



SISKIYOU COUNTY

Behavioral Health Board

Behavioral Health Services Board

Board Member Job Description & Application Instructions

Position

Board Member

Authority and Responsibility

The Siskiyou County Behavioral Health Services Board (SCBHSB) is empowered by the county to govern the Siskiyou County Behavioral Health Service as a nonprofit public benefit corporation on behalf of the people of Siskiyou County.

Commitment to the Purposes and Goals of SCBHCB

Board members share a commitment to promote mental health and wellness within the community, advance services and resources to counter mental health challenges and public stigma, and to support the values and mission of SCBHCB in all its efforts both public and private.

Board Composition and Term of Service

The SCBHCB Board of Directors is developed to include a diversity of professional and personal skills and assets relevant to the organization's success. SCBHCB strongly encourages interest from individuals with personal lived experience of mental health conditions and those who identify as consumers of mental health services in Siskiyou County.

A term of office is three (3) years.

Individual Responsibilities

Board Members commit to do the following when accepting an appointment to the Board of Directors:

- Attend, at minimum, two-thirds (66%) of bi-monthly General Board Meetings
- Be well-informed about the association's programs, policies, and services
- Maintain a high degree of familiarity with the issues, concerns, and trends in the field
- Demonstrate commitment to the work of the organization

Shared Responsibilities

The Board as a whole is accountable for the following:

- Set policy for the organization
- Assure SCBHCB's compliance with all applicable local, state, and federal laws
- Develop and execute SCBHCB's strategic planning process and activities
- Review bylaws and policies, approve changes, and prepare necessary amendments
- Develop and maintain positive relations among the Board, committees, staff members, and community to enhance SCBHCB's mission
- Ensure the future governance of SCBHCB through recruitment of new Board members
- Evaluate the performance of the Board as a whole, as well as each individual member of the Board, relative to this job description

TO APPLY

An application to the SCBHCB Board of Directors must include:

- 1) A completed Board Member application form (see attached)
- 2) A cover letter describing your interest in serving on the Board and addressing the following questions:

North County (Main) Office
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 / Fax (530) 841-4702

South County Office
1107 Ream Avenue
Mt. Shasta, CA 96067
(530) 918-7200 / Fax (530) 918-7216

- a. What in your life has inspired or motivated you to connect with the mission of SCBHCB?
- b. What would you say are the most important things our community could do to support the recovery of people with mental health conditions and advance social justice related to mental health?

Send your application form and cover letter to the SCBHCB Secretary through one of the following methods:

Email – khargrove@co.siskiyou.ca.us

Mail – 2060 Campus Drive, Yreka, CA 96097

We thank you for your interest, and look forward to hearing from you soon!

BEHAVIORAL HEALTH DIVISION

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Board Member Application Form Personal and Professional Profile

Applicant Name: _____ Date: _____

CONTACT INFORMATION

Primary Phone: _____ Email: _____

Home Address: _____

Work Address: _____

Mailing Preference: Home Work

PROFESSION

Profession or industry: _____

Job Title: _____ Length of time in position: _____

Please briefly describe your work: _____

EDUCATION

Degree earned: _____ Institution: _____

Degree earned: _____ Institution: _____

MEMBERSHIPS, AFFILIATIONS & VOLUNTEER WORK

POLITICAL OFFICES & CIVIC APPOINTMENTS HELD

OTHER ACCOMPLISHMENTS & HONORS

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KNOWLEDGE & SKILLS

Use the checkboxes below to indicate the areas in which you would like to use your knowledge and skills to support the work and growth of SCBHB:

- Mental Health Issues – Public Education
- Mental Health Issues – Policy & Advocacy
- Mental Health Issues – Adults
- Mental Health Issues – Children & TAY
- Self-Help & Peer Support Groups
- Housing/Homelessness
- Finance or Law
- Education
- Public Policy

BOARD COMPOSITION & REPRESENTATION (Optional)

To ensure that we are representing the diverse communities of Siskiyou County, we appreciate you providing us with the demographic information requested below.

Self-Identification (select all that apply):

- Person with lived experience of mental health and/or substance use recovery
- Family member of someone with a mental health condition
- Community advocate or activist
- Service provider
- Other

COMMENTS:

Behavioral Health Board Meeting Date: _____	Approved	Denied
Board of Supervisors Meeting Date: _____	Approved	Denied
Sworn in Date: _____	Term Dates: _____	

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