
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Community addiction services

- Revises the conditions under which the Department of Mental Health and Addiction Services (DMHAS) may issue to a board of alcohol, drug addiction, and mental health services (ADAMHS board) a waiver regarding the location of ambulatory detoxification and medication-assisted treatment.
- Requires that the waiver be time-limited and specify whether it is for ambulatory detoxification, medication-assisted treatment, or both.
- Eliminates DMHAS's authority to issue to an ADAMHS board a time-limited waiver of a requirement that the board's community-based continuum of care include all of the essential elements required by state law.
- Gives DMHAS discretion to disapprove an ADAMHS board's proposed budget in whole or in part, rather than requiring disapproval of the budget in whole, for failure to make the essential elements of a community-based continuum of care available in the board's service district.

Mental health crisis stabilization centers

- Requires the ADAMHS boards to establish and administer, in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region, six mental health crisis stabilization centers.

Medication-assisted treatment in drug courts

- Creates a medication-assisted drug court program to provide addiction treatment to persons who are dependent on opioids, alcohol, or both.
- Requires community addiction services providers to provide specified treatment to the participants in the program based on the individual needs of each participant.

Pilot program for mental health courts

- Requires DMHAS to conduct a pilot program to provide mental health services and recovery supports to criminal offenders with mental health conditions.
- Requires community mental health providers to provide specified mental health services and recovery supports to the pilot program's participants based on the individual needs of each participant.



Psychotropic drug reimbursement for county jails

- Establishes the Psychotropic Drug Reimbursement Program, through which county jails are to be reimbursed by DMHAS for psychotropic drugs dispensed to inmates.
- Requires DMHAS, based on factors it considers appropriate, to allocate an amount to each county for reimbursement of those psychotropic drug costs.

Block grants for prevention and treatment of substance abuse

- Requires DMHAS and the Department of Medicaid to jointly serve as the designated agency for the purpose of a maintenance-of-effort requirement that applies to federal funds for the prevention and treatment of substance abuse and related activities.

County Hub Program to Combat Opioid Addiction

- Creates the County Hub Program to Combat Opioid Addiction, and requires each ADAMHS board to operate the Program for each county the board serves.

All Roads Lead to Home

- Requires DMHAS to create the All Roads Lead to Home Program to provide information and assistance to individuals struggling with drug addiction.
- Requires that the Program include a media campaign conducted at least twice annually, an interactive website, and a 24-hour hotline operated by a call center.

Opioid addiction treatment website and mobile app

- Requires the Development Services Agency, DMHAS, and the Ohio State University to collaborate to develop a website and mobile device application that provide resources and information regarding opioid addiction treatment services.

Residential state supplement

- Eliminates statutory provisions that specified the types of living arrangements in which individuals must have resided to qualify for the Residential State Supplement program, and instead requires all eligibility requirements to be established by rule.
- Eliminates provisions that specified procedures for referring applicants who may have mental health needs for an assessment by a community mental health services provider.



Data collection and sharing, multi-system youth

- Requires the DMHAS Director to establish a strategy for data collection and sharing by agencies that serve multi-system youth.
- Requires the Director to submit a report to the Governor and General Assembly on the parameters of the strategy and the cost to implement the strategy.

Confidentiality of quality assurance records

- Adds improving the safety and security of persons who administer medical and mental health services in DMHAS hospitals and programs to the duties of a quality assurance program it administers, thereby making records associated with that activity confidential.

Dispute resolution – ADAMHS board contracts

- Eliminates a provision that authorized an ADAMHS board, a facility, or a community addiction or mental health services provider to apply to the DMHAS Director for assistance in resolving an ADAMHS board contract dispute through a third party dispute resolution process.

Former Bureau of Recovery Services

- Maintains preexisting responsibilities regarding recovery services that were given to DMHAS when the Bureau of Recovery Services in the Department of Rehabilitation and Correction was abolished.

Technical changes

- Updates a reference to DMHAS's Office of Support Services with a reference to Ohio Pharmacy Services, its current name.
- Specifies that any reference to either the former Department of Mental Health or the former Department of Alcohol and Drug Addiction Services is to be construed as referring to the Department of Mental Health and Addiction Services.



Community addiction services

(R.C. 5119.221 with conforming changes in R.C. 340.032, 340.033, 340.08, 5119.01, and 5119.22)

Waiver regarding location of certain addiction services

The act revises the conditions under which the Department of Mental Health and Addiction Services (DMHAS) may issue to a board of alcohol, drug addiction, and mental health services (ADAMHS board) a waiver regarding the location of ambulatory detoxification and medication-assisted treatment, and requires that such a waiver be time-limited. Absent a waiver, each ADAMHS board must make ambulatory detoxification and medication-assisted treatment available in its service district beginning July 1, 2017. These are part of an array of addiction services and recovery supports for all levels of opioid and co-occurring drug addiction that must be included in each ADAMHS board's community-based continuum of care.

To be able to issue a waiver, DMHAS is required by the act to determine that (1) the board has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within its service district and (2) ambulatory detoxification and medication-assisted treatment can be made available through one or more contracts between the board and community addiction services providers that are located not more than 30 miles beyond the service district's borders. Prior law, in contrast, did not require DMHAS to make the reasonable efforts determination, and instead required it to make, in addition to the 30-miles determination, a determination that the time it takes for residents of the service district to travel to a community addiction services provider that provides ambulatory detoxification and medication-assisted treatment was not a significant barrier to successful treatment.

The act requires that each waiver specify the amount of time for which it is in effect and whether it applies to ambulatory detoxification, medication-assisted treatment, or both.

Waiver regarding essential elements of continuum of care

The act eliminates DMHAS's authority to waive for a limited period of time a requirement that an ADAMHS board's community-based continuum of care include all of the essential elements specified in continuing law. Under prior law, DMHAS could issue the waiver only after determining that the board had made reasonable efforts to include in the continuum of care the essential elements being waived.



Disapproving part of an ADAMHS board's proposed budget

The act gives DMHAS the discretion to disapprove an ADAMHS board's proposed budget in whole *or in part* if the board fails to make the essential elements of a community-based continuum of care available in its service district. In contrast, prior law required DMHAS to disapprove a proposed budget *in whole* under that circumstance.

Mental health crisis stabilization centers

(Section 337.50(F))

The act requires DMHAS to allocate among the ADAMHS boards, in each of FY 2018 and FY 2019, \$1.5 million for six mental health crisis stabilization centers. Each board must use its allocation to establish and administer a stabilization center in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region. One center is to be located in each of the six state psychiatric hospital regions established by the Department.

DMHAS must conduct an analysis of each center and submit its findings to the Governor and General Assembly by June 30, 2019.

ADAMHS boards must ensure that each mental health crisis stabilization center complies with all of the following:

(1) It must admit individuals before and after they receive treatment and care at hospital emergency departments or freestanding emergency departments.

(2) It must admit individuals before and after they are confined in state correctional institutions, local correctional facilities, or privately operated and managed correctional facilities.

(3) It must have a Medicaid provider agreement.

(4) It must be located in a building previously constructed for another purpose.

(5) It must admit individuals who have been identified as needing the stabilization services provided by the center.

(6) It must connect individuals when they are discharged from the center with community-based continuum of care services and supports.



Medication-assisted treatment in drug courts

(Section 337.70)

The act requires DMHAS to conduct a program to provide addiction treatment, including medication-assisted treatment and recovery supports, to persons who are eligible to participate in a medication-assisted treatment (MAT) drug court program. The program is to be conducted in a manner similar to programs that were established and funded by the previous two main appropriations acts.

In conducting the program, DMHAS must collaborate with the Ohio Supreme Court, the Department of Rehabilitation and Correction, and any state agency that may be of assistance in accomplishing the objectives of the program. DMHAS also may collaborate with the ADAMHS board that serves the county in which a participating court is located and with the local law enforcement agencies serving that county.

DMHAS must conduct its program in collaboration with those courts of Allen, Butler, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Franklin, Gallia, Hamilton, Hardin, Highland, Hocking, Jackson, Lake, Lorain, Lucas, Mahoning, Marion, Medina, Mercer, Montgomery, Muskingum, Ottawa, Richland, Ross, Stark, Summit, Trumbull, Tuscarawas, Union, and Warren counties that are conducting MAT drug court programs. If any of the specified counties do not have a MAT drug court program, DMHAS must conduct its program in collaboration with a court with a MAT drug court program in another county. DMHAS may also conduct its program in collaboration with any other court with a MAT drug court program.

Selection of participants

A MAT drug court program must select the participants for DMHAS's program. The participants are to be selected because of their dependence on opioids, alcohol, or both. Those who are selected must either be criminal offenders or involved in a family drug or dependency court. They must meet the legal and clinical eligibility criteria for the MAT drug court program and be active participants in that program. The total number of participants in DMHAS's program at any time is limited to 1,500, subject to available funding. DMHAS may authorize additional participants in circumstances it considers appropriate. After being enrolled, a participant must comply with all of the MAT drug court program's requirements.

Treatment

Only a community addiction services provider is eligible to provide treatment under DMHAS's program. The provider must:



(1) Provide treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the provider;

(2) Assess potential program participants to determine whether they would benefit from treatment and monitoring;

(3) Determine, based on the assessment, the treatment needs of the participants;

(4) Develop individualized goals and objectives for the participants;

(5) Provide access to long-lasting antagonist therapies, partial agonist therapies, or full agonist therapies, that are included in the program's medication-assisted treatment;

(6) Provide other types of therapies, including psychosocial therapies, for both substance abuse and any co-occurring disorders;

(7) Monitor program compliance through the use of regular drug testing, including urinalysis, of the participants; and

(8) Provide access to time-limited recovery supports that are patient-specific and help eliminate barriers to treatment, such as assistance with housing, transportation, child care, job training, obtaining a driver's license or state identification card, and any other relevant matter.

In the case of medication-assisted treatment, the following conditions apply:

- A drug may only be used if the drug has been federally approved for use in treating dependence on opioids, alcohol, or both, or for preventing relapse into the use of opioids, alcohol, or both.
- One or more drugs may be used, but each drug that is used must constitute long-acting antagonist therapy or partial or full agonist therapy.
- If a drug constituting partial or full agonist therapy is used, the program must provide safeguards, such as routine drug testing or participants, to minimize abuse and diversion of the drug.

Planning

To ensure that funds appropriated to support DMHAS's program are used in the most efficient manner, with a goal of enrolling the maximum number of participants, the act requires the Medicaid Director to develop plans, in collaboration with major Ohio health care plans. However, there can be no prior authorizations or step therapy



for medication-assisted treatment for program participants. The plans must ensure the following:

(1) The development of an efficient and timely process for review of eligibility for health benefits for all program participants;

(2) A rapid conversion to reimbursement for all health care services by the participant's health care plan following approval for coverage of health care benefits;

(3) The development of a consistent benefit package that provides ready access to and reimbursement for essential health care services, including primary health care, alcohol and opioid detoxification services, appropriate psychosocial services, and medication for long-acting injectable antagonist therapies and partial or full agonist therapies; and

(4) The development of guidelines that require the provision of all treatment services, including medication, with minimal administrative barriers and within time frames that meet the requirements of individual patient care plans.

Program reports

The act requires DMHAS, by September 29, 2017, to select a research institution to evaluate the program, as conducted during FY 2018 and FY 2019. DMHAS must select an institution that has experience in evaluating multiple court systems across jurisdictions in both rural and urban regions, experience evaluating the use of agonist and antagonist therapies in MAT drug court programs, a record of producing material for scientific publications, expertise in health economics, experience with patient issues involving ethics and consent, and an internal review board.

The research institution must prepare a report of its evaluation of DMHAS's program by December 31, 2019. It must be submitted to the Governor, Chief Justice of the Supreme Court, Senate President, Speaker of the House, DMHAS, Department of Rehabilitation and Correction, and any other agency with which the DMHAS collaborates in conducting the program.

Copies of the report that had to be completed by June 30, 2017, on the DMHAS's MAT drug court program operated under the previous main appropriations act, H.B. 64 of the 131st General Assembly, still must be distributed by the research institution that prepared the report.



Pilot program for mental health courts

(Section 337.71)

The act requires DMHAS to conduct a pilot program to provide mental health services and recovery supports to criminal offenders who are eligible to participate in a certified mental health court program and who are selected because of their mental health conditions. The purpose of the pilot program is to reduce recidivism into criminal behavior by assisting participants in addressing their mental health needs, including providing access to mental health drugs.

In conducting the pilot program, DMHAS must collaborate with the Ohio Supreme Court, the Department of Rehabilitation and Correction, and any other state agency that may be of assistance in accomplishing the program's objectives. DMHAS may also collaborate with the ADAMHS board that serves the county in which a participating court is located and with the local law enforcement agencies serving that county.

DMHAS must conduct the pilot program in the courts of Franklin and Warren counties that are conducting certified mental health court programs. If either of the counties does not have a certified mental health court program, DMHAS must conduct the pilot program in a court with a certified mental health court program in another county. DMHAS also may conduct the pilot program in any other court with a certified mental health court program.

Mental health services and recovery supports

Only a community mental health services provider may provide mental health services and recovery supports under the pilot program. The provider must:

(1) Use an integrated service delivery model that consists of care coordination between a prescriber and the community mental health services provider;

(2) Assess potential participants to determine whether they would benefit from participation in the pilot program;

(3) Based on those assessments, determine the participants' mental health services needs;

(4) Develop individualized goals and objectives for participants;

(5) As part of the mental health services under the pilot program, provide access to mental health drugs, including federally approved atypical antipsychotics that are administered or dispensed in a long-acting injectable form;



(6) As part of the recovery supports under the pilot program, provide supports that are patient-specific and help eliminate barriers to treatment, including assistance with housing, transportation, child care, job training, obtaining a driver's license or state identification card, and any other relevant matter;

(7) Address any co-occurring disorders;

(8) Monitor the participants' compliance with the pilot program.

Program report

By August 30, 2017, DMHAS must develop a plan for evaluating the pilot program. The evaluation must include performance measures that reflect the pilot program's purpose. DMHAS must prepare a report of its evaluation, including data derived from the performance measures. The report must be completed within six months after the pilot program concludes and be submitted to the Governor, Chief Justice of the Ohio Supreme Court, Senate President, Speaker of the House, Department of Rehabilitation and Correction, and any other agency with which DMHAS collaborated in conducting the pilot program.

Psychotropic drug reimbursement for county jails

(R.C. 5119.19; Section 337.10)

The act creates the Psychotropic Drug Reimbursement Program to be administered by DMHAS. The Program's purpose is to provide state reimbursement to counties for the cost of psychotropic drugs that are dispensed to inmates of county jails. The act generally defines "psychotropic drug" as a drug that has the capability of changing or controlling mental health functioning or behavior through direct pharmacological action, including antipsychotics, antidepressants, anti-anxiety medications, and mood stabilizing medications. Stimulants prescribed for the treatment of attention deficit hyperactivity disorder are excluded.

DMHAS, based on factors it considers appropriate, must allocate an amount to each county. The act authorizes the DMHAS Director to adopt rules in accordance with the Administrative Procedure Act to implement the Program.

Block grants for prevention and treatment of substance abuse

(Section 337.170)

The act requires that DMHAS and Department of Medicaid jointly serve as the designated agency for the purpose of a maintenance-of-effort requirement that applies to federal funds for the prevention and treatment of substance abuse and related



activities. DMHAS remains the designated agency for all other purposes regarding federal funds for mental health services available under Part B of Title XIX of the Public Health Service Act.¹³²

County Hub Program to Combat Opioid Addiction

(R.C. 340.30)

The act creates the "County Hub Program to Combat Opioid Addiction." The program has four purposes:

- (1) To strengthen county and community efforts to prevent and treat opioid addiction;
- (2) To educate youth and adults about the dangers of opioid addiction and the negative effects it has on society;
- (3) To promote family building and workforce development as ways of combating opioid addiction in communities; and
- (4) To encourage community engagement in efforts to address the purposes described above.

The Program must be administered by each ADAMHS board. If the service district a board represents consists of more than one county, the board must administer the Program in each county.

By January 1, 2020, each ADAMHS board must submit a report to DMHAS summarizing its work on, and progress toward, addressing each of the Program's purposes. DMHAS must aggregate the reports received from the boards and submit a statewide report to the Governor and General Assembly.

All Roads Lead to Home Program

(R.C. 5119.48)

The act requires DMHAS to create the All Roads Lead to Home Program. The Program must include three initiatives aimed at assisting individuals suffering from drug addiction: a media campaign, a website, and a 24-hour hotline.

¹³² 42 U.S.C. 300x *et seq.*



Media campaign

As part of the media campaign, DMHAS must develop public service announcements and make the announcements available to television and radio outlets. The announcements must be made available beginning January 1, 2018, and at least twice annually: once between January and March and, as part of National Recovery Month, once in September.

In addition, the media campaign must:

(1) Include messages to reduce the stigma associated with seeking help for drug addiction;

(2) Provide directions for people who are in need of drug addiction assistance to a web-based location that includes information on where to find help for drug addiction, information on intervention and referral options, and contact information for assistance from ADAMHS boards;

(3) Prioritize its efforts in media markets that have the highest rates of drug overdose deaths in Ohio; and

(4) Utilize television and radio public service announcements provided to media outlets, as well as Internet advertising models such as low-cost social media outlets.

Website

DMHAS must create, before January 1, 2018, a website with the following components:

(1) If reasonably available for use, an evidence-based self-reporting screening tool approved by DMHAS's medical director;

(2) Community detoxification and withdrawal management options and community treatment options;

(3) A searchable database of certified substance abuse providers organized by zip code;

(4) Information on recovery supports, including recovery housing; and

(5) Clinical information regarding what a person may expect during detoxification, withdrawal, and treatment.

The act authorizes DMHAS to contract with private vendors for the creation and maintenance of the interactive website.



Hotline

Lastly, the act requires DMHAS to provide a 24-hour hotline, operated by a call center, that is intended to help individuals access addiction services.

Opioid addiction treatment website and mobile app

(Section 259.90)

The act requires the Development Services Agency, DMHAS, and the Ohio State University to collaborate to develop a website and mobile device application that provide resources and information regarding opioid addiction treatment services.

Residential State Supplement

(R.C. 5119.41 with conforming changes in R.C. 173.14 and 5119.34; repealed R.C. 340.091)

The act eliminates statutorily established eligibility requirements for the Residential State Supplement (RSS) program. The eliminated provisions (1) required that an individual reside in a residential care facility, assisted living program, or class two residential facility and (2) excluded from the RSS program an individual who resides in a living arrangement that houses more than 16 individuals unless the DMHAS Director waived the size limitations for that individual. In the absence of these statutory provisions, all eligibility requirements are to be established in rules adopted by the DMHAS Director and the Medicaid Director.

The act eliminates a requirement that an RSS administrative agency to refer an individual enrolled in the RSS program to a community mental health services provider for an assessment if the agency was aware that the individual had mental health needs. It eliminates a corresponding law that required each ADAMHS board to contract with a provider to perform the assessments and provide ongoing monitoring and discharge planning.

The act makes other conforming changes and technical corrections to reflect previous enactments regarding the RSS program.

Data collection and sharing, multi-system youth

(Section 337.163)

The act requires the DMHAS Director, in the Director's position as the chairperson of the Ohio Family and Children First Cabinet Council, to establish a strategy for data collection and sharing by agencies that serve multi-system youth. The



act defines "multi-system youth" as a youth who is in need of services from two or more of the following: the child welfare system, the mental health and addiction services system, the developmental disabilities system, or the juvenile court system.

When establishing the strategy, the Director must consider that the purpose of the data collection and sharing is to determine resource utilization, service utilization trends and gaps, and monitor outcomes. The Director must ensure that the strategy, when implemented, is able to identify and monitor the availability of evidence-based services that target multi-system youth before and after implementation of the behavioral health redesign, as well as before and after community behavioral health services are made a component of Medicaid managed care.

The Director must submit a report to the Governor and General Assembly on the cost to implement the strategy, as well as the parameters of that strategy, by December 31, 2017.

Confidentiality of quality assurance records

(R.C. 5122.32)

Under continuing law, DMHAS administers a quality assurance program. As part of the program, it must systematically review and improve the safety and security of persons receiving medical and mental health services within DMHAS and its hospitals and community setting programs. The act adds that the program must also systematically review and improve the safety and security of persons *administering* those services. Pursuant to continuing law, the associated quality assurance records are not public records, are confidential, and may be used only in the course of the proper functions of a quality assurance program. Therefore, the quality assurance records concerning the safety and security of persons administering services are confidential.

Dispute resolution – ADAMHS board contracts

(R.C. 340.03)

Under continuing law, an ADAMHS board contract with facilities for the operation of facility services and with community addiction and mental health services providers for the provision of addiction and mental health services. The act eliminates a provision that authorized the DMHAS Director to require both parties to a contract to submit to a third-party dispute resolution process if one party proposed not to renew the contract or proposed new terms.



Former Bureau of Recovery Services

(Section 337.80)

H.B. 64 of the 131st General Assembly abolished the Bureau of Recovery Services in the Department of Rehabilitation and Correction on June 30, 2015, and transferred all of its functions, assets, and liabilities to DMHAS. The act maintains these preexisting provisions regarding the transfer.

Under the act, DMHAS must continue to complete any business regarding recovery services that the Department of Rehabilitation and Correction started before, but did not complete by, June 30, 2015. Rules, orders, and determinations pertaining to the former Bureau continue in effect until DMHAS modifies or rescinds them, and any reference to the former Bureau continues to be deemed to refer to DMHAS or its director, as appropriate. All of the former Bureau's employees continue to be transferred to DMHAS and retain their positions and benefits, subject to the layoff provisions pertaining to state employees under continuing law. Rights, obligations, and remedies continue to exist unimpaired despite the transfer and DMHAS must continue to administer them.

Technical changes

(R.C. 125.035 and 5119.011)

The act updates a reference to DMHAS's Office of Support Services with a reference to Ohio Pharmacy Services, its current name.

The act specifies that any reference to either the former Department of Mental Health or the former Department of Alcohol and Drug Addiction Services is to be construed as referring to the Department of Mental Health and Addiction Services. It also makes a similar specification with regard to the directors of these former agencies. The agencies were consolidated in 2013 by H.B. 59 of the 130th General Assembly.

