

SALUD CARBAJAL
First District Supervisor

JEREMY TITTLE
Chief of Staff

ERIC FRIEDMAN
District Representative

LISA VALENCIA SHERRATT
District Representative



BOARD OF SUPERVISORS
105 East Anapamu Street, 4th Floor
Santa Barbara, California 93101

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COUNTY OF SANTA BARBARA

Date: May 11, 2015

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

2015 MAY 12 PM 9:26
COUNTY OF SANTA BARBARA
CLERK OF THE COUNTY

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of: May 19, 2015

I would like to recommend the appointment/ reappointment of the following person to the: Mental Health Commission (Alternate)

Salutation: Mr Mrs Ms.
Full Name of Appointee: Wayne Mellinger
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail:

Appointee will represent the First District on this commission.

Position was formerly held by: Carolyn Wood

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

First District Supervisor: Salud Carbajal

Signed by: *Salud Carbajal*

COB Information Verification	
<input type="checkbox"/>	Letter of Resignation on file
<input type="checkbox"/>	Vacancy Notice on file
Term:	
<input type="checkbox"/>	_____ years
<input type="checkbox"/>	Beginning date _____
<input type="checkbox"/>	Ending date _____

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101	DATE RECEIVED <input type="checkbox"/> Copy to Supervisor
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INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.

1. APPLYING FOR: (Use specific title) <i>Mental Health Commissioner</i>	2. Today's Date:
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3. NAME: <i>Mellinger, Wayne Martin</i> <small>Last First Middle</small>	4. E-MAIL ADDRESS:
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6. ADDRESS: <i>105 E. Anapamu Street</i> <small>Number Street City Zip Code</small>	5. TELEPHONE: Home: <i>805-963-1111</i> Business:
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7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
A. <i>Rev. John Hamilton</i>	<i>Unitarian Society</i>		
B. <i>Rev. Jan Leonard</i>	<i>Methodist Church</i>		
C. <i>Annamarie Cameron</i>	<i>Mental Wellness Center</i>		

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list:
 Department: _____ Title: _____ Date: _____

9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. Education completed: <i>Ph.D. in Sociology</i>
11. Indicate Supervisor who will receive a copy of this application:		

12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.
I am both a longtime consumer of mental health services and a community advocate concerned with our county's delivery of services

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

RECEIVED
MAY 11 2005
DISTRICT

14. SIGNATURE OF APPLICANT
Wayne Martin Mellinger

Wayne M. Mellinger
May 8, 2015

Regarding the Mental Health Commission

I am a sociologist by training and have spent most of my adult life as a college educator. I am well versed in psychological science and have taught Social Psychology for over 20 years. Mental illness and its social ramifications are key concerns.

As a consumer of mental health services, I bring direct experience as one who suffered a long time without treatment, and who had to struggle to find adequate care. Years back I had a breakdown which brought me to the streets. Along with hundreds of other people with mental health challenges who are homeless, I began to self-medicate and got into trouble with the law.

I began working with Suzanne Jordan and Families Act about 8 years ago, although I am not closely involved with them today. The so-called "revolving door" is real - many people with mental health challenges repeatedly cycle through shelters, emergency rooms and jails without getting the treatment they need.

I am a community advocate passionate about the needs of the hundreds of mentally ill people

on our streets. I have served on the South Coast
Homeless Advisory Committee, having been appointed
by Roseen Furt. I now serve on C3H Coordinator
Council.

I have been actively involved with the systems
change being done by ADMHS and served on
multiple teams, including those concerned with
CRIS, peers and housing. I have come to deeply
respect many great professionals with our county's
behavior health system. We have come a long
way in improving services here. Yet, numerous
serious gaps still exist. Here is the work I want
to do.

I serve on the board of CLUE, who is mobilizing
the faith communities around these issues.

I am also a social worker for the homeless
and mentally ill. I have worked for New
Beginnings Counseling Center, Will Bridge,
Casa Esperanza and Transition House.

Thank you for considering allowing me to continue
to serve our fine county.

Megan M. Mally