

ATTACHMENT A

Profile

Wayne

First Name

Mellinger

Last Name

[Redacted]

Email Address

[Redacted]

Street Address

[Redacted]

City

[Redacted]

Suite or Apt

CA

State

93101

Postal Code

First District

Indicate Supervisor Who Will Receive a Copy of your Application

[Redacted]

Primary Phone

[Redacted]

Alternate Phone

Which Boards would you like to apply for?

Behavioral Wellness Commission

Rev. Julia Hamilton

Reference 1 Name

[Redacted]

Reference 1 Address

[Redacted]

Reference 1 Telephone

Clergy

Reference 1 Occupation

Rev. Jon Lemmond

Reference 2 Name

[REDACTED]

Reference 2 Address

[REDACTED]

Reference 2 Telephone

Clergy

Reference 2 Occupation

Michael Gorodezkey

Reference 3 Name

[REDACTED]

Reference 3 Address

[REDACTED]

Reference 3 Telephone

Retired

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.

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 person with a severe mental health challenge (bipolar disorder) who has become homeless three times in the past 17 years due to that. I want to help Behavioral Wellness to become more responsive to the needs of our neighbors on the streets. I am also a social worker, having worked locally in this area for agencies such as New Beginnings Counseling Center, WillBridge of Santa Barbara, the Safe Parking Program and Casa Esperana. I have a Ph.D. in Sociology from UCSB (1990) and have taught college for over 20 years.

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 have been on the Board of Clergy and Laity United for Economic Justice (CLUE) for 8 years, have worked closely with C3H, sat for years on the South Coast Homeless Advisory Committee, helped to found the Freedom Warming Centers, sit on the NAMI Public Policy Council. I am active as an advocate locally.

RESUME2011.docx

Upload a Resume

Please attach any additional documents here

Demographics

Caucasian/Non-Hispanic

Ethnicity

Independent

Political Party

Male

Gender

Date of Birth

Education Completed:

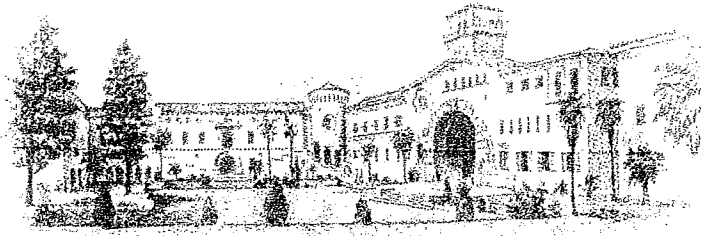
Ph.D. in Sociology (UCSB, 1990) Certified Alcohol and Drug Counselor (City College 2009)

Please Agree with the Following Statement

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

I Agree *

JOAN HARTMANN
Third District Supervisor



County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2192
Fax: (805) 568-2883

COUNTY OF SANTA BARBARA

Date: January 10, 2017

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

RE: Behavioral Wellness Commission

For placement on the Board of Supervisors agenda for the meeting of: January 17, 2017

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

Salutation: ^{Dr.}Mr Mrs Ms.
Full Name of Appointee: Peter Claydon, Ph.D.
Address: [REDACTED]
City/State/Zip: [REDACTED]
Home Phone: [REDACTED]
Work Phone: [REDACTED]
E-mail: [REDACTED]

Appointee will represent the 3rd District on this commission.
Position was formerly held by: n/a – newly formed commission
 Check box only if this appointment is filling an unexpired vacancy.

Third District Supervisor: Joan Hartmann

Signed by: Joan Hartmann

COB Information Verification

- Letter of Resignation on file
- Vacancy Notice on file
- Term:
- _____ years
- Beginning date _____
- Ending date _____

Profile

Peter

First Name

Claydon

Last Name

[Redacted]

Email Address

[Redacted]

Street Address

[Redacted]

City

Suite or Apt

CA

State

[Redacted]

Postal Code

Third District - Doreen Farr

Indicate Supervisor Who Will Receive a Copy of your Application

[Redacted]

Primary Phone

[Redacted]

Alternate Phone

Which Boards would you like to apply for?

Behavioral Wellness Commission

F. N. Tina Panteleakos, Ph.D.

Reference 1 Name

[Redacted]

Reference 1 Address

[Redacted]

Reference 1 Telephone

Psychologist

Reference 1 Occupation

[Redacted]

Reference 2 Name

[REDACTED]
Reference 2 Address

[REDACTED]
Reference 2 Telephone

Psychologist

Reference 2 Occupation

Valeria Buhain MS.

Reference 3 Name

Aegis Treatment Center, Santa
Barbara

Reference 3 Address

[REDACTED]
Reference 3 Telephone

Clinic Manager

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.

Interests & Experiences

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

I've worked within the County of Santa Barbara since 1979 in the public and private sector, providing clinical services for clients with mental health and/or substance abuse issues. Currently I am the regional clinical director of Aegis Treatment Center of Santa Barbara, a harm reduction program for opiate-dependent patients. I have served as adjunct faculty at various institutions of higher education, including UC Santa Barbara and Antioch University. As a result I've had a lifelong, professional interest of helping clients and their families who are facing mental health and substance abuse problems (dual-diagnosis). The County's new Behavioral Wellness program combining both mental health and substance abuse treatment provides a great opportunity for significant progress in providing services to those who need it. As one who has worked with children, adolescents, adults, elders, students, trainees, etc. I am committed to supporting efficacious approaches in serving in our community.

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.

President and Co Founder of the Santa Barbara Youth Project , A 501©3 charitable organization since 1998, providing equine related experiential learning for at risk and disadvantaged youth. (On line resume is currently being updated ,but a hard copy of an earlier version is available if needed)

Upload a Resume

Please attach any additional documents here

Demographics

Caucasian/Non-Hispanic

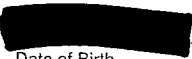
Ethnicity

Prefer Not to Say

Political Party

Male

Gender


Date of Birth

Education Completed:

Ph.D. Licensed Clinical Psychologist

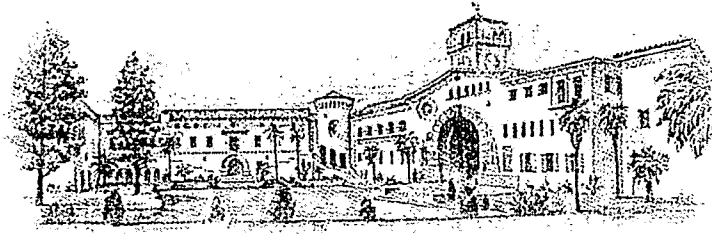
Please Agree with the Following Statement

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

I Agree *

STEVE LAVAGNINO
County Supervisor, Fifth District
steve.lavagnino@countyofsb.org

CORY BANTILAN
Chief of Staff
cory.bantilan@countyofsb.org



SANDY AGALOS
Administrative Assistant
sandy.agalos@countyofsb.org

YVONNE BIELY
Administrative Assistant
yvonne.biely@countyofsb.org

COUNTY OF SANTA BARBARA

January 4, 2017

Clerk of the Board of Supervisors
County of Santa Barbara
105 E. Anapamu St., 4th floor
Santa Barbara, CA 93101

For placement on the agenda for the meeting of: January 17, 2017

I would like to appoint the following individual for appointment to the Behavioral Wellness Commission:

Appointee: Ann Bartlett Eldridge
Address:
City/State/Zip:
Telephone:
Email:

Appointee will represent the Fifth District on this commission.
Position was formerly held by: N/A
Term expires: December 31, 2019 (3 yr term)


Fifth District Supervisor: Steve Lavagnino

RECEIVED JAN 03 2016

APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE

DATE RECEIVED

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

2016 DEC 30 PM 2:04

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)

2. TODAY'S DATE:

Behavioral Wellness Comm. (Mental Health - Fam.)

27 Dec 2016

3. NAME:

4. E-MAIL ADDRESS:

Eidson Ann Bartlett
Last First Middle

6. ADDRESS:

5. TELEPHONE:

Number Street
City Zip Code

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
Michael Garadzky			
John Truman			
Takashi Wada			

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:

BA AA

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

Sup. S. Lavagnino

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

Please see attached

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.

I am applying for a 2 year Term

14. SIGNATURE OF APPLICANT: