

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 Ms. Lana Dalton to the Behavioral Health Services Advisory Council for a two year term which began October 2016 and will end September 30 th , 2018.
Requested Action¹	Council Approval, Consent Items
Presenter(s)	
Time Needed²	Consent Items
Time Sensitive³	
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: _____

¹ 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 Ms. Lana Dalton as a member of the *Behavioral Health Services Advisory Council*.

Her two-year term began October 2016 and will end September 30th, 2018.

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.

Lana M. Dalton

EDUCATION

Masters of Social Work, Forensics Emphasis- May 2013- University of Utah
Bachelor of Science- Health Promotion and Wellness, Corporate Emphasis- May 2006- University of Wisconsin-Stevens Point

LICENSURE

- * Licensed Clinical Social Worker- License #: 8559134-3501
- * NPI #: 1861838567

SPECIAL SKILLS & QUALIFICATIONS

- * Specific training in bio-psychosocial assessments and ASAM
- * Effective communication and leadership skills
- * Efficient and organized, with excellent record keeping skills
- * Proactive and willing to take initiative, collaborate and learn
- * Moral Reconciliation Therapy Certified Therapist
- * ALA Smoking Cessation Facilitator
- * Certified in CPR and Community First Aid and Safety
- * Member of National Association of Social Workers

BOARD APPOINTMENTS

Community Advisory Board- College of Social Work University of Utah- Salt Lake City, Utah	May 2015- Present
Behavioral Health Advisory Council Salt Lake County- Salt Lake City, Utah	November 2016- Present

EMPLOYMENT

Social Work Program Manager Salt Lake City Police Department- Salt Lake City, Utah	November 2015- Present
Therapist (& prior Court Liaison) First Step House- Salt Lake City, Utah	May 2013-October 2015
Social Worker University of Utah- Wellness Recovery Center	March 2015- June 2016
Social Worker University of Utah Neuropsychiatric Institute- Salt Lake City, Utah	July 2013-June 2016
Felony Drug Court Intern	August 2012- May 2013

Salt Lake County Criminal Justice and Treatment Services- Salt Lake City, Utah

Research Assistant (TANF Program) June 2012- May 2013
University of Utah, Social Research Institute- Salt Lake City, Utah

Psychiatric Technician April 2012- December 2012
University of Utah Neuropsychiatric Institute- Salt Lake City, Utah

Transition to Adult Living Intern August 2011- April 2012
Department of Child and Family Services- Salt Lake City, Utah

Head House Coach February 2010- April 2012
The Oakley School- Oakley, Utah

Wilderness Senior Instructor September 2008- February 2010
Red Cliff Ascent- Enterprise, Utah

Tobacco Cessation Specialist March 2008- September 2008
Bellin Health- Family Medical Center, Green Bay, Wisconsin

Holistic Health Promotion Specialist Team Lead October 2007- March 2008
Besjada Health Innovators, LLC, Green Bay, Wisconsin

Senior Optimal Health Coach November 2006- October 2007
Health Coaching Solutions, LLC, Sheboygan, Wisconsin

Wellness Matters Internship June 2006- August 2006
Queensland University of Technology, Brisbane, Australia

VOLUNTEER EXPERIENCE

AmeriCorps Member- Department of Child & Family Services- Salt Lake City, Utah

Prior Co-President- University of Utah- Green Team- Salt Lake City, Utah

Volunteer- National Wellness Institute of Australia- Brisbane, Australia

Prior Co-President- National Wellness Institute-UWSP Student Chapter

Coordinator of Festivities and Special Events-Campus Activities Board,
Edgewood College-Madison, Wisconsin

AWARDS

2013 University of Utah, Masters of Social Work Practicum Student of the Year

REFERENCES

Available upon request.



Board Member Nomination & Application

Board: BHS Advisory Council Date: 11/10/16

Nominated By (if applicable): Brandee Casias

Applicant Name Lana Dalton

Home Address: _____ City, State, Zip _____

Work Address: 475 South 300 East PO Box 145497 SL, UT 84114

Home Phone: _____ k Phone: _____ Email: _____

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

Salt Lake County Council District #: 1

(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:

I have had a variety of social work experiences in my life. From working in psychiatric hospitals, to drug courts, to a police department. I bring a background of diversity to the table. Also, being a recent graduate of the Masters of Social Program at the University of Utah, I bring some of the most recent up to date knowledge about social work best practices to the table.

I was the first social worker in the state of Utah to work in a social work role in a police department, & I am one of the few in the nation.

Board Member Nomination & Application

Applicant Name Lana Dalton

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

If yes, board/commission _____

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

If yes, board/commission _____ Dates: _____

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

If yes, explain _____

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

If yes, explain _____

Demographics (optional)

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

Gender ☒ Female ☐ Male

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

Race/Ethnicity (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic/Latino |
| <input checked="" type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other (please specify) |

Represent a special community? _____

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

Celina Milner

Board Coordinator

2001 S. State Street, # N2100

Salt Lake City, Utah 84190

Phone: (385) 468-7031

Fax: (385) 468-7001

Email: cmilner@slco.org



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 UMS (Initial)

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

I have read and understand the above conditions.

Volunteer Signature: [Signature]

Parent or Guardian signature if under 18: _____

Signature of Agency Representative: _____

Date: 11/10/16