

Profile

Cheryl

Smith

First Name

Last Name

Email Address

Street Address

City

CA

State

93103

Postal Code

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

☒ First District - Roy Lee

Primary Phone

Alternate Phone

Which Boards would you like to apply for?

Behavioral Wellness Commission : Submitted

Reference 1 Name

Tom Franklin (tefrfc@gmail.com)

Reference 1 Address

Reference 1 Telephone

Reference 1 Occupation

NAMI SB President and other civic volunteer positions

Reference 2 Name

Lynne Gibbs (gibbslyn2@gmail.com)

Reference 2 Address

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**Reference 2 Telephone**

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**Reference 2 Occupation**

NAMI SB Public Policy and other civic volunteer positions

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**Reference 3 Name**

Robert (Bob) Ornstein, Esq. (boborns@gmail.com)

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**Reference 3 Address**

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**Reference 3 Telephone**

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**Reference 3 Occupation**

Attorney, Civic Volunteer

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**Interests & Experiences**

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

I moved to Santa Barbara from Michigan in January 2025. My adult son lives with schizophrenia, is unhoused, and has ongoing involvement with the criminal justice system. I seek to deepen my understanding of the Department of Behavioral Wellness's policies, programs, and services to better advocate for needed resources and promote these services in the community. Retired from a career as a computer programmer and systems designer in both private and public sectors, I bring a results-oriented perspective focused on productivity, efficiency, and the effective use of technology to improve outcomes.

**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.**

My long-standing involvement with the National Alliance on Mental Illness (NAMI) across multiple affiliates—large and small—in several states enables me to bring a broad perspective to addressing the community's behavioral wellness needs. After completing NAMI National-sanctioned training in several Signature programs, I have volunteered as an instructor for the 8-week NAMI Family-to-Family Education Program, facilitated both large and small NAMI Family Support Groups, and trained affiliate leaders in the NAMI Smarts for Advocacy program.

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**Demographics**

**Ethnicity**

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☒ Caucasian/Non-Hispanic

**Gender**

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☒ Female

Date of Birth

**Education Completed:**

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MBA (Finance)

**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 \*