SISKIYOU COUNTY

Behavioral Health Advisory Board

A Commitment to Service

May 19, 2026

Board of Supervisors
P.O. Box 750
1312 Fairlane Road, Suite 1
Yreka, CA 96097

Re: Behavioral Health Board Member Appointment

Dear Members of the Siskiyou County Board of Supervisors,

We are pleased to recommend Marco Taylor for appointment to the Behavioral Health Advisory Board. Marco has dedicated 18 years to the field of education and currently serves as Associate Superintendent for the Siskiyou County Office of Education.

Throughout his career, Marco has demonstrated a strong commitment to supporting youth experiencing behavioral health and substance use disorder challenges. His experience working closely with students, families, schools, and community partners gives him valuable insight into the needs of young people in our county and the importance of accessible, collaborative behavioral health services.

Marco's professionalism, leadership, and passion for helping youth make him an excellent candidate for the Behavioral Health Advisory Board. We respectfully ask for your consideration of his appointment.

Sincerely,

K Hargrove

Kristina Hargrove, Board Secretary
Siskiyou County Behavioral Health Board

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

SISKIYOU COUNTY

Behavioral Health Advisory Board

Board Member Job Description & Application Instructions

Position
Board Member

Authority and Responsibility
The Siskiyou County Behavioral Health Services Advisory Board (BHAB) is empowered by the county to advise Siskiyou County Behavioral Health Services as a nonprofit public benefit corporation on behalf of the people of Siskiyou County.

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

Board Composition and Term of Service
The BHAB is developed to include a diversity of professional and personal skills and assets relevant to the organization's success. BHAB 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:

- Attend 9 monthly meetings
- Be well-informed about the programs, policies, and services of the Board
- 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:

- Recommend policy for the organization
- Assure BHAB's compliance with all applicable local, state, and federal laws
- Develop and execute BHAB'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 BHAB's mission
- Ensure the future governance of BHAB 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 BHAB Board 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:

TO APPLY

An application to the BHAB Board must include:
A completed Board Member application form (see attached)
A cover letter describing your interest in serving on the Board and addressing the following questions:

a. What in your life has inspired or motivated you to connect with the mission of BHAB?
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 substance use disorders?

Send your application form and cover letter to the BHAB 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!

SISKIYOU COUNTY

Behavioral Health Advisory Board

Board Member Application

Personal and Professional Profile

Applicant Name: Marco Taylor Date: March 2 2026

CONTACT INFORMATION

Primary Phone: [redacted] Email: mtaylor@siskiyoucoe.net

Home Address: [redacted]

Work Address: 609 Gold Street, Yreka, California, 96097

Mailing Preference: ☐ Home ☑ Work

PROFESSION

Profession or industry: Education

Job Title: Associate Superintendent Length of time in position: 9 Months

Please briefly describe your work: Provide regional assistance to 24 school districts and 2 charters in Siskiyou

EDUCATION

Degree earned: Doctorate of Educational Leadership Institution:

Degree earned: Masters in Education Administration Institution:

MEMBERSHIPS, AFFILIATIONS & VOLUNTEER WORK

CASBO, AASA, ASCA

POLITICAL OFFICES & CIVIC APPOINTMENTS HELD

n/a

OTHER ACCOMPLISHMENTS & HONORS

Sigma Cum Laude

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 BHAB:

- ☑ Mental Health Issues – Public Education
- ☑ Mental Health Issues – Policy & Advocacy
- ☐ Mental Health Issues – Adults
- ☑ Mental Health Issues – Children & Transitional Aged Youth
- ☐ 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: