

Profile

Lynne
First Name

Gibbs
Last Name

[Redacted]
Email Address

[Redacted]
Street Address

[Redacted]
Suite or Apt

[Redacted]
City

CA
State

93110
Postal Code

Indicate Supervisor Who Will Receive a Copy of your Application *

Second District - Laura Capps

[Redacted]
Primary Phone

[Redacted]
Alternate Phone

Which Boards would you like to apply for?

Behavioral Wellness Commission : Submitted

Reference 1 Name

Rod Pearson

Reference 1 Address

[Redacted]

Reference 1 Telephone

[Redacted]

Reference 1 Occupation

Chair, Behavioral Wellness Commission; Families Act! President; Building contractor

Reference 2 Name

Tom Franklin

Reference 2 Address

[Redacted]

Reference 2 Telephone

[REDACTED]

Reference 2 Occupation

President, NAMI SBCO; retired Fire Chief

Reference 3 Name

Ruth Ackerman

Reference 3 Address

[REDACTED]

Reference 3 Telephone

[REDACTED]

Reference 3 Occupation

Vice-Chair, Behavioral Wellness Commission; retired therapist

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.

I have not worked for the County.

Interests & Experiences

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

As the mother of a young woman with a major mental illness diagnosis, who has been served by the County for the past 24 yrs., I am familiar with the treatment system. As such, as a volunteer, I hear regularly from family members to whom I attempt to provide support. As Public Policy Chair of NAMI SBCO, and an advisor to Families Act!, I am active in mental health at the local, state and national levels. With the conclusion of this statewide legislative session, I am about to be appointed to the CARE Act's Planning Group, a major initiative to bring those with SMI into treatment voluntarily. I feel I can contribute by providing a strong, ongoing intersection with the Commission, working collaboratively with the Dept. of Behavioral Wellness.

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.

Expert Panelist Federal CMS Medicare/Medicaid Advisory Group on Inpatient Standards. Member of the SB County Community Corrections Input Committee. Regular participant: BW Crisis Action Team, BW Forensic Action Team, BW HEART, and CCP Workgroup. Public Policy Chair, NAMI SBCO; Advisor, Families Act! Meets monthly with Cottage and Marian Hospitals' ER Psychiatry leadership.

[Bio.docx](#)

Upload a Resume

[Bio.docx](#)

Please attach any additional documents here

Demographics

Ethnicity

Caucasian/Non-Hispanic

Gender

Female


Date of Birth

Education Completed:

BA, Penn State University; MSLS, Drexel University; Retired Research Librarian/Manager, UCSB

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 *