
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Certification of addiction and mental health services

- Authorizes the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to specify by rule the mental health services and alcohol and drug addiction services that must be certified, makes failing to meet the certification requirement a crime, and eliminates a statutory list of specific types of alcohol and drug addiction services that must be certified by OhioMHAS.
- Eliminates an option to have a provider's certifiable services and supports accredited by a national accrediting organization in lieu of having OhioMHAS determine whether OhioMHAS's standards for certification have been satisfied; instead, requires providers to hold national accreditation as part of qualifying for certification by OhioMHAS.
- Establishes, in addition to the accreditation requirement, both of the following as conditions for certification: that an applicant (1) be adequately staffed and equipped to operate and (2) be in good standing.

Statistics supplied by providers

- Eliminates a criminal penalty for failure of a community addiction services provider or community mental health services provider to supply statistics and other information to OhioMHAS; instead, authorizes imposition of fines.

ADAMHS board contracts for services and supports

- Authorizes a board of alcohol, drug addiction, and mental health services (ADAMHS board), when contracting with community addiction and mental health services providers, to contract with providers that are government entities, for-profit entities, or nonprofit entities.

ADAMHS board publishing of opioid treatment programs

- Requires each ADAMHS board to annually update and publish on the board's website a list of all licensed opioid treatment programs operating within the board's district.

Conditions of licensure – hospitals and residential facilities

- Establishes the following as conditions for hospital and residential facility licensure by OhioMHAS: that an applicant (1) be adequately staffed and equipped to operate and (2) be in good standing.
- Requires OhioMHAS to adopt rules specifying the information that must be submitted to demonstrate good standing.

Residential facility exemption from home health licensure

- Exempts from existing home health licensing requirements a residential facility that is licensed by OhioMHAS.

Residential facility criminal penalty

- Makes it a fourth degree misdemeanor for a person to operate a residential facility without a valid license issued by OhioMHAS.

Monitoring of recovery housing residences

- Requires OhioMHAS to monitor the operation of recovery housing residences by either establishing a certification process through OhioMHAS or accepting accreditation, or its equivalent, from outside organizations specified in the bill.
- Beginning January 1, 2025, prohibits the operation of a recovery housing residence unless the residence is certified or accredited, as applicable, or actively in the process of obtaining certification or accreditation.
- Makes violation of the prohibition a first degree misdemeanor.
- Requires OhioMHAS to establish and maintain a registry of recovery housing residences.

Terminology regarding alcohol use disorder

- Replaces Revised Code references to “alcoholism” with “alcohol use disorder”; eliminates references to “alcoholic.”
- Repeals an obsolete statute referring to alcohol treatment and control regions, which were abolished in 1990.

Indigent drivers alcohol treatment funds

- Allows a court to spend any money in a county indigent drivers alcohol treatment fund (IDATF), county juvenile IDATF, or municipal IDATF, rather than only surplus money, for certain expenses related to substance abuse disorder (SUD) assessments and addiction services for criminal offenders whose substance abuse was a contributing factor to an offense.
- Retains a court’s authority to spend money from a county, county juvenile, or municipal IDATF to pay for SUD services and assessments for indigent persons and indigent juvenile traffic offenders convicted of OVI (operating a vehicle while impaired).
- Adds recovery supports as one of the services that may be funded for offenders specified above.
- Eliminates a requirement that a reasonable amount (no more than 5%) of a county, county juvenile, or municipal IDATF must be paid to the (ADAMHS board for administering treatment programs.
- Eliminates a requirement that courts identify and refer noncertified community addiction services providers seeking surplus funding from an IDATF and associated referral procedures and requirements.

- Does both of the following regarding the required annual reporting concerning IDATF funds:
 - Requires each court to annually report certain IDATF information (including fund balances and the number of indigent persons served) to the ADAMHS board, rather than requiring the board to prepare the report and submit it to OhioMHAS.
 - Requires ADAMHS boards to compile the IDATF information from each court into an annual report and submit it to OhioMHAS.

Behavioral health drug reimbursement program

- Combines two drug reimbursement programs administered by OhioMHAS into one behavioral health drug reimbursement program.
- Expands the new combined program to provide reimbursement for certain drugs that are administered or dispensed to individuals who are confined in community-based correctional facilities, in addition to continuing reimbursement for drugs administered or dispensed to inmates of county jails.

Substance use disorder treatment in drug courts

- Continues an OhioMHAS program to provide addiction treatment to persons with substance use disorders through drug courts with programs using medication-assisted treatment.
- Requires community addiction services providers to provide specified treatment to the program participants based on the individual needs of each participant.

Mobile-based opioid use disorder treatment

- Requires OhioMHAS, during FY 2024 and FY 2025, to operate a pilot program to provide opioid use disorder treatment to individuals in underserved regions in Ohio using mobile medication units.

Prescription digital therapeutics

- Requires OhioMHAS to operate a pilot program to evaluate the effectiveness of prescription digital therapeutics in treating substance use disorders and submit a report to the General Assembly by March 31, 2025.
- Appropriates \$1 million in GRF funds in FY 2024, and requires the funds be used for the pilot program.

Mental health crisis stabilization centers

- Continues the requirement that ADAMHS boards establish and administer, in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region, six mental health crisis stabilization centers and substance use disorder stabilization centers.

Certification of addiction and mental health services

(R.C. 5119.35 and 5119.36; repealed R.C. 5119.361; conforming change in R.C. 5119.99)

Services that must be certified

In the case of mental health services, current law does not directly require the services to be certified by the state, and in the case of addiction services, only a specific set of services are subject to direct certification requirements with criminal penalties for failing to comply. Instead, current law bases the certification of “certifiable services and supports” on eligibility for government funding. These certifiable services and supports are described as mental health services, alcohol and drug addiction services, and the types of recovery supports specified in rules adopted by the Director of the Ohio Department of Mental Health and Addiction Services (OhioMHAS). The government funds involved are described as state funds, federal funds, or funds administered by an alcohol, drug addiction, and mental health services (ADAMHS) board.

In place of the existing enforcement system for certification of services, the bill requires a person or government entity, as a condition of providing a mental health service or alcohol and drug addiction service, to have the service certified by OhioMHAS if the Director has adopted rules specifying it as a service that must be certified. Adoption of the rules is permissive. Providing an uncertified service is a felony of the fifth degree.

As part of authorizing the OhioMHAS Director to adopt rules specifying services that are subject to certification, the bill eliminates a statutory list of alcohol and drug addiction services that must be certified by OhioMHAS. The eliminated list consists of:

- Withdrawal management addiction services provided in a setting other than an acute care hospital;
- Addiction services provided in a residential treatment setting;
- Addiction services provided on an outpatient basis.

The bill maintains, with modifications, law establishing certification as a condition of eligibility for federal or state funds or funds administered by an ADAMHS board. It specifies that this limitation is in addition to criminal penalties for violating the bill’s certification requirement.

Any rules the OhioMHAS Director adopts to specify services that are required to be certified must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119). The bill exempts the rules from limitations in existing law related to the adoption of regulatory restrictions in rules.¹³⁸

¹³⁸ R.C. 121.95 to 121.953, not in the bill.

Standards for certification

Accreditation required

The bill eliminates an option to have a provider's certifiable services and supports accredited by a national accrediting organization in lieu of having OhioMHAS determine whether its standards for certification have been satisfied. Instead, the bill requires providers to hold national accreditation as part of qualifying for certification by OhioMHAS. The bill specifies that OhioMHAS' certification standards apply to both initial certification and certification renewal.

Instead of requiring the OhioMHAS Director to evaluate applicants to determine whether the applicant's certifiable services and supports satisfy the standards established by rules, the Director must determine whether the applicant meets the following:

- For an initial applicant, the applicant must be accredited by one of the following: the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or any other national accrediting organization the Director considers appropriate. Under current law, accreditation is not required but is an option the Director must accept in lieu of determining if the applicant meets OhioMHAS standards for certification.
- For a renewal applicant, beginning October 1, 2025, the applicant must be accredited by one of the organizations identified above. Prior to that date, for the Director may follow current law to evaluate renewal applicants.
- For an initial applicant and a renewal applicant, in addition to being accredited, the applicant must meet both of the following:
 - The applicant and all owners and principals of the applicant must be in good standing in Ohio and all other locations in which the applicant operates during the three-year period immediately preceding the date of application, based on a review of records and information required to be submitted as specified in rules;
 - The applicant must be adequately staffed and equipped to provide services.

If the OhioMHAS Director determines that the applicant has paid any required certification fee (exemptions may apply for reasons specified by rule), that the applicant's accreditation is appropriate for the services and supports for which the applicant seeks initial or renewed certification, that the applicant is in good standing and adequately staffed and equipped as described above, and that the applicant meets any other requirements established by this section or rules, the Director must certify the services and supports or renew certification, as applicable. Subject to the on-site review authority described below, the Director must issue or renew the certification without further evaluation of the services and supports.

Review of accrediting organizations

The OhioMHAS Director may review the accrediting organizations specified above to evaluate whether the accreditation standards and processes used by the organizations are

consistent with service delivery models the Director considers appropriate. The Director may communicate to an accrediting organization any identified concerns, trends, needs, and recommendations.

On-site review

The bill authorizes the OhioMHAS Director to conduct an on-site review or otherwise evaluate a community mental health services provider or community addiction services provider at any time based on cause, including complaints by or on behalf of persons receiving services and confirmed or alleged deficiencies brought to the Director's attention. An on-site review may be done in cooperation with an ADAMHS board that seeks to contract or has a contract with the applicant under law related to the board's community-based continuum of care. Any other evaluation must be in cooperation with such a board.

Information provided to Director

The OhioMHAS Director must require a community mental health services provider and a community addiction services provider to notify the Director not later than ten days after any change in the provider's accreditation status.

The Director may require a provider to submit cost reports pertaining to the provider.

Rules

Under existing law, the OhioMHAS Director is required to adopt various rules relating to certification. The bill exempts all those rules from limitations in existing law related to the adoption of regulatory restrictions in rules.¹³⁹ In addition to all of the existing rules that must be adopted, the bill requires rules related to the following:

- Documentation that must be submitted as evidence of holding an appropriate accreditation;
- A process by which the Director may review the accreditation standards and processes used by the national accrediting organizations specified under the bill;
- Any reasons for which an applicant may be exempt from certification and renewal fees;
- Establishing a process by which the Director, based on deficiencies identified as a result of conducting an on-site review or otherwise evaluating a service provider, may take any range of correction actions, including revocation of the provider's certification;
- Specifying the records and information that must be submitted to demonstrate good standing for purposes of the certification requirement described above.

¹³⁹ R.C. 121.95 to 121.953, not in the bill.

Statistics supplied by providers

(R.C. 5119.61 and 5119.99)

Related to a current law requirement that community addiction services providers and community mental health services providers supply, upon request of OhioMHAS, statistics and other information related to services provided, the bill eliminates a criminal penalty (fourth degree misdemeanor) for failure to supply those statistics.

Instead, the bill authorizes the OhioMHAS Director to fine a provider for a statistics violation. In determining whether to impose a fine, the Director must consider whether the provider has engaged in a pattern of noncompliance. The fines are \$1,000 for the first violation and \$2,000 for each subsequent violation. The Director must comply with the Administrative Procedure Act (R.C. Chapter 119) in imposing fines.

ADAMHS board contracts for services and supports

(R.C. 340.036)

Current law requires each ADAMHS board to contract with community addiction services providers and community mental health services providers for addiction services, mental health services, and related recovery supports. Related to those contracts, the bill specifies that an ADAMHS board may contract with a government entity, for-profit entity, or nonprofit entity.

ADAMHS board publishing of opioid treatment programs

(R.C. 340.08 and 5119.37)

The bill requires each ADAMHS board to annually update and publish on its website a list of all licensed opioid treatment programs operating within the board's district. The list is to be based on information obtained from (1) the federal Substance Abuse and Mental Health Services Administration's opioid treatment program directory, (2) an OhioMHAS-created resource directory, or (3) an OhioMHAS list maintained under existing law related to fines in certain drug trafficking cases that may be used to support eligible community addiction services providers.

Conditions of licensure – hospitals and residential facilities

(R.C. 5119.33 and 5119.34)

The bill establishes two conditions that must be met for hospital or residential facility licensure by OhioMHAS. First, an applicant must be adequately staffed and equipped to operate. In the case of a residential facility, the bill also requires that it be managed and operated by qualified persons, which is already required of a hospital under current law.

Second, an applicant must be in good standing in all other locations in which it operates during the three-year period preceding the date of application. The bill neither defines nor describes good standing, instead requiring OhioMHAS to adopt rules specifying the records and information that must be submitted to demonstrate it.

As part of requiring a residential facility applicant to be in good standing for at least three years, the bill eliminates a related provision of law that generally limits an applicant's eligibility for only two years after a previous license has been revoked or refused for renewal. Existing law does not provide for such a limit for hospital applicants.

Residential facility exemption from home health licensure

(R.C. 3740.01)

The bill exempts residential facilities that are licensed by OhioMHAS from licensure by the Ohio Department of Health (ODH) under the home health licensing law. It does so by specifying that an OhioMHAS-licensed residential facility is not a home health agency and a person who operates an OhioMHAS-licensed residential facility on a self-employed basis is not a nonagency provider. Other exemptions in existing law that are continued include exemptions for residential facilities licensed by the Department of Developmental Disabilities and nursing homes and residential care facilities licensed by ODH.

Residential facility criminal penalty

(R.C. 5119.99)

The bill makes it a fourth degree misdemeanor for a person to operate a residential facility without a valid license issued by OhioMHAS. This is in addition to other existing authority for OhioMHAS to fine a residential facility and seek a court order enjoining a facility's operation.¹⁴⁰

Monitoring of recovery housing residences

(R.C. 5119.39 to 5119.397 and 5119.99 (primary) and 340.034; related changes in other sections)

The bill requires OhioMHAS to monitor the operation of recovery housing residences by either (1) certifying them or (2) accepting accreditation, or its equivalent, from the Ohio affiliate of the National Alliance for Recovery Residences, Oxford House, Inc., or another organization designated by OhioMHAS.

The bill defines "recovery housing residence" as a residence for individuals recovering from alcohol use disorder or drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other recovery assistance for alcohol use disorder and drug addiction. Under existing law, recovery housing is generally regulated only to the extent that it is required to be included in the community-based continuum of care established by ADAMHS boards. The bill modifies that law by requiring recovery housing residences in the continuum of care to be certified or accredited, as applicable, under the bill.

¹⁴⁰ R.C. 5119.34.

Prohibitions

The bill prohibits, beginning January 1, 2025, a person or government entity from operating a recovery housing residence unless the residence is (1) certified by OhioMHAS or accredited by one of the organizations identified above, as applicable, or (2) actively engaged in efforts to obtain certification or accreditation and has been in operation for not more than 18 months. Violation of this prohibition is a first degree misdemeanor. The bill permits the OhioMHAS Director to seek a court order enjoining operation of any recovery housing residence in violation of the prohibition.

Also beginning January 1, 2025, the bill prohibits:

- A person or government entity from advertising or representing a residence or building to be a recovery housing residence, sober living home, or similar substance free housing for individuals in recovery unless the residence is on the registry described below or is regulated by the Department of Rehabilitation and Correction as a halfway house or community residential center. A violation is a first degree misdemeanor.
- A community addiction services provider or community mental health services provider from referring clients to a recovery housing residence unless it is on the registry described below on the date of the referral. There is not a criminal penalty associated with this prohibition, but the OhioMHAS Director may refuse to renew or revoke its certification of a provider found to be in violation of this prohibition.

Required form

The bill requires each person or government entity that will operate a recovery housing residence, including those already operating prior to the bill's effective date, to file with OhioMHAS a form with various information, including name and contact information, the date the residence was first occupied or will be occupied, and information related to any existing accreditation the residence has or is in the process of obtaining.

For any recovery housing residence that is operating before the bill's effective date, the form must be filed within 30 days of the bill's effective date. For a recovery housing residence that will begin operating on or after the bill's effective date, the form must be filed within 30 days after the first resident begins occupying the residence.

Complaints and investigations

The bill requires OhioMHAS to establish a procedure to receive and investigate complaints from residents, staff, and the public regarding recovery housing residences. OhioMHAS may contract with one or more of the organizations identified above to fulfill some or all of the complaint and investigation procedure. Any such organization under contract must make investigation status reports to OhioMHAS regarding investigations. The reports must be made monthly. In addition, the contractor must report to OhioMHAS if the contractor makes an adverse decision regarding an accreditation accepted by OhioMHAS. The report must be made as soon as practicable, but not later than ten days after the adverse decision is made.

Registry of recovery housing residences

OhioMHAS must establish and maintain a registry of recovery housing residences that are certified or accredited or are making efforts to obtain certification or accreditation within the bill's permitted timeframe. The registry must include information from the form described above, information regarding any complaints, and any other information required by OhioMHAS. The registry must be available on OhioMHAS's website.

Rules

The bill authorizes the OhioMHAS Director to adopt rules to implement its monitoring of recovery housing residences. If OhioMHAS certifies recovery housing residences, the rules must establish requirements for initial certification and renewal, as well as grounds and procedures for disciplinary action.

The rules must be adopted in accordance with the Administrative Procedure Act (R.C. Chapter 119). The bill exempts the rules from limitations in the law related to the adoption of regulatory restrictions in rules.¹⁴¹

Terminology regarding alcohol use disorder

(R.C. 5119.01 with conforming changes in other sections; repealed R.C. 3720.041)

The bill replaces Revised Code references to "alcoholism" with "alcohol use disorder." It also eliminates references to "alcoholic." The bill defines alcohol use disorder as a medical condition characterized by an individual's impaired ability to stop or control the individual's alcohol use despite adverse social, occupational, or health consequences. It may be mild, moderate, or severe.

The bill repeals an obsolete statute referring to alcohol treatment and control regions, which no longer exist. These regions were abolished in 1990 when the current system of ADAMHS boards and districts was established and the former Department of Alcohol and Drug Addiction Services was created.

Indigent drivers alcohol treatment funds

(R.C. 4510.43, 4510.45, and 4511.191)

The bill allows a court to spend any money in a county Indigent Drivers Alcohol Treatment Fund (IDATF), county juvenile IDATF, or municipal IDATF for both of the following:

1. Regarding a county or municipal IDATF, to pay the cost of substance use disorder (SUD) assessments and addiction services, and transportation to those assessments and services, for any indigent person convicted of a criminal offense in which substance abuse was a contributing factor; and

¹⁴¹ R.C. 121.95 to 121.953, not in the bill.

2. Regarding a county juvenile IDATF, to pay the costs of those assessments and services for any indigent person adjudicated a delinquent child or found to be a juvenile traffic offender when substance abuse was a contributing factor.

Under current law, the money in IDATF funds is derived from driver's license reinstatement fees paid by OVI (operating a vehicle while impaired) offenders. Under current law, a court must determine, in consultation with the ADAMHS board, that there is a surplus in the applicable fund and may then only spend that surplus money for the purposes specified above. However, a court may spend any money from a county, county juvenile, or municipal IDATF to pay for SUD services and assessments for indigent persons and indigent juvenile traffic offenders convicted of OVI and substantially equivalent municipal ordinances. The bill retains this authority.

The bill authorizes a court to pay the cost of recovery supports from an IDATF for any of the types of offenders discussed above. Under current law, recovery supports is assistance that is intended to help an individual who is an alcoholic or has a drug addiction or mental illness, or a member of such an individual's family. The assistance is intended to initiate and sustain the individual's recovery from alcoholism, drug addiction, or mental illness. Currently, the law does not specifically authorize money in an IDATF to be spent on recovery supports.

Consistent with the bill's elimination of the surplus spending requirements and expanded spending authority, the bill eliminates both of the following:

1. A requirement that a reasonable amount (no more than 5%) of a county, county juvenile, or municipal IDATF must be paid to the ADAMHS board for administering treatment programs;

2. A requirement that courts identify and refer noncertified community addiction services providers seeking surplus funding from an IDATF to OhioMHAS and associated referral procedures and requirements.

The associated referral procedures in current law specify that OhioMHAS must keep records of the noncertified applicant referrals from the court and submit an annual report regarding them to the General Assembly. If a noncertified provider is interested in becoming certified and applies to become certified, it may receive surplus funds so long as an application is pending with OhioMHAS. OhioMHAS must offer technical assistance to the applicant. If the provider withdraws the application, OhioMHAS must notify the court and the provider cannot receive any further surplus funding. As noted above, the bill eliminates these procedures and requirements.

The bill requires each court with an IDATF to annually report certain information to the ADAMHS board by July 15. That information must include:

1. The balance of funds in each IDATF under the court's control on June 30 of that year;
2. The amount the court transferred from each IDATF to another court in the same county;
3. The amount the court spent in the state fiscal year that ended on June 30 that year from each IDATF; and

4. The number of indigent persons served in the state fiscal year that ended on June 30 that year from each IDATF.

Then, each ADAMHS board must compile the information into an annual report for that board's area that clearly delineates the items specified above for each court. The board must submit it to OhioMHAS by September 1 of each year. If a board is unable to get adequate information from a particular court, it must note that fact in the report.

Under current law, each ADAMHS board must instead submit the annual report for each IDATF in that board's area to OhioMHAS. That report must include:

1. The total payment made from the IDATF, including the number of indigent consumers who received treatment services, the number of indigent consumers who received an alcohol monitoring device, and identification of the treatment program and expenditure for an alcohol monitoring device for which that payment was made;

2. The fiscal year balance of each IDATF located in that board's area; and

3. If a surplus was declared, the total payment that was made from the surplus moneys and identification of the authorized purpose for which the payment was made.

If a board is unable to get adequate information to develop the report, it must submit a report detailing the efforts made to get that information.

Behavioral health drug reimbursement program

(R.C. 5119.19; repealed R.C. 5119.191)

The bill combines a psychotropic drug reimbursement program with another drug reimbursement program that is for drugs used in medication-assisted treatment (MAT) and drugs used in withdrawal management or detoxification. The combined program, still to be administered by OhioMHAS, is referred to as a "behavioral health drug reimbursement program."

Similar to current law for the separate programs, the combined behavioral health drug reimbursement program reimburses counties for the cost of certain drugs administered or dispensed to inmates of county jails. The reimbursable drugs continue to be psychotropic drugs, drugs used in MAT, and drugs used in withdrawal management or detoxification. The combined program is more expansive than current law in that it also provides reimbursement for drugs administered or dispensed to individuals confined in community-based correctional facilities. Other details of the combined program are the same as those for each separate program under current law.

Substance use disorder treatment in drug courts

(Section 337.60)

The bill continues a requirement that OhioMHAS conduct a program to provide substance use disorder (SUD) treatment, including MAT, withdrawal management and detoxification, and recovery supports, to persons who are eligible to participate in a MAT drug

court program. OhioMHAS's program is to be conducted in a manner similar to programs that were established and funded by the previous four main appropriations acts.

In conducting the program, OhioMHAS 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 program's objectives. OhioMHAS also may collaborate with the local ADAMHS boards and local law enforcement agencies serving the county where a participating court is located.

OhioMHAS must conduct its program in collaboration with any counties in Ohio that are conducting MAT drug court programs. It also may 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 OhioMHAS's program. The participants are to be selected because of having a SUD. Those who are selected must be either (1) criminal offenders, including offenders under community control sanctions, or (2) involved in a drug or family dependency court. They must meet the legal and clinical eligibility criteria for the MAT drug court program and be active participants in that program or be under a community control sanction with the program's participating judge. After being enrolled, a participant must comply with all of the MAT drug court program's requirements.

Treatment

Under OhioMHAS's program, only a community addiction services provider is eligible to provide SUD treatment, including any recovery supports. The provider must:

- Provide treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the provider;
- Assess potential program participants to determine whether they would benefit from treatment and monitoring;
- Determine, based on the assessment, the treatment needs of the participants;
- Develop individualized goals and objectives for the participants;
- Provide access to the drug therapies that are included in the program's treatment;
- Provide other types of therapies, including psychosocial therapies, for both SUD and any co-occurring disorders;
- Monitor program compliance through the use of regular drug testing, including urinalysis, of the participants; and
- 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.

Regarding the drug therapies included in the program's SUD treatment:

- A drug may be used only if it is (1) a drug that is federally approved for use in MAT, which involves treatment for alcoholism, drug addiction, or both, or (2) a drug that is federally approved for use in, or a drug in standard use for, mitigating alcohol or opioid withdrawal symptoms or assisting with detoxification;
- One or more drugs may be used, but each drug that is used must constitute either or both: (1) long-acting antagonist therapy or partial or full agonist therapy or (2) alpha-2 agonist therapy for withdrawal management or detoxification;
- If a partial or full agonist therapy is used, the program must provide safeguards, such as routine drug testing of participants, to minimize abuse and diversion.

Planning

To ensure that funds appropriated to support OhioMHAS's program are used in the most efficient manner, with a goal of enrolling the maximum number of participants, the bill 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 program participants to have access to any drug included in the program's SUD treatment. The plans must ensure:

- The development of an efficient and timely process for review of eligibility for health benefits for all program participants;
- 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;
- 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, drugs used in MAT, and drugs used in withdrawal management or detoxification; and
- 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.

Mobile-based opioid use disorder treatment

(Section 337.95)

During FY 2024 and FY 2025, the bill requires OhioMHAS to operate a pilot program to provide opioid use disorder treatment to individuals in underserved regions in Ohio, as selected by OhioMHAS, using mobile medication units. The purpose of the pilot program is to extend access to MAT to areas of Ohio lacking licensed opioid treatment programs and qualifying practitioners. The services provided in the mobile medication units must be those specified in relevant guidance issued by the U.S. Substance Abuse and Mental Health Services Administration.

The State Board of Pharmacy, State Medical Board, Board of Nursing, and any other state agency that OhioMHAS determines may be of assistance in accomplishing the purpose of the pilot program must provide assistance to OhioMHAS if requested.

OhioMHAS must develop a plan for implementing and evaluating the pilot program within 60 days of the bill's effective date. Not later than six months after the conclusion of the pilot program, OhioMHAS must complete a report of the findings obtained from the program. The report must be submitted to the Governor and to the General Assembly.

Prescription digital therapeutics

(Section 337.110)

The bill requires OhioMHAS to acquire prescription digital therapeutics and create a pilot program exploring their effectiveness as soon as practicable. A prescription digital therapeutic is a class II medical device that has been approved or otherwise authorized by the FDA to deliver therapeutic interventions for the treatment of substance use disorders, including opioid use disorders. Under the program, patients who have been diagnosed with a substance use disorder and have been prescribed a digital therapeutic must be provided the prescribed digital therapeutic at no cost to the patient. OhioMHAS and treatment providers must make best efforts to include participants of varied demographic backgrounds in the pilot program, which will provide the prescription digital therapeutics via an access code. The use of prescription digital therapeutics may be in addition to other substance use treatment, including medication-assisted treatment and other behavioral health services.

The bill appropriates \$1 million of GRF to OhioMHAS for the operation of the pilot program. The pilot program will end on December 31, 2024 or when all appropriated funds have been spent, whichever occurs first.

OhioMHAS must submit a report to the General Assembly by March 31, 2025, using data from the vendors of prescription digital therapeutics and aggregated claims data regarding the impact of the pilot program. The report must include the following information about the pilot program:

- The population included;
- The successes and challenges;
- Treatment access for participants;
- Participant satisfaction;
- Participant treatment goals, and whether the goals were achieved;
- Health equity impacts;
- A comparison of the hospitalization rate for program participants and other substance and opioid use disorder patients of the participating treatment providers;
- Recommendations regarding future coverage of prescription digital therapeutics.

Mental health crisis stabilization centers

(Sections 337.40 and 337.130)

The bill continues a requirement that OhioMHAS allocate among ADAMHS boards, in each of FY 2024 and FY 2025, \$1.5 million for six mental health crisis stabilization centers and up to \$6.0 million in each fiscal year for substance use 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. Alternatively, with approval of the OhioMHAS Director, boards may establish and administer crisis stabilization centers to serve individuals with substance use or mental health needs. At least one center must be located in each of the six state psychiatric hospital regions.

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

- It must admit individuals before and after they receive treatment and care at hospital emergency departments or freestanding emergency departments;
- It must admit individuals before and after they are confined in state correctional institutions, local correctional facilities, or privately operated and managed correctional facilities;
- It must have a Medicaid provider agreement;
- It must admit individuals who have been identified as needing the stabilization services provided by the center;
- It must connect individuals when they are discharged from the center with community-based continuum of care services and supports.