantee. Such replacement shall satisfy any and all obligations the Grantee may have to the County pursuant to the terms of this Section. Nothing herein shall give the Grantee the right to trim trees not within Public Ways without the permission of the landowner or without the permission of the County upon showing of public need.

**3.7 Safety Requirements.** Construction, operation, and maintenance of the Fiber Optic System shall be performed in an orderly and workmanlike manner. All such work shall be performed in accordance with generally applicable federal, state, and local regulations and the National Electric Safety Code. The Fiber Optic System shall not endanger or unreasonably interfere with the safety of Persons or property in the Service Area.

**3.8 Aerial and Underground Construction.** Prior to construction, in each case, all applicable permits shall be applied for and granted and all fees shall be paid. All other codes and ordinances of the County that pertain to such construction shall be complied with.

A. In those areas of the Service Area where all of the transmission or distribution facilities of the respective public utilities providing telephone communications and electronic services are underground, the Grantee likewise shall construct, operate, and maintain all of its transmission and distribution facilities underground. In those areas of the Service Area where the transmission or distribution facilities of the respective public utilities providing telephone communications, and electric services are both aerial and underground, the Grantee shall consult with the County Engineer to determine whether the construction will be aerial or underground, and wherever possible depending on the season and the location construct, operate and maintain all of its transmission and distribution facilities, or any part thereof, underground. If the reason for not putting the facilities underground is seasonal, subject to County waiver as weather and other conditions may require the Grantee shall make reasonable efforts to move such facilities underground as weather permits, but no later than June 30 of the next summer.

B. For the purposes of this Franchise, with the exception of service drops, facilities to be placed "underground" shall be at least twenty four (24) inches below the surface grade.

C. Nothing contained in this Section shall require the Grantee to construct, operate, and maintain underground any ground-mounted appurtenances such as subscriber taps, line extenders, system passive devices (splitters, directional couplers), amplifiers, power supplies, pedestals, or other related equipment.

3.9 **Extensions of the Fiber Optic System.** The Grantee shall have the right, but not the obligation, to extend the Fiber Optic System into any portion of the Service Area where another operator is providing Fiber Optic Service, into any annexed area which is not contiguous to the present Service Area of the Grantee, or into any area which is financially or technically infeasible due to extraordinary circumstances, such as a runway or freeway crossing.

3.10 **New Construction.** In cases of new subdivision construction, the developer shall give Grantee reasonable notice of such construction or development and the particular date of which open trenching will be available for the Grantee's installation of conduit. Costs of trenching shall be borne by the developer unless agreed to otherwise between Grantee and developer.

3.11 **Technical Standards.** The Grantee is responsible for insuring that the Fiber Optic System is designed, installed and operated in a manner that fully complies with FCC rules as revised or amended from time to time. As provided in these rules, the County shall have, upon request, the right to obtain a copy of tests and records required in accordance with appropriate rules but has no authority, pursuant to federal law, to enforce compliance with such standards.

## **SECTION 4**

### **Regulation by the County**

#### **4.1 Renewal of Franchise.**

A. The County and the Grantee agree that any proceedings undertaken by the County that relate to the renewal of the Grantee's Franchise shall be governed by and comply with the provisions of federal law and FCC regulations.

B. The Grantee and the County agree that at any time during the term of the then current Franchise, while affording the public appropriate notice and opportunity to comment, the County and the Grantee may agree to undertake and finalize informal negotiations regarding renewal of the then current Franchise and the County may grant a renewal thereof.

4.2 **Conditions of Sale.** If a renewal of the Grantee's Franchise is denied or the Grantee's Franchise is lawfully terminated pursuant to Section 6 of this Franchise, and the County either lawfully acquires ownership of the Fiber Optic System or by its actions lawfully effects a transfer of ownership of the Fiber Optic System to another party, any such acquisition

or transfer shall be in accordance with federal law.

The Grantee and the County agree that in the case of a final determination of a lawful revocation of the Franchise, the Grantee shall be given a reasonable opportunity to effectuate a transfer of its Fiber Optic System to a qualified third party. Furthermore, the Grantee shall be authorized to continue to operate pursuant to the terms of its prior Franchise during such a period of time; however, under no event shall such authorization exceed a period of time greater than twelve (12) months from the effective date of such revocation. If, at the end of that time, the Grantee is unsuccessful in procuring a qualified transferee or assignee of its Fiber Optic System which is reasonably acceptable to the County, the Grantee and the County may avail themselves of any rights they may have pursuant to federal or state law. It is further agreed that the Grantee's continued operation of the Fiber Optic System during the twelve (12) month period shall not be deemed to be a waiver, nor an extinguishment of, any rights of either the County or the Grantee.

**4.3 Transfer of Franchise.** The Grantee's right, title, or interest in the Franchise shall not be sold, transferred or assigned, other than to an entity controlling, controlled by, or under common control with the Grantee, without the prior consent of the County, such consent not to be unreasonably withheld. No such consent shall be required, however, for a transfer in trust, by mortgage, by other hypothecation, or by assignment of any rights, title, or interest of the Grantee in the Franchise or Fiber Optic System in order to secure indebtedness. Within thirty (30) days of receiving a request for transfer, the County shall notify the Grantee in writing of any additional information it reasonably requires to determine the legal, financial and technical qualifications of the transferee. If the County has not taken action on the Grantee's request for transfer within one hundred twenty (120) days after receiving such request, consent by the County shall be deemed given.

## **SECTION 5**

### **Insurance and Indemnification**

**5.1 Insurance Requirements.** The Grantee shall maintain in full force and effect, at its own cost and expense, during the term of the Franchise, Comprehensive Commercial General Liability Insurance in the amount of Two Million Dollars (\$2,000,000) combined single limit per occurrence and Three Million Dollars (\$3,000,000) aggregate for bodily injury and property damage. The Grantee shall provide a Certificate of Insurance designating the County as an additional insured to the County. Additionally, the Grantee shall maintain in full force and effect, Automobile Liability insurance with limits of no less than \$500,000 combined single limit per accident for bodily injury and property damage. Such insurance shall be noncancellable except upon thirty (30) days prior written notice to the County. Upon written notice from the County, the Grantee shall increase the limits of such insurance to at least the amount of the Limitation of Judgments described in Section 63-30d-604 of the Governmental Immunity Act of Utah, as calculated by the state risk manager every two years and stated in Utah Admin. Code R37-4-3.

**5.2 Indemnification.** The Grantee agrees to indemnify, save and hold harmless, and defend the County, its officers, boards and employees, from and against any and all claims, demands, liens, and all liability for damages of whatsoever kind, including but not limited to any liability or claims resulting from property damage or bodily injury (including accidental death), which arise out of the Grantee's acts or omissions pursuant to or related to this Franchise, and to pay any

and all costs, including reasonable attorney's fees, incurred by the County in defense of such claims, provided that the County shall give the Grantee written notice of its obligation to indemnify the County within ten (10) days of receipt of a claim or action pursuant to this subsection. Notwithstanding the foregoing, the Grantee shall not indemnify the County for any damages, liability or claims resulting from the willful misconduct or negligence of the County.

## **SECTION 6**

### **Enforcement and Termination of Franchise**

**6.1 Grounds for Termination.** The County may terminate or revoke this Franchise and all rights and privileges herein provided for any of the following reasons:

A. The Grantee, by act or omission, materially violates a material duty herein set forth in any particular within the Grantee's control, and with respect to which redress is not otherwise herein provided. In such event, the County, acting by or through its County Manager, may determine, after hearing, that such failure is of a material nature, and thereupon, after written notice giving the Grantee notice of such determination, the Grantee, within sixty (60) calendar days of such notice, shall commence efforts to remedy the conditions identified in the notice and shall have ninety (90) calendar days from the date it receives notice to remedy the conditions. After the expiration of such 90-day period and failure to correct such conditions, the County may declare the franchise forfeited and this Franchise terminated, and thereupon, the Grantee shall have no further rights or authority hereunder; provided, however, that any such declaration of forfeiture and termination shall be subject to judicial review as provided by law, and provided further, that in the event such failure is of such nature that it cannot be reasonably corrected within the 90-day time period provided above, the County shall provide additional time for the reasonable correction of such alleged failure if the reason for the noncompliance was not the intentional or negligent act or omission of the Grantee.

**6.2 Remedies at Law.** In the event the Grantee or the County fails to fulfill any of their respective obligations under this Franchise, the County or the Grantee, whichever the case may be, shall have a breach of contract claim and remedy against the other, in addition to any other remedy provided herein or by law; provided, however, that no remedy that would have the effect of amending the specific provisions of this Franchise shall become effective without such action that would be necessary to formally amend the Franchise.

**6.3 Third Party Beneficiaries.** The benefits and protection provided by this Franchise shall inure solely to the benefit of the County and the Grantee. This Franchise shall not be deemed to create any right in any person who is not a party and shall not be construed in any respect to be a contract in whole or in part for the benefit of any third party (other than the permitted successors and assigns of the Parties hereto).

**6.4 Uncontrollable Events.** The Grantee shall not be held in default under, or in noncompliance with, the provisions of the Franchise, nor suffer any enforcement or penalty relating to noncompliance or default, where such noncompliance or alleged defaults occurred or were caused by strikes, acts of God, power outages, or other events reasonably beyond its ability to control including any delays caused by the County.

**6.5 Bonds and Surety**

- A. Except as expressly provided herein, the Grantee shall not be required to obtain or maintain bonds or other surety as a condition of being awarded the Franchise or continuing its existence.
- B. Notwithstanding the above provisions, the Grantee shall be responsible for standard performance bonds and insurance required for encroachment permits for work done within Public Ways.

**6.6 Termination by Grantee.** Notwithstanding any other provision of this Franchise to the contrary, Grantee may terminate this Franchise with or without cause six months after giving the County notice of Grantee's intent to terminate.

**SECTION 7**

**Miscellaneous**  
**Provisions**

**7.1 Actions of Parties.** In any action by the County or the Grantee that is mandated or permitted under the terms hereof, such party shall act in a reasonable, expeditious, and timely manner. Furthermore, in any instance where approval or consent is required under the terms hereof, such approval or consent shall not be unreasonably withheld.

**7.2 Entire Agreement.** This Franchise constitutes the entire agreement between the Grantee and the County on the subject of Fiber Optic Service. Amendments to this Franchise for any purpose, including but not limited to any changes in state or federal law, shall be mutually agreed to in writing by the Parties.

**7.3 Notice.** Unless expressly otherwise agreed between the Parties, every notice or response required by this Franchise to be served upon the County or the Grantee shall be in writing, and shall be deemed to have been duly given to the required party when placed in a properly sealed and correctly addressed envelope: a) upon receipt when hand delivered with receipt/acknowledgment, or b) upon receipt when sent certified or registered mail.

The notices or responses to the County shall be addressed as follows:

Summit County Manager  
60 North Main  
Street PO Box 128  
Coalville UT 84017

With Copy to:

Summit County Attorney  
60 North Main Street

P.O. Box 128  
Coalville, UT 84017

The notices or responses to the Grantee shall be addressed as follows:

Syringa Networks, LLC  
12301 W. Explorer Drive  
Boise, ID 83713  
Attn: CEO

The County and the Grantee may designate such other address or addresses from time to time by giving notice to the other in the manner provided for in this subsection.

**7.4 Descriptive Headings.** The captions to Sections and subsections contained herein are intended solely to facilitate the reading thereof. Such captions shall not affect the meaning or interpretation of the text herein.

**7.5 Severability.** If any Section, subsection, sentence, paragraph, term, or provision hereof is determined to be illegal, invalid, or unconstitutional, by any court of competent jurisdiction or by any state or federal regulatory authority having jurisdiction thereof, such determination shall have no effect on the validity of any other Section, subsection, sentence, paragraph, term or provision hereof, all of which will remain in full force and effect for the term of the Franchise.

**7.6 Applicable Law.** The terms and conditions contained herein shall be interpreted according to the laws of the State of Utah, except where expressly preempted by federal law.

**7.7 Effective Date.** The Effective Date of this Franchise is the \_\_\_\_ day of \_\_\_\_\_, 2016 pursuant to the provisions of applicable law. This Franchise shall expire on the 31st day of \_\_\_\_\_, 2026, unless extended by the mutual agreement of the Parties.

Considered and approved this \_\_\_ day of \_\_\_\_\_ 2016.

SUMMIT COUNTY

\_\_\_\_\_  
Roger Armstrong, Chair  
Summit County Council

SYRINGA NETWORKS, LLC

\_\_\_\_\_  
Greg Lowe, Chief Executive Officer

CONSIDERATION  
OF A  
FRANCHISE AGREEMENT  
BETWEEN SUMMIT COUNTY, UTAH  
AND  
SYRINGA NETWORKS, LLC

County Council Presentation

November 9, 2016



# FRANCHISE AGREEMENT SYRINGA NETWORKS, LLC

§ Syringa Networks proposes to develop fiber optic-related services

§ This meeting affords the public notice and opportunity for comment

§ Syringa Networks is a telecommunications service provider

§ Do not provide any video, broadcast, or television programming services over their network

§ Provide high speed bandwidth either to the Internet or to other locations/end points as specified by our clients

§ The service proposed to construct a dark fiber network for a client that operates a cellular telephone network.



# FRANCHISE AGREEMENT SYRINGA NETWORKS, LLC

§ No Franchise fees apply to this agreement

§ Fees are only permitted to cable operators

§ Per 47 U

§ SC 521 et seq governing cable systems and cable operators

§ Agreement Provides for

§ Restoration of the Right-of-Way

§ Relocation Requirements

§ Safety Requirements

§ Requires applicable permits be obtained prior to work in R/W



# FRANCHISE AGREEMENT SYRINGA NETWORKS, LLC

§ Term of the Agreement is 10 years (November of 2026)

§ Defines Insurance Requirements

§ Comprehensive Commercial General Liability \$2,000,000

§ Bodily injury and property damage combined single limit per occurrence \$3,000,000 aggregate

§ Automobile Liability insurance with limits of no less than \$500,000 combined single limit per accident for bodily injury and property damage

§ Indemnification of the County from acts of Syringa Networks



# FRANCHISE AGREEMENT SYRINGA NETWORKS, LLC

Staff Recommends Approval of the Franchise Agreement with  
Syringa Networks

## QUESTIONS





**MEMORANDUM:**

Date: November 9, 2016

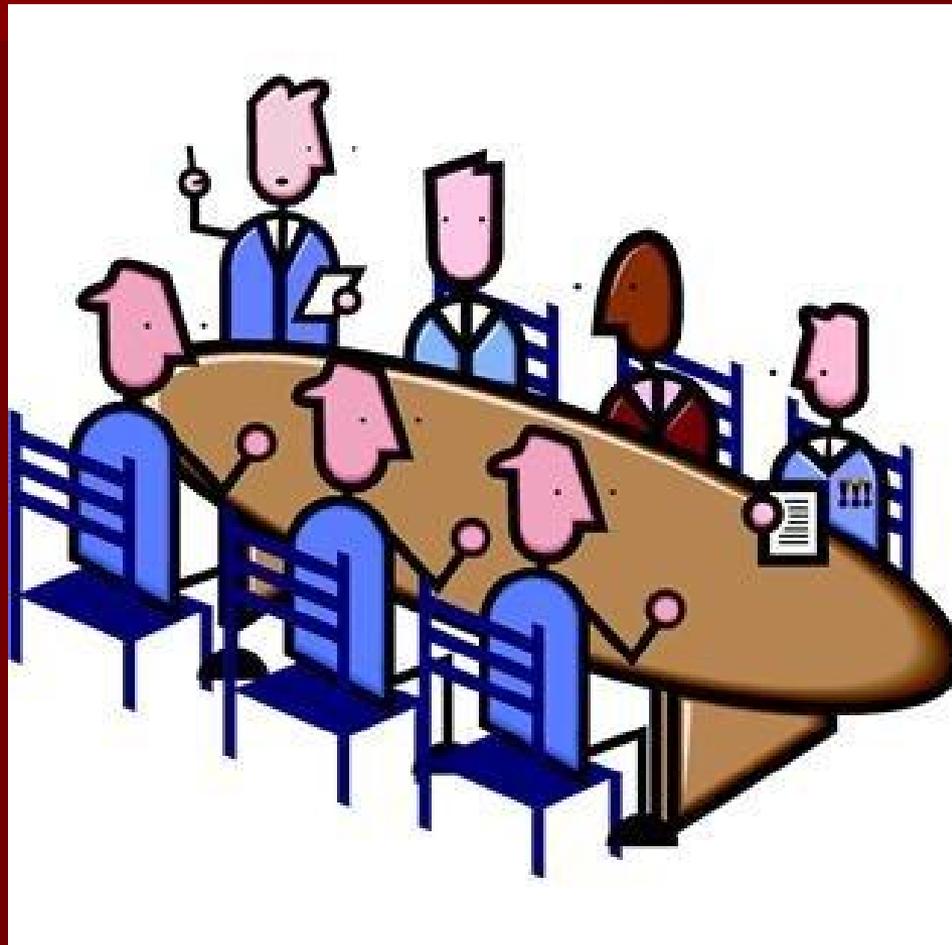
To: Council Members

From: Tom Fisher

Re: Recommendation to appoint members to the Public Arts Program and Advisory Board

Advice and consent of County Manager's recommendation to appoint Teresa Tackman and Betsey Devaney to the Public Arts Program and Advisory Board. Teresa and Betsey's terms to expire July 31, 2019.

# Utah's Open Meetings Act



# Declaration of Public Policy

- The Legislature finds and declares that the state, its agencies and political subdivisions exist to aid in the conduct of the peoples' business.
- It is the intent of the Legislature that the state, its agencies and its political subdivisions: (a) take their actions openly; and (b) conduct their deliberations openly.

# What does the Open Meetings Act do?

- n It requires government to take actions openly.
- n Ensures deliberations allow for an open public process.
- n However, the Utah Supreme Court has held that deliberations in a judicial or quasi-judicial matter may be held in private and are exempt from the Open Meetings Act. Once a decision has been made, the public body must announce it in a public meeting. Common Cause of Utah v. Utah Public Service Commission (Utah 1979).



# Who is subject to this Law?

- An administrative, advisory or legislative body which:
  - Was created by the Utah Constitution, statute, rule, ordinance or resolution;
  - Consists of two or more persons;
  - Spends, distributes, or are supported by tax monies;
  - Has authority to make decisions or recommendations about the public's business.

# What are some examples of entities that must comply with the Act?

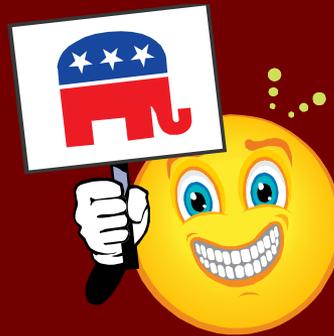
- City Council
- County Council
- Planning Commission
- Board of Adjustment
- Project Committees
- Special Districts



Annual Training is required (UCA 52-4-104)

# Who is not affected by the Act?

- County Manager
- Chair of a public body  
Acting in Administrative role
- Political Parties
- Community Councils
- Staff Meetings



# What is a Meeting?

- n "Meeting" means the convening of a public body, with a quorum present, including a workshop or an executive session whether the meeting is held in person or by means of electronic communications, for the purpose of discussing, receiving comments from the public about, or acting upon a matter over which the public body has jurisdiction or advisory power.

# What is not a "Meeting"?

- A chance meeting
- A social meeting
- Email (UCA 52-4-210) so long as no decision is made
- Meeting of a legislative body with both legislative and executive responsibilities where:
  - No public funds are appropriated;
  - Meeting solely for discussion or to implement administrative/operational matters. Harper v. Summit County (Utah 2001).

# Attendance at Meetings

- Can meet by phone, computer or other electronic means.
  - Notice requirements still apply
  - Public must have a means to attend or participate (anchor location)
  - Must be adopted into existing rules/ordinances (Summit County has done this only for the County Council)

# Closed Meetings

- n Discussing an individual's character, professional competence, or physical or mental health. This includes all personnel discussions.
- n Strategy sessions to discuss collective bargaining.
- n Discussions regarding security personnel, devices or systems.
- n Investigative proceedings regarding allegations of criminal misconduct.
- n Discussing pending or reasonably imminent litigation. The Courts have allowed a more liberal interpretation of this provision. Kearns-Tribune Corp. v. Salt Lake County Commission (Utah 2001). Additionally, the attorney-client privilege (UCA § 78B-1-137; URE 504) can also be used for this purpose and is broader in scope than the Open Meetings Act provisions.
- n Strategy sessions to discuss the purchase, exchange, lease, or sale of real property.

Are there any meetings that must  
be closed?



- NO!
- The decision to close a meeting to the public is always discretionary and not mandatory.
- The law does not require any meeting to be closed.

# Closed Meetings or Executive Sessions

- n A quorum must be present.
- n Two-thirds of the body present must vote to close the meeting.
- n The body must first hold a public meeting with proper notice before entering into the closed meeting.
- n The body must publicly disclose:
  - The vote by name of each member for or against entering into the closed meeting.
  - The reasons for holding the closed meeting.
  - The location of the closed meeting.

# What is forbidden during a closed meeting?



## ■ You may not:

- Approve any ordinance, resolution, rule, regulation, contract or appointment.
- Interview a person to fill an elected position.
- Take final action, except in the case of a judicial or quasi-judicial decision.
  - § Final votes must be open and on the record.
  - § All judicial or quasi-judicial decisions must be announced on the record.

# Are there any notice requirements?

- n Must be posted as a written notice at the place where the meeting will be held.
- n Must be given to at least one local general circulation newspaper or local media correspondent.
- n Must post notice to the "Utah Public Notice Website" (unless you are a municipality with a budget less than \$1,000,000).
- n At least 24 hours prior to the meeting post:
  - Agenda, including all action items stated with "reasonable specificity." Reasonable specificity is not defined in Utah law, the courts, or by a formal opinion of the Attorney General. One interpretation may be whether the notice is sufficient so as to allow a citizen of average intelligence to understand the general topic of discussion.
  - Date, Time and Place.

The presiding officer has discretion to allow items raised by the public to be discussed without prior notice so long as no action is taken ("Public Comment")

# What about emergencies?

- The law allows for meetings for “emergency or urgent” matters if:
  - The best notice practicable is given.
  - The minutes include a statement of the unforeseen circumstances that made the meeting necessary.



# What about records of the meeting? Do we have to keep minutes?

- n YES!
- n Written minutes must be taken of both **open** and **closed** meetings. Closed meeting minutes have minimal requirements.
- n A recording of an **open** or **closed** meeting must also be kept. The closed meeting recording is confidential and can only be released upon court order. The only exception to this rule pertains to personnel executive sessions where no recorded minutes are taken, but instead an affidavit is signed by the chair indicating that the purpose of the executive session was to discuss a personnel matter.

# What are the requirements for keeping minutes?

- n All minutes must include:
  - Date/time
  - Place of meeting
  - Names of all members present or absent
- n In addition all minutes of **open** meetings must include:
  - All matters proposed, discussed, or decided.
  - All names and substance of information from individuals giving testimony.
  - Individual votes on each matter.
  - Any additional information requested by a member.

# When are the minutes and recordings of Open meetings public?

- n Unapproved written minutes shall be made available to the public within 30 days and thereafter posted to website within 3 days following approval.
- n The minutes released prior to final approval must be identified as "unapproved."
- n Recordings of open meetings shall be available within 3 days of the meeting.
- n Minutes and recordings of closed meetings are not public records.
- n Site Visits do not have to be recorded so long as no vote is taken.

\*30 day provision only applies to legislative bodies

# What happens if someone violates the Utah Open Meetings Act?

- n A member of the public body who intentionally violates or intentionally abets or advises a violation of the closed meeting provisions is guilty of a class B misdemeanor, punishable of a fine not exceeding \$2,500 and confinement of not more than 6 months in jail.
- n A court may void any action taken in violation of the Act. A violation can be "cured" by discussing the voided action and taking a public vote in a subsequent meeting. Ward v. Richfield City (Utah 1990)
- n May have to pay court costs and attorney fees.



# Common Violations of the Act

- n Closing meetings without members of the body voting first in an open meeting to close the meeting.
- n Conducting a closed meeting for reasons other than those allowed by the Act.
- n Taking official or final action in a closed meeting (except with respect to judicial or quasi-judicial decisions).
- n Failing to properly provide notice of a public meeting (failing to post the Agenda on the State web site).
- n Failing to provide adequate notice of a public meeting (descriptions of Agenda items that do not meet the "reasonable specificity" requirement).
- n Although not a specific violation of the Act, it is a potential "due process" violation to allow public comment on a pending application where the applicant has not been given prior notice.

# Who can enforce the Act?

- County Attorney
- Attorney General
- Private Citizen (although a citizen who attends a meeting cannot thereafter claim lack of notice)

# If there is a violation, how long does a party have to pursue corrective action?

- n 90 days after discovery of the violation.
- n 30 days if it involves bonds, notes or debt.