

Ohio House Government Oversight Committee

Testimony on HB 257

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Chairman Peterson, Vice-Chair Thomas, Ranking Member Humphrey, and members of the House Government Oversight Committee, thank you for this opportunity to provide testimony on House Bill 257. My name is Liz Henrich, and I am an Associate CEO with the Ohio Association of County Behavioral Health Authorities. We represent Ohio's Alcohol, Drug Addiction, and Mental Health Boards.

I am here today to express our support for HB 257 and the proposed authority for certain public bodies to hold virtual meetings.

Ohio's Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards are local government entities statutorily empowered to plan, develop, fund, administer, and evaluate the local system of mental health and addiction services. Ohio's 50 ADAMH Boards, covering all 88 counties, provide community members with access to a statutorily defined continuum of care, inclusive of prevention, treatment, and recovery supports in communities throughout the state. I've included a map at the end of my testimony so that you can see the Board areas.

Each ADAMH Board is guided by a governing board made up of volunteer community members appointed by county commissioners and the state. The Boards are statutorily empowered by Ohio Revised Code Chapter 340 to establish a unified system of services and supports for individuals with mental illness and addiction. Ohio's communities are unique and local citizens understand the intricacies of their service districts. As a result, local citizen leaders are best positioned to assess local needs, determine local priorities, create local plans, and make local decisions.

The volunteers that serve as appointed members of ADAMH Boards come from a variety of backgrounds. They bring their personal and professional experiences along with their community connections to their Board roles and this all helps them guide the decision making process for local Boards. These Ohioans serve in a volunteer capacity and dedicate considerable time to their Board role.

In his sponsor testimony, Representative Claggett highlighted two of the items that are often expressed as challenges for ADAMH Board members - drive time to meetings and maintaining their engagement with the Board along with their other personal and professional commitments. Some ADAMH Boards serve large geographic areas which means that Board members can travel an hour or more to get to and from Board meetings.

The option to attend meetings virtually would allow for increased flexibility to ensure that Board members are able to engage and participate fully in meetings using available technology. During the pandemic, when Boards were meeting virtually, several saw an increase in participation and attendance for board and committee meetings.

An additional consideration specific to ADAMH Boards is that there is a statutory requirement to have certain categorical appointments on the Board. ADAMH Boards are required to have an individual with lived experience with mental illness and an individual with lived experience with addiction serving as appointed Board members. ADAMH Boards are also required to have family members of individuals with mental illness and addiction serving on the Board. These voices and their lived experience are critical to ensuring that individuals and families utilizing the local system of care are driving decisions about the system of care. An option to participate in meetings virtually would allow for more consistent attendance and engagement when physical attendance may be challenging or while caring for a family member.

As I conclude, I want to express our appreciation for Representatives Hoops and Claggett for their diligence in crafting a bill that will allow local ADAMH Boards to utilize available technology to conduct meetings effectively while the public remains able to access, understand, and appreciate the work of their local ADAMH Board.

Mr. Chairman, thank you for the opportunity to testify. I would be happy to answer any questions at this time.

