

BOARD MEMBERSHIP APPLICATION PROCESS

The **Mental Health & Recovery Board (MHRB) of Erie and Ottawa Counties** is one of 55 county behavioral health boards in the state of Ohio authorized by the Ohio Revised Code Section 340 to serve as local planners, managers and funders of community-based behavioral healthcare services. These mental health and alcohol/drug addiction treatment, prevention and support services are delivered through contracts with certified providers.

Per O.R.C. 340, each behavioral health board in the State shall have an appointed board that consists of 18 members who:

- Are residents of the district and are interested in Mental Health Programs and Facilities or in Alcohol and Drug Addiction Programs
- Are appointed by the Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), or the local Board(s) of County Commissioners
- Are appointed for a term of four years
- Serve no more than two consecutive four year terms, and
- Serve without compensation, except for reimbursement of actual and necessary expenses incurred in the performance of their official duties

The Board meets the third Tuesday of each month from 7:00-9:00 pm; eight meetings in Sandusky and four in Port Clinton.

Local Board Responsibilities

- Creating and maintaining a system that provides for alcohol, drug and mental health services at the local level
- Determining the type of services, programs and facilities that are needed based on need assessments and community input
- Entering into contracts with public and private agencies for the provision of services
- Reviewing, evaluating and auditing the delivery of services
- Recruiting and promoting local financial support for services
- Administering federal, state and local funds

The adopted governance style of the Erie-Ottawa MHRB is based on the policy governance principles of John Carver and the quality principles of W. Edwards Deming. In addition to monitoring itself and the Executive Director against criteria in four policy areas, Board members are responsible for strategic planning, approval of funding allocations and budgeting, assessment of organization and system performance, and appointment and evaluation of the Executive Director.

If you have an interest in board membership and would like more information, complete and submit the Board Membership Contact Form or contact the Executive Director at:

Kirk Halliday, Executive Director
Mental Health and Recovery Board of Erie and Ottawa Counties
416 Columbus Avenue, Sandusky Ohio 44870
phone: 419-627-1908 • email: kirkwh@mhrbeo.com

Mental Health & Recovery Board of Erie and Ottawa Counties

Board Membership Contact Form

The 18 members that comprise the Board are appointed by the Ohio Department of Mental Health (ODMH), the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Erie and Ottawa County Commissioners. Each of these appointing authorities has different applications, processes and timelines. The Departments ask that a minimum of three applications be submitted for each vacancy for which they have appointing authority.

There are certain requirements around the make-up of the board that are ensured by the Departments. For instance, at least one member must be a psychiatrist or other licensed physician, and at least two other members have to be persons who have received or are receiving mental health services paid for by public funds and alcohol or drug addiction services respectively. These are just some of the requirements.

The Board actively recruits potential board members. Applications may be submitted at any time. If there are no openings and/or the potential applicant does not meet the established criteria for the open position(s), the applications will be kept on file for the next available opportunity.

If you are interested in receiving an application or have an interest in board membership, please complete the form below. Per board policy, you will be contacted by the Executive Director for a pre-application interview. Please note that the actual application(s) are much more detailed. Thank You!

Name of Applicant _____

Street Address: _____

City _____ Zip Code _____ County _____

Telephone Number (s) _____ Email _____

Employed: Yes _____ No _____ Name/Address of Employer: _____

Present Affiliation with Community Organizations: _____

Reason(s) for Wanting to Serve on the Board: _____

Please return to the: [Mental Health & Recovery Board of Erie and Ottawa Counties, 416 Columbus Avenue, Sandusky, Ohio 44870.](#)