



# Commissioners Handbook

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## Chapter 47: Alcohol, Drug Addiction & Mental Health Services

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### 1 Introduction

Ohio's Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards are statutorily empowered under Chapter 340 of the Revised Code to plan, develop, fund, administer and evaluate their local systems 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 that includes prevention, treatment and recovery supports.

Each ADAMH Board is governed by a robust and diverse group of volunteer community members that understand their unique communities and the intricacies of their service districts. Local citizen leaders are best positioned to assess local needs, determine local priorities, create local plans, and make local decisions.

An ADAMH Board's service district can be comprised of a single county or multiple counties. There are currently 31 single county boards and 19 joint-county boards. ADAMH Boards are independent political subdivisions. Per numerous Ohio Attorney General Opinions, neither single-county nor joint-county ADAMH Boards are considered to be county offices or boards and are not subject to supervisory control by boards of county commissioners. A map of ADAMH districts is included at the end of this chapter.

Previously, ADAMH boards were local community mental health boards. In the late 1980s, the state of Ohio added a requirement for local communities to also have alcohol and drug addiction services boards. At that time, the ten largest communities in Ohio had a choice to combine these two boards, or create separate boards. Since then, all boards have combined and are now joint ADAMH Boards. Additionally, in the late 1980s, if a county had a population of larger than 40,000, it was permitted to be a single county board. Any counties under a population of 40,000 had to work with other counties to create a joint district. This process is largely how the 31 single county boards and 19

joint-county boards were formed. It is important to note that Chapter 340 is silent on the creation of future joint-county ADAMH Boards.

## 2 Board Membership and Appointment (R.C. 340.02)

The governing boards of ADAMH districts may be comprised of 9, 12, 14, 15, or 18 members. A change in board size may not occur more frequently than once every four calendar years. To change the size of an existing governing board, the board(s) of county commissioners must send a representative to a meeting of the governing board to solicit feedback on the change and must consider the feedback received.

If the commissioners decide to proceed with a change after considering the feedback received, the board(s) of county commissioners must adopt a resolution specifying the selected board size and notify the Ohio Department of Mental Health and Addiction Services (OhioMHAS) of the size that has been selected in order to implement the change. In a joint-county district, the decision among the boards of county commissioners must be unanimous. When a board size decreases, the reduction in board members must be implemented by not filling vacancies as they occur.

### 2.1 Appointments

Two-thirds of governing board members must be appointed by the boards of county commissioners and one-third by OhioMHAS.

In a joint-county ADAMH Board district, the board of county commissioners of each participating county must appoint governing board members in as nearly as possible the same proportion as that county's population bears to the total population of the district, with at least one member appointed from each participating county.

### 2.2 Terms of Office

Each member is appointed for a term of four years, commencing the first day of July, except that one-third of initial appointments to a newly established Board must be staggered among the members as equally as possible with terms of two years, three years, and four years.

Governing board members may not serve for more than two consecutive four-year terms under the same appointing authority. A member may serve for three consecutive terms under the same appointing authority only if one of the terms is for less than two years. A member who has served two consecutive four-year terms or three consecutive terms totaling less than ten years is eligible for reappointment by the same appointing authority one year following the end of the second or third term, respectively (R.C. 340.02).

## 2.2.1 Removal and Vacancies

Any governing board member may be removed from office by the appointing authority at will after being informed in writing and afforded an opportunity for a hearing.

When a vacancy occurs, appointments for the expired or unexpired term must be made in the same manner as the original appointment. The Board must notify the appointing authority of any vacancy by certified mail and the appointing authority must fill the vacancy within sixty days following that notice.

## 2.3 Board Composition

The Ohio Department of Mental Health and Addiction services (OhioMHAS) must ensure that, of those members appointed to a governing board, there is at least one person that fills each of the following categories: a person who has received or is receiving mental health services; a parent or other relative of such a person; a person who has received or is receiving addiction services; a parent or other relative of such a person; a clinician with experience in the delivery of mental health services; and a clinician with experience in the delivery of addiction services. A single governing board member who meets both qualifications may fulfill both clinician requirements.

If a governing board size provides for fewer than six appointments by OhioMHAS, the board(s) of county commissioners also will be responsible for ensuring these appointments are made.

All governing board members must be residents of the service district in which they serve and the membership must, as nearly as possible, reflect the composition of the population of the service district as to race and sex. Half of the members must be interested in mental health services and half must be interested in alcohol, drug, or gambling addiction services.

## 2.4 Prohibited Conflicts of Interest

R.C. 340.02 prohibits governing board members and employees from engaging in the following dual roles to avoid conflicts of interest:

- Governing board members and employees of a Board are prohibited from serving as a member of the governing board of any provider with which the Board has entered into a contract for the provision of services or facilities.
- Governing board members are prohibited from being an employee of any provider with which the Board has entered into a contract for the provision of services or facilities.
- Employees of a Board also cannot be employed by a provider with which the Board has entered into a contract for the provision of services or facilities unless the Board and provider both agree in writing.

- Governing board members and employees of Boards are prohibited from having a spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law that serves as a member of the governing board of any provider with which the Board has entered into a contract for the provision of services or facilities.
- Governing board members and employees of Boards are prohibited from having a spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law that serves or that serves as a County Commissioner in any of the counties in the Board's service district.

## 2.5 Training Requirement

Governing board members are required to attend at least one in-service training session each year that is provided or approved by OhioMHAS.

## 2.6 Current Members List

R.C. 340.08 requires ADAMH Boards to annually, and upon any change in membership, submit to OhioMHAS a list of all current members of their governing boards, including the appointing authority for each member, and the member's specific qualification for appointment, if applicable.

# 3 Executive Director (R.C. 340.04 and 340.041)

The governing board of each ADAMH district is responsible for employing and setting the compensation of an executive director that is a qualified mental health or addiction services professional with experience in administration or a professional administrator with experience in mental health services or addiction services.

The executive director is in the unclassified civil service but may only be removed by majority vote of the full membership, for cause, upon written charges and after an opportunity for a hearing before the board has been afforded upon request.

R.C. 340.041 lists specific powers and duties of the executive directors of ADAMH Boards. One duty is to hire and remove employees and to fix their compensation within the limits of the salary schedules and positions approved by the governing board.

In addition to the specific authority of an executive director described in R.C. 340.041, the governing board is authorized to prescribe the director's duties and to delegate the authority for the executive director to act in its behalf in the performance of its administrative duties.

## 4 Duties of the ADAMH Board

R.C. 340.03(B) requires ADAMH Boards to establish rules, operating procedures, standards, and bylaws, and perform such other duties as may be necessary or proper to carry out the purposes of Chapter 340. Several of these purposes are discussed below.

### 4.1 Community Planning (R.C. 340.03)

ADAMH Boards are required to submit a community plan to OhioMHAS outlining the local plans for the provision of alcohol, drug addiction, and mental health services and supports within their service districts. During this planning period, Boards orchestrate a process to solicit feedback from consumers, family members, community members, and other constituents.

### 4.2 Community-Based Continuum of Care (R.C. 340.032 and 340.033)

ADAMH Boards are charged with ensuring that a community-based continuum of care, inclusive of prevention, intervention, crisis, treatment, and recovery services and supports for both mental illness and addiction, as outlined in R.C. 340.032, is available and accessible for citizens of their Board area.

### 4.3 Contracts for Services and Supports (R.C. 340.036)

Local ADAMH Boards do not deliver direct services. They contract with a network of private providers to deliver services across the continuum. It is the responsibility of the Board to ensure the complete continuum of care is available as each provider may not deliver every service. R.C. 340.036 contains the requirements for ADAMH Board contracts with community addiction and mental health service providers.

### 4.4 Civil Commitments and Emergency Hospitalizations

Both Chapter 340 and Chapter 5122 (Hospitalization of Mentally Ill) of the Revised Code contain various requirements for ADAMH Boards related to emergency hospitalizations and civil commitments. Both statutes provide for persons found to be persons with a mental illness subject to court order to be committed to ADAMH Boards or to the contract service providers designated by ADAMH Boards. Both statutes also require ADAMH Boards, or their designated contract service providers, to review affidavits of mental illness filed with probate courts to assist the courts in determining whether the person named in the affidavit is a person with a mental illness subject to court order and whether alternatives to hospitalization are available and appropriate.

ADAMH Boards also are required to contract with attorneys to present the case at civil commitment hearings demonstrating that the respondent is a person with a mental illness subject to court order. In addition, ADAMH Boards are authorized to appoint

health officers that are authorized under R.C. 5122.10 to pink slip persons that are believed to meet the criteria for emergency hospitalization.

## 5 Role of Boards of County Commissioners

In addition to appointing board members as previously described, the boards of county commissioners have other statutory roles related to ADAMH Boards:

- ADAMH Boards are required by R.C. 340.03(A)(9) to submit an annual report of the addiction services, mental health services, and recovery supports made available by the Board, including a fiscal accounting to OhioMHAS and to the board(s) of county commissioners of the county or counties served by the Board.
- Upon receipt of a request from an ADAMH Board, R.C. 340.07 authorizes a board of county commissioners in the Board's service district to appropriate money to the ADAMH Board for the operation, lease, acquisition, construction, renovation, and maintenance of community addiction services providers, community mental health services providers, and facilities in accordance with the Board's OhioMHAS-approved budget.
- R.C. 340.03(A)(1)(b) requires that ADAMH Boards, when setting priorities for the operation of addiction services, consult with the boards of county commissioners in their service districts regarding referrals for services made by a public children services agency (PCSA) for children, or the parents, guardians and custodians of those children, that have been identified by a PCSA as being at imminent risk of abuse or neglected because of an addiction of a parent, guardian or custodian.

## 6 Required County Representation

ADAMH Boards are required under R.C. 340.30 to administer a county hub program to combat opioid addiction in each of the counties in their respective service districts. There are various other bodies established throughout the Ohio Revised Code that permit or require ADAMH Board representation, including :

- Local Corrections Planning Boards (R.C. 5149.34)
- Child Fatality Review Boards (R.C. 307.621)
- County Family and Children First Councils (R.C. 121.37)
- Child Abuse and Neglect Prevention Advisory Boards (R.C. 3109.172)
- County Family Services Planning Committee (R.C. 329.06)
- Suicide Fatality Review Committees (R.C. 307.642)
- Drug Overdose Fatality Review Committees (R.C. 307.632)

## 7 Auditor and Fiscal Officer

R.C. 340.10 designates the county auditor in a Board's service district as the auditor and fiscal officer of a Board. For joint-county ADAMH Board districts, the creation agreement between the member counties designates a county treasurer to serve as custodian of the Board's funds; the auditor of that county serves as the auditor and fiscal officer of the joint Board.

The auditor must submit to the Board a detailed monthly statement of all receipts, disbursements, and ending balances for the community addiction and mental health services funds.

R.C. 340.04 provides the Executive Directors of ADAMH Boards with the authority to authorize the county auditor, or in a joint-county district the county auditor designated as the auditor for the district, to issue warrants for the payment of board obligations approved by the board, provided that all payments from funds distributed to the board by OhioMHAS are in accordance with the budget submitted pursuant to R.C. 340.08, as approved by OhioMHAS.

## 8 Funding for ADAMH Boards

Funding received by ADAMH Boards for addiction services, mental health services, and recovery supports comes from a variety of sources including federal awards, General Assembly appropriations, levy revenue where applicable, and grants received from both public and private sources. The boards county commissioners in an ADAMH Board's service district may also appropriate money to Boards.

OhioMHAS is required under R.C. 340.09 to allocate to ADAMH Boards funding appropriated by the general assembly for the operation of ADAMH Boards and provision of certain support functions, community-based continuum of care-related activities and the provision of the addiction services, mental health services, and recovery supports included in each ADAMH Board's OhioMHAS-approved list of services and supports.

R.C. 340.10 specifies that state funds allocated for the support of an ADAMH Board are to be paid to the county treasurer or, in a joint-county district, to the treasurer of that county designated in the agreement as custodian of the funds for addiction services, mental health services, and recovery supports and authorizes the treasurer to make payments from such funds on order of the county auditor and on recommendation of the ADAMH Board, or when authorized by the board, the Executive Director.

R.C. 340.07 authorizes the board(s) of county commissioners in an ADAMH Board's service district, upon receipt of a resolution from the ADAMH Board so requesting, to appropriate money to the ADAMH Board for the operation, lease, acquisition, construction, renovation, and maintenance of community addiction services providers, community mental health services providers, and facilities in accordance with the budget required by section R.C. 340.08 and approved by OhioMHAS pursuant to section R.C. 5119.22. R.C. 340.011 specifies, however, that nothing in Chapters 340, 5119, or

5122 of the Revised Code is to be construed as requiring a board of county commissioners to provide resources beyond the total amount set forth in an ADAMH Board's OhioMHAS-approved budget and list of services and supports.

## 8.1 Property Tax Levies for ADAMH Services

A board of county commissioners may seek a levy pursuant to R.C. 5705.221 for the benefit of a single county ADAMH Board. The statutory purpose of a levy sought under this section is “the operation of mental health and alcohol and drug addiction programs and for the acquisition, construction, renovation, financing, maintenance, and operation of such facilities.” The levy may be for a period of up to ten years.

A joint-county ADAMH Board, as both a “taxing authority” and a “subdivision,” may seek a levy on its own behalf under R.C. 5705.19(A) for the purpose of “current operating expenses” of the Board. Levies sought under this section may be for a period of up to five years.

A board of county commissioners also may seek a levy pursuant to R.C. 5705.221 for that county's contribution to the joint-county ADAMH Board. The purpose of a levy sought under this section is “the operation of mental health and alcohol and drug addiction programs and for the acquisition, construction, renovation, financing, maintenance, and operation of such facilities” and the levy may be for a period of up to ten years.

Either a joint-county ADAMH Board, or a board of county commissioners, may seek a tax levy under R.C. 5705.191 to supplement the general fund for the purpose of making appropriations for human or social services for a period of up to ten years.

## 8.2 Unique Levy Authority

Under R.C. 9.03(C), ADAMH Boards are exempt from the prohibition on political subdivisions using public funds to communicate or distribute information that supports the passage of a levy. The Boards are also exempt under R.C. 9.03(D) from the prohibition against conducting transactions of public funds to the benefit of a political action committee. This unique authority is a result of R.C. 340.03(A)(7) which requires Boards to “Recruit and promote local financial support...from private and public sources.”

This provision is the basis of an Ohio Elections Commission Opinion (2019ELC-01) stating that an ADAMH Board is “not required to create a political action committee (PAC) to receive money that will be utilized to promote the passage of its tax levy since ADAMHB's have the unique authority under Ohio law to raise and expend funds to support their own levies pursuant to the provisions of Ohio Revised Code (RC) 340.03(A)(7), read in concert with RC 9.03(C), and are not, therefore, a PAC pursuant to the provisions of RC 3517.01.” The Opinion further states that if an ADAMH Board does not form a PAC, it is not required to file campaign finance reports.

Lastly, Ohio Attorney General opinions have held that the R.C. 340.03(A)(7) requirement also authorizes ADAMH Boards to promote their levies and to expend public funds and staff time to do so.



### 8.3 Capital Improvements Account / Reserve Balance (R.C. 5705.221)

Pursuant to R.C. 5705.221(C), upon receipt of a resolution from an ADAMH Board, the county auditor who is the fiscal officer of an ADAMH Board, must establish for the ADAMH Board a capital improvements account or a reserve balance account, or both, as specified in the resolution. The capital improvements account is a contingency fund for the necessary acquisition, replacement, renovation, or construction of facilities and movable and fixed equipment. Upon the request of the board, funds not needed to pay for current expenses may be appropriated to the capital improvements account, in amounts such that the account does not exceed 25% of the replacement value of all capital facilities and equipment currently used by the board for programs and services. Other funds which are available for current capital expenses from federal, state, or local sources may also be appropriated to this account.

The reserve balance account is to contain funds that are not needed to pay for current operating expenses and not deposited in the capital improvements account but that will be needed to pay for operating expenses in the future. Upon the request of an ADAMH Board, such funds must be appropriated to the reserve balance account. Payments from the capital improvements account and the reserve balance account must be made by the county treasurer who is the custodian of funds for the district upon warrants issued by the county auditor who is the fiscal officer of the district pursuant to orders of the ADAMH Board.

## 9 Withdrawing from Joint County Districts (R.C. 340.01(B))

The board of county commissioners of a county that is part of a joint-county ADAMH Board may submit a resolution requesting withdrawal from the district along with a comprehensive plan that complies with rules adopted by the Director of OhioMHAS under R.C. 5119.22. The plan must include proposed bylaws for the new board; proposed list of board members proposed list of services to be made available including inpatient, outpatient, prevention, and housing; provision for employment of an executive director; and plan for ensuring no disruption in services and equitable adjustment and division of all services, assets, property, debts and obligations of the joint-county ADAMH Board. The resolution and comprehensive plan must be submitted to the joint-county ADAMH Board, the boards of county commissioners of each county in the district, and the Director of OhioMHAS.

The Director of OhioMHAS is required to approve the plan within one (1) year after the resolution to withdraw was approved by the board of county commissioners. Withdrawal requires the consent of the Director and cannot take effect earlier than one (1) year after submission of the resolution unless all of the participating counties agree to an earlier withdrawal. Any county withdrawing from a joint-county district will continue to have levied against its tax list and duplicate any tax levied by the district during the

period in which the county was a member of the district, until such time as the levy expires or is renewed or replaced.

This Chapter provides an overview of ADAMH Boards and their statutory responsibilities. For more detailed information, please see the Auditor of State's Behavioral Health Handbook located on the "Publications" page of the Auditor's website.

## 10 Acknowledgment

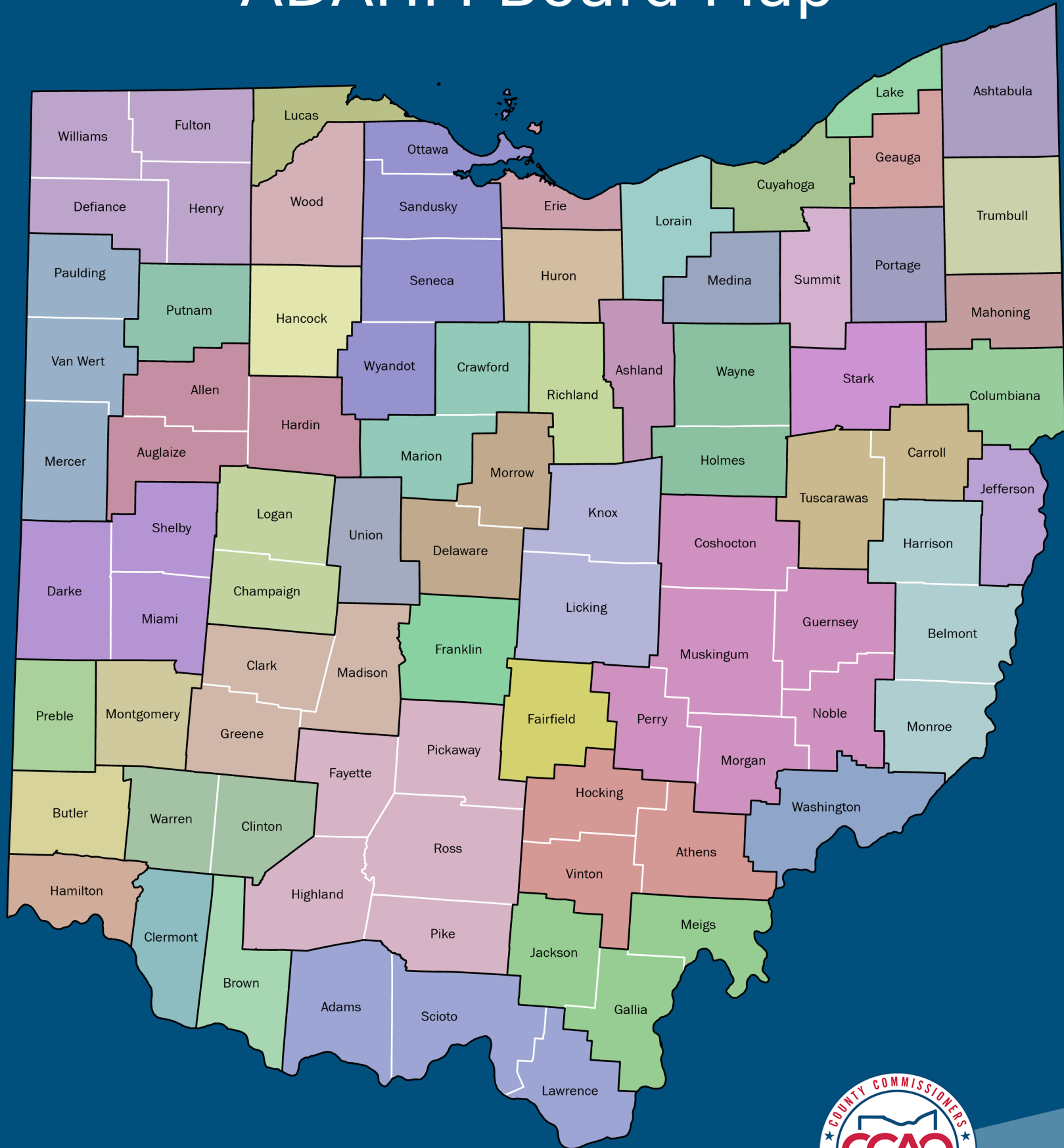
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### Contact Information

Please contact the following Policy Team staff member with any questions:

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# ADAHM Board Map



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