

**APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE**

Return to: Clerk of the Board of Supervisors
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)

BEHAVIORAL WELLNESS COMMISSION

2. TODAY'S DATE:

Feb. 19, 2024

3. NAME:

KETELAAR M.D., DAVID

4. E-MAIL ADDRESS:

Last

First

Middle

6. ADDRESS:

Number

Street

Santa Maria, CA 93454

City

Zip Code

5. TELEPHONE:

Home: _____

Business: _____

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Sue Andersen			CEO, Marian Regional Medical Center
Ken Dalebout			Administrator, Marian Regional Medical Center
Jill Austin, RN			Director, Outpatient Psychiatric Unit, Marian Regional Medical Center

8. Are you, or have you ever been, employed by the County of Santa Barbara?

No

Yes - if yes, list below

Department: _____

Title: _____

Date: _____

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

White

African American

Hispanic

Asian/Pacific Islander

Native American/Alaskan Native

Other (please specify): _____

Sex:

Male

Female

10. EDUCATION COMPLETED:

University of Iowa, BS microbiology, 1987

UCLA School of Medicine, 1992

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

Supervisor Nelson

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I have 25 years of experience practicing emergency medicine in Santa Barbara County at Marian Regional Medical Center; previously served as the Marian Emergency Department Medical Director; and have been active my entire career in the care of persons experiencing acute mental health crises. For the past six years, I have been working with Marian Regional Medical Center hospital administration to set up and run (open since Sept. 2022) the Marian Outpatient Psychiatric Unit. This unit is a 24 hour crisis care unit that is LPS designated and enhances the continuum of care available to patients. I have also been advocating for enhanced mental health services for our patients and have a unique perspective of the issues from the acute care hospital perspective.

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

14. SIGNATURE OF APPLICANT: _____

Harold H. Hester
