Bob Nelson County Supervisor Fourth District

Aaron HankeDistrict Chief of Staff

Date: October 25, 2023



BOARD OF SUPERVISORSFourth District Office

511 E. Lakeside Parkway Santa Maria, CA 93455

(805) 346-8407 Santa Maria (805) 737-7700 Lompoc (805) 346-8498 FAX

COUNTY OF SANTA BARBARA

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 November 7, 2023 I would like to recommend the \(\simeg \) appointment/\(\simeg \) reappointment of the following person to the: Behavior Wellness Commission Salutation: Mr X Mrs Ms. Full Name of Appointee: Karen Draper Address: Home Phone: E-mail: Appointee will represent the 4th District on this commission. Position was formerly held by: Sharon Byrne Check box only if this appointment is filling an unexpired vacancy. District Supervisor: Bob Nelson Signed by: Bob Nelsa **COB Information Verification** ☐ Letter of Resignation on file □ Vacancy Notice on file Term: _____ years Beginning date _

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.

Supervisors. Please print in ink	or type. Please note th	nat ALL informati	on provided is a r	natter of public reco	ord, and is subject to disclosure.	
1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)				2. TODAY'S	2. TODAY'S DATE:	
Behavioral Wellness Commission				10/3/2	10/3/23	
3. NAME:				4. E-MAIL A	4. E-MAIL ADDRESS:	
Draper	Karen	Le	ouise			
	····		Middle			
Last First 6. ADDRESS:			iviluale		DNE:	
			Home:			
Number			Street			
Santa Maria		934	93455		Business:	
City	Zip C	Zip Code				
7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.						
NAME		AD	DRESS	TELEPHONE	OCCUPATION	
Jeff Hearn					Retired SMJUHSD Superintendent	
Karen Rotondi					Director, Teaching and Learning, SMJUHSD	
Steve Molina				1	Director of Student Services	
8. Are you, or have you ever been, employed by the County of Santa Barbara?						
Department: Title:				Date:		
9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):			10. EDUCATION COMPLETED:			
■ White □ Mal		Sex:				
		⊔ Male ■ Female	AA-Liberal Arts, AHC, BA-Bus. Education, CSUN, Single Subject Teaching Credential, CSUN			
		E i cinaic	11. INDICATE SUP	INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:		
☐ Asian/Pacific Islander						
□ Native American/Alaskan Native			Bob Ne	lson		
□ Other (please specify):						
12. EXPERIENCE : Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.						
I am a newly retired high school teacher, teaching for 30 years at SMHS. I have actively been involved with						
students and over the years (especially through and since the pandemic) have seen students mental issues						
increase. In addition, I am very aware that student substance abuse is on the rise at a much younger age						
and I am concerned that the issues are not being addressed comprehensively/proactively.						
and the state of t						
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 a newly appointed CASA volunteer and my case involves a high school student. I have served on the						
SMHS Shared Decision making committee (6 yrs.), SMHS School Site Council (18+ years), worked in the						
SMHS Community Services Center (2 yrs.) serving mental/emotional health of students.						
	1					
14. SIGNATURE OF APPLICANT:						