

Board Recruitment Form: Mental Health Association

Organization Information

Name of Organization: Mental Health Association of Central Oklahoma

Mailing Address: 2800 NW 36th Street, Suite 104, Oklahoma City, OK 73112

Phone: 405-943-3700

Fax: 405-943-3701

Email: info@mentalhealthok.org

Web Site: <http://www.mentalhealthok.org>

Primary Staff Contact

Title: Mrs. First Name: Cher Last Name: Golding

Position: Executive Director

Mailing Address if different from organizational address: [Click here to enter text.](#)

Direct Phone with extension: 405-778-8121

Email: cgolding@mentalhealthok.org

Mission: The mission of the Mental Health Association is to promote mental health through education, advocacy, prevention and treatment services.

Major Programs: We offer three major programs. 1. Information and Referral Program connects individuals in need with mental health resources and information. Through this program we also serve as an advocate in the community to educate the public about the benefits of mental health and wellness and try to reduce the stigma surrounding mental health. 2. Sunbridge Low-Cost Counseling Program provides quality and timely counseling services to individuals who are otherwise unable to access treatment due to the lack of resources including health insurance and adequate income. This program has recently expanded to include treatment services for Veterans, Active Service Members and their Families outside the traditional services offered through the VA. 3. TeenScreen is a free mental health screening for middle school and high school students that determines if a teenager may be at risk for depression, other mental disorders or suicide.

Target Population: Individuals living in central Oklahoma

Total Annual Budget: \$100,000+ - \$500,000

Major sources of revenue: United Way of Central Oklahoma and Private Foundations

How many staff? 5

Significant plans for future, such as a capital campaign or implementation of a new program: As mentioned above, we are expanding our low-cost counseling program to provide services for Veterans, Active Service Members and their Families. Currently one in four suicides committed in Oklahoma are by Veterans, however Veterans only make up one tenth of our population. Last year only 53% of the Veterans and Active Service Members who need treatment sought help. Our research has shown that many of the spouses and children also need help, but often do not qualify for services through the VA. We are also working with the OK City/County Health Department on their Wellness Now Initiative and looking at ways to improve the overall mental health across the lifespan for citizens in Oklahoma County.

Board Description:

What is the primary work of your board? Governance

How many board members? 11-20

How long is a board term? 3 years

How many consecutive terms can a board member serve? 3

When does the board meet? *(Place an X by all that apply)*

<input checked="" type="checkbox"/> January	<input type="checkbox"/> February	<input checked="" type="checkbox"/> March	<input type="checkbox"/> April
<input checked="" type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
<input checked="" type="checkbox"/> September	<input type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input type="checkbox"/> December

Day:

Tuesday

Time of Day for Board Meetings: Midmorning

Where does the board meet? Mental Health Association Office

Board Member Obligations

Financial Commitments:

Annual personal contribution Yes

Participation in fund raising campaign (sign letters, make calls) Yes

Sales of tickets or sponsorships for events Yes

Other financial obligations: Annual personal contribution to United Way, serve on at least one task force, volunteer for events and speaking opportunities.

Time Commitments

(Place an X by all that apply)

<input checked="" type="checkbox"/>	Service on one or more committees
<input checked="" type="checkbox"/>	Volunteer for one or more programs of the organization
<input checked="" type="checkbox"/>	Required attendance at a minimum number of board meetings

Other, please specify [Click here to enter text.](#)

Specific Skill Sets Needed on Board

Are there specific skills you are seeking in new board members? (Place an X by all that apply)

<input checked="" type="checkbox"/>	Financial Management	<input checked="" type="checkbox"/>	Legal
<input checked="" type="checkbox"/>	Fund Raising	<input checked="" type="checkbox"/>	Bylaws/Policy Development
<input checked="" type="checkbox"/>	Special Event Management	<input checked="" type="checkbox"/>	Human Resources/Personnel
<input type="checkbox"/>	Marketing/Communications	<input checked="" type="checkbox"/>	Insurance
<input type="checkbox"/>	Technology	<input type="checkbox"/>	Real Estate/Property Management
<input type="checkbox"/>	Other, please specify Click here to enter text.		

Specific Demographics Needed on Board, if any

Are you seeking representatives among specific demographic groups? (Place an X by all that apply)

<input checked="" type="checkbox"/>	Male	<input checked="" type="checkbox"/>	Female
<input type="checkbox"/>	Teens	<input checked="" type="checkbox"/>	Young Adults
<input checked="" type="checkbox"/>	African American/Black	<input checked="" type="checkbox"/>	Seniors
<input checked="" type="checkbox"/>	Asian American	<input checked="" type="checkbox"/>	American Indian
<input type="checkbox"/>	Other Racial/Ethnic: Click here to enter text.		
<input type="checkbox"/>	Specific Religion or Faith: Click here to enter text.		
<input type="checkbox"/>	Residency		
<input checked="" type="checkbox"/>	Northwest Oklahoma City	<input checked="" type="checkbox"/>	Northeast Oklahoma City
<input checked="" type="checkbox"/>	Downtown Oklahoma City	<input checked="" type="checkbox"/>	South Oklahoma City
<input checked="" type="checkbox"/>	Far West Oklahoma City	<input checked="" type="checkbox"/>	Tinker AFB Area
<input checked="" type="checkbox"/>	Edmond	<input checked="" type="checkbox"/>	Jones/Luther
<input checked="" type="checkbox"/>	Moore	<input checked="" type="checkbox"/>	Midwest City/Del City
<input checked="" type="checkbox"/>	Norman	<input checked="" type="checkbox"/>	Mustang
<input checked="" type="checkbox"/>	Other Yukon, Shawnee, Guthrie, Stillwater		

Other Information You'd Like Potential Board Members to Know:

Our financials are in very good shape.

Communicating with Potential Board Members

What other information do you need from potential board members to consider them for your organization's board? Click here to enter text.

How should potential board members contact you?

<input checked="" type="checkbox"/>	Mail letter of interest to Cher Golding at the Mental Health Association's address above.
<input checked="" type="checkbox"/>	Email statement of interest to cgolding@mentalhealthok.org
<input type="checkbox"/>	Call this person-- Click here to enter text. - at this number: Click here to enter text.