

**Peter Adam**  
Fourth District Supervisor



**Fourth District Office**  
100 E. Locust Ave., Ste. 101  
Lompoc, CA 93436  
officeofpeteradam@countyofsb.org

**COUNTY OF SANTA BARBARA**

Date: Noevember 7, 2017

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

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of:  
December 5, 2017

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

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

Appointee will represent the Fourth District on this commission.

Position was formerly held by:  
 Check box only if this appointment is filling an unexpired vacancy.

Fourth District Supervisor: Peter Adam

Signed by: *Peter Adam* for  
Supervisor Peter Adam

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 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:**  
November 6, 2017

**3. NAME:**  
Byrne Sharon L

\_\_\_\_\_  
Last First Middle

**4. E-MAIL ADDRESS:**  
[redacted]

**6. ADDRESS:**  
[redacted] De La Vina St  
\_\_\_\_\_  
Number Street  
[redacted] Santa Barbara, CA 93101  
\_\_\_\_\_  
City Zip Code

**5. TELEPHONE:**  
Home: (805) 636-0476  
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
[redacted]	[redacted]	(805) 252-1993	C3H - North County
[redacted]	711 N Milpas St	(805) 455-7710	Milpas Business Owner
[redacted]	[redacted]	(805) 403-5224	United Way Director

**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:**  
 Master's Degree - Psychology  
 Bachelor's Degree - Engineering

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

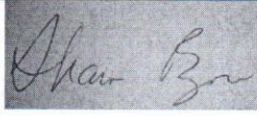
**12. EXPERIENCE:** Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I have served on the Alcohol and Other Drug Commission for the County of Santa Barbara since 2012. I've been the chair since 2014, and led the charge to merge this commission with Mental Health Commission to form the new Behavioral Wellness Commission. Under my leadership, we've introduced alternative treatments to Methadone, eliminated service providers that didn't produce results, and moved the department towards issuing more RFPs to reduce costs and broaden service options.

I also am a pioneer in forging the Milpas Outreach Project with Jeff Shaffer of C3H and the Milpas business community to reduce chronic homelessness in the Milpas area. We've successfully removed 12 chronically homeless individuals from the street, out of our target of 15. Chronic homelessness is a particularly vexing problem for counties and municipalities, because these individuals make up about 12% of total homelessness, but consume nearly 80% of resources for homelessness. Solving this problem by incorporating members of the community to directly address it saves millions of dollars annually from county and city budgets.

**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 serve on the board of the Salvation Army Hospitality House, one of the facilities with the best track records in helping clients achieve sobriety and transitioning into stable work and housing situations. I am related to several people that have required Behavioral Wellness services for drug and alcohol addiction and mental health issues. I have successfully navigated addicts out of homelessness and into sobriety and housing.

**14. SIGNATURE OF APPLICANT:** \_\_\_\_\_

A rectangular area containing a handwritten signature in cursive script, which appears to read "Shaw B. Brown". The signature is written in dark ink on a light-colored background.