

**STEVE LAVAGNINO**  
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**COUNTY OF SANTA BARBARA**

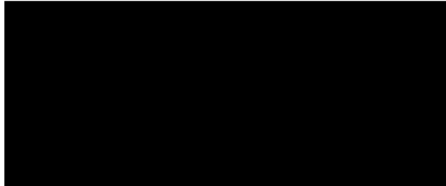
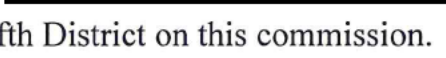
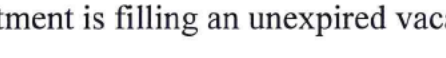

Date: 12/19/2019

Clerk of the Board of Supervisors  
County of Santa Barbara  
105 East Anapamu Street  
Santa Barbara, CA 93101

RE: Commission Appointment

For placement on the Board of Supervisors agenda for the meeting of: January 14,  
2020

I would like to recommend the reappointment of the following person to the  
Behavioral Wellness Commission:

Salutation: Mr.  
Full Name of Appointee: Donald Casebolt  
Address:   
City/State/Zip:   
Home Phone:   
E-mail: 

Reappointee will represent the Fifth District on this commission.

Check box only if this appointment is filling an unexpired vacancy.

Fifth District Supervisor: Steve Lavagnino

Signed by: 

COB Information Verification

- Letter of Resignation on file
- Vacancy Notice on file

Term:

- \_\_\_\_\_ years
- Beginning date \_\_\_\_\_
- Ending date \_\_\_\_\_

**Profile**

Donald

First Name

Casebolt

Last Name

[Redacted]

Email Address

[Redacted]

Street Address

[Redacted]

City

Suite or Apt

[Redacted]

State

Postal Code

**Indicate Supervisor Who Will Receive a Copy of your Application \***

Fifth District - Steve Lavagnino

[Redacted]

Primary Phone

Alternate Phone

**Which Boards would you like to apply for?**

Behavioral Wellness Commission : Submitted

Jerry & Mary Lou Thomason

Reference 1 Name

[Redacted]

Reference 1 Address

[Redacted]

Reference 1 Telephone

Butcher-retired

Reference 1 Occupation

Christine Gaiger

Reference 2 Name

Reference 2 Address

Reference 2 Telephone

Public Health Nurse

Reference 2 Occupation

Deborah McCoy

Reference 3 Name

Reference 3 Address

Reference 3 Telephone

Nurse

Reference 3 Occupation

If you are now, or have ever been employed by the County of Santa Barbara, please list the department in which you worked, your title, and the dates you were employed.

none

Interests & Experiences

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

I am a retired Family Nurse Practitioner with experience working in ERs, Ambulance Service, & ICUs; also worked in several prisons in Arizona; but my main employer was the Veterans Administration where I worked as a NP and mid-level administrator. My adult daughter, now aged 34, became ill with schizophrenia 9 years ago. I have read extensively on mental health treatment and policies. I have had much experience as a father trying to assist an adult child get treatment in SB county facilities. She was recently judged by 2 psychiatrists as incompetent to stand trial for 3 incidents of driving bizarrely--due to her disease. No alcohol or illegal drugs on forensic tests. Currently she's in Jail @ S.B. awaiting transfer to psychiatric hospital facility. I'm highly motivated to decriminalize mental illness, save money spent on inefficient and outmoded treatment paradigms in jails, and better protect the general public from mentally ill who should not be driving.

**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 documentation as necessary.**

I was the president of a local MADD group in Oregon. I'm a member of NAMI and FACT.

Upload a Resume

Please attach any additional documents here

## Demographics

### Ethnicity

Caucasian/Non-Hispanic

### Gender

Male

05/24/1950

Date of Birth

### Education Completed:

MSN and Nurse Practitioner BA in History & Political Science 1972

**Please Agree with the Following Statement**

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**I agree that upon submission of this application all information provided is a matter of public record, and is subject to disclosure.**

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I Agree \*