Mayor's Office: Council Agenda Item Request Form

This form and supporting documents (if applicable) are due the Wednesday before the COW meeting by noon.

Date Received (office use)	12 April 2017
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Date of Request	4/3/2017			
Requesting Staff Member	Kendra Kahlow			
Requested Council Date	April 18, 2017			
Topic/Discussion Title	Board Appointment to the Behavioral Health Services Advisory Council			
Description	Appointment of Mr. Dan Braun to the Behavioral Health Services Advisory Council for a three year term which began January 2017 and will end December 31st, 2018.			
Requested Action ¹	Council Approval, Consent Items			
Presenter(s)				
Time Needed ²	Consent Items			
Time Sensitive ³				
Specific Time(s) ⁴				
Contact Name & Phone	Kendra Kahlow x.7031			
Please attach the supporting documentation you plan to provide for the packets to this form. While not ideal, if supporting documents are not yet ready, you can still submit them by 10 am the Friday morning prior to the COW agenda. Items without documentation may be taken off for consideration at that COW meeting.				

Mayor or Designee approval:

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

² Assumed to be 10 minutes unless otherwise specified.

³ Urgency that the topic to scheduled on the requested date.

⁴ If important to schedule at a specific time, list a few preferred times.



Ben McAdams Salt Lake County Mayor

Erin Litvack
Deputy Mayor, County Services

Rick Graham Deputy Mayor, Operations

Karen Hale Deputy Mayor, Community & External Affairs

Darrin Casper
Deputy Mayor, Finance
& Administration

Board Appointment Approval

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

His three-year term will begin January 2017 and end December 31st, 2019.

	Salt Lake County Council
	Steven DeBry, Chairman
Attest:	
Sherrie Swensen, County Clerk	

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

Daniel S. Braun, License	ed Clinical Şo <u>cial Work</u>	er	
	•	Phone:	Email: c

Objective

To use my extensive clinical, community resource development, management, collaboration, evidence based practice, and leadership expertise to provide superior pediatric care in an efficient, compassionate, and friendly manner to infants, children and adolescents as the Mental/Behavioral Health Coordinator.

University of Utah, Salt Lake City- August 2003 - May 2005.

Masters of Social Work (G.P.A. 3.88), May 2005.

Westminster College, Salt Lake City- August 1997 - June 1999.

Bachelor of Arts Degree, Summa Cum Laude (G.P.A. 3.94), June 1999.

University of Wisconsin, Stevens Point-August 1995 - June 1997.

Focused on Natural Resources and History.

Work Experience

Behavioral Health Coordinator- December 2015 - Present

Wasatch Pediatrics

7138 S. Highland Drive, #103, Salt Lake City, UT, 84121

40+ hours/week

Supervisor: Mark Davis

Coordinate the integration of behavioral health in 8 primary care pediatric offices. Collaborate, train, advocate, and consult staff and providers on behavioral health practice and integration. Partner with community providers to ensure person centered care and wrap around service delivery. Supervise and provide outpatient behavioral health services.

Counseling Manager- August 2004 - December 2015

LDS Family Services (LDSFS)

4823 N. Royal Atlanta Drive, Suite C, Tucker, GA 30084

Salary: \$82,500, 40+ hours/week

Supervisor: Adam Barnes, may be contacted upon pending offer.

Provide evidence based psychosocial assessment, diagnosis, person centered treatment plans, crisis planning, treatment case management, care coordination, and community referrals with a wide variety of individuals in collaboration with an interdisciplinary treatment team. Missionary Clinic health care social work focus including collaboration with psychologists, psychiatrists, Primary Care Physicians, area medical advisors, Missionary Medical, family, and mission leaders, Provide evidence based practice including Trauma Informed Care, Person Centered Care, Dialectical Behavior Therapy (DBT), play therapy, and Prolonged Exposure Therapy. Administer Community Resource Development, Addiction Recovery Program. fiscal wellbeing, volunteers, and clinical supervision. Previous 8 hours/week part time therapist and 15-20 hours/week master's program intern, conducting multiple therapy and parenting groups.

Executive Director- March 2011 - July 2014

Alliance House Inc. / Valley Behavioral Health (VBH) 1724 South Main Street, Salt Lake City, UT 84115

Salary: \$60,000, 40+ hours/week

Supervisor: Christy Calderon, 801-263-7112, may be contacted.

Provided social worker duties including whole person centered treatment planning, community collaboration, hospital transitioning, and integrated health care and wellness activities with a diverse population of individuals with Serious Mental Illness (SMI). Supervised and mentored 13 staff, worked in partnership with community partners including Veteran's Affairs, The State Division of Substance Abuse and Mental Health, and Vocational Rehabilitation, collaborated with Board of Directors, managed fiscal wellbeing, completed fundraising duties with high profile community leaders, and oversaw psychosocial rehabilitative milieu.

Program Supervisor- January 2010 - March 2011

VBH Therapeutic Foster Homes

5965 South 900 East, Salt Lake City, UT 84121

Salary: \$52,000, 40+ hours/week

Supervisor: Stacy Brubaker, (801) 554-9390, may be contacted.

Provided evidence based psychosocial assessment, diagnosis, person centered treatment plans, crisis planning, treatment, case management, care coordination, and community referrals in collaboration with an interdisciplinary treatment team including The Department of Child and Family Services, medical professionals, biological parents, and foster parents. Managed and trained foster parents to meet all foster child health care needs. Developed DBT program and care coordination services, ensured oversight and adherence to licensing standards, supervised program staff, provided Foster Parent and staff oversight, guided the advisory council, oversaw budget compliance, and guided healthy child placements.

Psychotherapist- April 2006 - January 2010

VBH Children's Outpatient

1141 East 3900 South, Suite A170, Salt Lake City, UT 84124

40 hours/week

Supervisor: Mary Goldstein (retired), HR may be contacted at 888-949-4864.

Provided evidence based psychosocial assessment, diagnosis, person centered treatment plans, crisis planning, treatment, case management, care coordination, and community referrals withchildren and families in collaboration with an interdisciplinary treatment team. Developed and facilitated the agency's DBT program. Facilitated clinical groups including Pervasive Development Disorder group.

Masters of Social Work Intern- August 2003 - June 2004

Primary Children's Center for Counseling

5770 South 1500 West, Salt Lake City, UT 84123

10-15 hours/week

Supervisor: Dorann Mitchell (retired), HR may be contacted at (801) 213-3599.

Provided assessment, therapy, care coordination, and interdisciplinary referrals for individual clients and families. Cotherapist in DBT, Pervasive Development Disorder, social skills, and parenting groups. Worked with community outreach programs regarding child development and parenting Participated in weekly training seminars to acquire skills for individual and group therapies.

Counselor- Head House Coach- October 2000 - June 2005

The Oakley School

251 W Weber Canyon Rd, Oakley, UT 84055

40+ hours/week

Supervisor: Isaac Phillips (employed elsewhere), HR may be contacted at (855) 842-5594.

Implemented therapeutic milieu, supporting population of 100+ adolescents. Worked directly with social workers to execute case by case objectives and behavioral modification, supervised direct care staff, and monitored student progress. Guided, planned, and participated in group and individual counseling.

Counselor- Assistant House Coach- January 2000 - October 2000

The Oakley School

251 W Weber Canyon Rd, Oakley, UT 84055

45+ hours/week

Supervisor: Isaac Phillips (employed elsewhere), HR may be contacted at (855) 842-5594.

Provided direct care in a clinical, residential setting. Monitored, supervised, and supported students while executing therapeutic milieu and behavioral modification. Planned and participated in activities, group sessions, and community service.

Customer Education and Human Resource Support- June 1999-January 2000

Briggs and Stratton

P.O. Box 702 Milwaukee, WI 53201-07022

40 hours/week

Supervisor: Dann Roark, 800-444-7774, may be contacted.

Supported training environment, professional presentations, and service issues.

Skills

Disciplined Exceptional communication skills Courteous
Team player Person Centered Organized
Intuitive Ability to make critical decisions in stressful situations Precise

Volunteer Experience

Stevens Point Area High School-1996- 1997.

Teacher's Aid (4 hours/week).

Graded papers, assisted in developing tests, and organizational aid.

Utah AIDS Foundation- 2002- 2003.

Test Sight Counselor and Outreach Coordinator with the Oakley School (3 hours/week).

Advised, supported, and guided clients to lower their risk of HIV infection. Administered HIV tests and provide results. Offered educational and service opportunities for Oakley School students.

Utah Behavioral Health Planning and Advisory Council 2011-2014

Executive Committee Member (6 hours/month)

Supported and advocated for services for consumers of public behavioral health services by planning and advising the Division of Substance Abuse and Mental Health.

References

Dennis Ashton, LCSW

Counseling Manager (Retired)

LDS Family Services

930 West Hill Field Rd, Suite A

Layton, Utah 84041

Myra Renwick

Alliance House, Inc.
Board of Directors President

1927 Rich Way

Salt Lake City, UT 84121

Shea L. Eyzaguirre, LCSW

PRRC/VS Supervisor

VA SLC Health Care System

Stacy Brubaker, LCSW Associate Director

Jackson County Mental Health Access and Crisis Services

Program Manager



Board Member Nomination & Application

Board: 8HS Advisory Council Date: 10/26/16					
Nominated By (if applicable):					
Applicant Name Daniel Brawn, LESW					
Home Address: City, State, Zip					
Work Address: 71385. Highland Dr. #103, SLC, UT 84121					
Work Address: 71385. Highland Dr. #103, SLC, VT 84121 Home Phone: Work Phone: Aail: Nan b@ wasaich peds. net					
Would applicant prefer work or home phone/address used as mailing address? work					
Salt Lake County Council District #:					
(To find the district you live in go to http://vote.utah.gov/elected-officials/ , enter your address and zip code, then click on Find. The results will produce a map with a red diamond at your home location. Click on the diamond and wait for a text box to appear containing your elected officials. Scroll down until you see the fourth County Council representative (not "At-Large") and list that name above.)					
I prefer that my personal contact information remain private and protected Yes No 🗆					
Unique qualifications and/or perspectives you would bring to a Board or Commission: Lave a creek desire to positively impact Behavioral Heath (BH) Services in St. Co, leading to better lives, decreased saigma, Safer communities, and better relationships for those affected by BH. have worked in ort patient, day, residential, trecovery Oriented settings, work with the Utah Behavioral Health Planning and Advisory Council (UBHPAC) and Executive Committee, see others for the strengths they possess, appreciate administrative roles, the latter in the patential to reach recovery. Cultural diversity, work with all ages, a current BH integration with medical care are passions.					

Board Member Nomination & Application

Applicant Nan	ne)aniel	Braun	, LESW	
Are you a curr	ent member	of another co	ounty board?	Yes 🗆 No 🖻	
If yes,	board/comm	ission			
Have you ever	been a mem	ber of a boar	rd or commiss	sion in the county?	Yes 🗆 No 🕅
If yes, I	board/commi	ssion		Dates:	
Are you or any	y member of	your immedia	ate family a c	ounty employee?	Yes 🗆 No 🔯
If yes,	explain				
Have you ever	r been convic	ted of a felon	ıy? Yes 🗖 No	×	
If yes,	explain				
		Dem	ographics (optional)	
The information	on on this sec	tion is for sta	atistical purpo	ses and is confide	ntial.
Gender	☐ Female	Male		□ 65+	
Age Range	1 21-39	X /40-54	55-64	□ 65+	
Race/Ethnicity American II Black/Africa White/Cau	ndian/Alaska an American	Native	☐ Asian/ ☐ Hispai	Pacific Islander nic/Latino (please specify)	
(' Represent a s			Behavior	al Health	Consumers/Providers
Forward t	his applicat	tion and no	mination to	the contact be	elow with a resume:
			# N2100	Phone: (385) 46 Fax: (385) 468- Email: cmilner@	7001



SALT LAKE COUNTY DISCLOSURE STATEMENT

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

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

,		- ()				
	County Employee	(13) unteer)	Emp	loyed in (County Div	rision) ^I	County Phone
	1	7138 5.	Highland	Dr. #103.	SLC, UT	84121
	Employee's Addre	SS	J	,		•
В.	-	Davie	1 Brawn,	Wasatch	Pediatrics	
	Outside institution	, entity, private bus	iness or person inv	olved		
				ealth Coo	•	
	Describe county e	mployee's position	or investment in th	e outside institution,	entity, private busin	ess, or personal contract
	713	8 S. High	aland Dr.	# 103, 5	LC, VT 8	4121
	Outside institution	entity, business o	r person's address	and phone númber		

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

		13	
SUBSCRIBED and SWORN to before me this _	364h day of_	October	Employee Signature
		NOTAR	Y PUBLIC, Residing in
[SEAL]	-	County	State

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



SALT LAKE COUNTY VOLUNTEER CONTRACT

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

CONFIDENTIALITY:

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

RELEASE:

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

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

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

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

I have read the sexual harassment and discrimination information _ +)() (Initial)					
If necessary, I have submitted a Statutory Ethical and Disclosure form(Initial)					
I have read and understand the above conditions. Volunteer Signature:					
Parent or Guardian signature if under 18:					
Signature of Agency Representative:					
Date:					