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## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

### Merger of Department of Mental Health and Department of Alcohol and Drug Addiction Services

- Merges the Department of Mental Health (ODMH) and the Department of Alcohol and Drug Addiction Services (ODADAS), making the Department of Mental Health and Addiction Services (ODMHAS).
- Updates certain terms to reflect current terminology in use at the two departments.
- Removes the authority of ODMH to appoint an individual to the position of chief executive officer of an institution from persons holding positions in the classified services in ODMH.
- Specifies that the suspension from employment of a special police officer positioned at a mental health institution is to be done in accordance with applicable collective bargaining agreements, as opposed to the Administrative Procedure Act.
- Makes the requirement that ODMH contract with licensed hospitals to provide services for mentally ill patients a permissive authority.
- Removes the authority of ODMH to provide for the care of mentally ill persons hospitalized elsewhere than within the enclosure of a hospital, if ODMH determines that such care is necessary.
- Makes permissive ODMHAS and the Department of Youth Services (DYS) entering into a written agreement for ODMHAS to receive from DYS certain persons for psychiatric observation, diagnosis, or treatment.
- Removes the procedures prescribed for ODMH in relation to the appointment of a person in a classified to an unclassified position in favor of the standard procedures and stipulations prescribed by the Department of Administrative Services (DAS).
- Removes the requirement that ODMH receive the approval of the Governor and the Attorney General when conducting a transaction involving real estate in favor of utilizing the services of DAS for such transactions.
- Specifies that moneys received from the sale, lease, or exchange of property be deposited into the Department of Mental Health Trust Fund, as opposed to the GRF.
- Requires ODMHAS to design and set criteria for the determination of priority populations rather than the determination of severe mental disability.



- Removes the requirement that ODMHAS provide training to those ODMHAS employees who are utilized by state operated, community based mental health services providers.
- Removes specifications for rules adopted by ODMH for the purpose of carrying law related to local boards and the hospitalization of the mentally ill.
- Removes the requirement that ODMH provide consultative services to community mental health agencies.
- Alters requirements placed on board related to providing information for inclusion in ODMHAS' behavioral health information systems.
- Increases from two years after the date of issuance to up to three years after the date of issuance that a full license for a residential facility is valid.
- Alters the policies and procedures related to the submission of services plans by local boards and the allocation and withholding of funds.
- Alters policies and procedures related to confidential records and compilation of statistics.
- Alters certification standards and provisions related to the provision of mental health and addiction services.
- Alters eligibility standards and policies related to residential state supplement payments.
- Abolishes the Council on Alcohol, Drug, and Gambling Addiction Services.
- Enacts uncodified law to provide for the merger of ODMH and ODADAS into ODMHAS.
- Renames the "Mental Health Fund" the "Office of Support Services Fund."

### **Alcohol, drug addiction, and mental health service districts**

- Makes changes to the membership requirements of alcohol, drug addiction, and mental health services boards; alcohol and drug addiction services boards; and community mental health boards.
- Removes the requirement that each service district without an alcohol and drug addiction services board create a standing committee on alcohol and drug addiction services.



- Revises the planning duties of boards:
  - Requires that (1) when a board of alcohol, drug addiction, and mental health services assesses the community's addiction and mental health needs, the board also evaluate strengths and challenges, and (2) when setting priorities, the priorities include treatment and prevention, and the board to consult with the county commissioners of the counties in the board's service districts.
  - Requires, in service districts that have separate alcohol and drug addiction services and community mental health boards, each board to submit a separate community services plan and each board to consult with its counterpart.
  - Removes certain information required in current law regarding inpatient services from being included in services plans.
- Requires a board of alcohol, drug addiction, and mental health services to submit to the ODMHAS a budget for all federal, state, and local moneys the board expects to receive and establishes a procedure for approval and amendment of the budget.
- Permits ODMHAS to withhold funds to boards if the boards' use of the funds fails to comply with an approved budget.
- Requires a board to create lists of services that are compatible with the approved budget and to include crisis intervention services and services required for a parent, guardian, or custodian of a child who is in imminent risk of being abused or neglected.
- Requires a board to enter into a continuity of care agreement with the state institution operated by ODMHAS.
- Requires boards to submit to ODMHAS a report summarizing complaints concerning the rights of persons receiving services, investigation of the complaints, and outcomes of the investigations.
- Requires boards to submit annually, and upon any change in membership, to ODMHAS a list of all current members of the boards, the appointing authority of each member, and the members' specific qualifications.
- Prohibits a board from contracting with an unlicensed residential facility that is required to be licensed by the Director.

- Authorizes a board of alcohol, drug addiction, and mental health services to inspect any residential facility located in its district and licensed under the Hospitalization of the Mentally Ill Law, eliminating the current law requirement that the inspection be pursuant to a contract with ODMH.
- Requires a board to submit any other information reasonably required for ODMHAS's operations, service evaluation, reporting activities, research, system administration, and oversight.
- Makes permissive that a utilization review process be established as part of a contract for services entered into between a board and a community addiction or mental health agency services provider.
- Reorganizes the list of services performed by a board for which a county can be reimbursed and specifies that the services must be approved by ODMHAS within the continuum of care or approved support functions.
- Expands the protected classes against which boards and contracted services providers are prohibited from discriminating to include age, ancestry, sexual orientation, military status, and genetic information and replaces the protected class of "creed" with "religion."
- Requires a board to strive to attain a yearly construction contract dollar procurement goal of 5% for EDGE business enterprises, instead of setting the percentage aside for minority business enterprises.
- Permits a board that is unable to comply with the EDGE procurement goal after having made a good faith effort to apply in writing to the Director for a waiver or modification of the goal.
- Removes boards' requirements for administration of mental health clinics and child guidance homes financed partly by state funds as of June 30, 1967.
- Makes conforming changes to reflect the merger of ODMH and ODADAS into ODMHAS.
- Updates certain terms to reflect industry terminology.

### **Level of care determinations**

- Requires that an individual with a mental illness undergo a level of care determination before admission or readmission to a nursing facility from a hospital if the hospital is:

--Maintained, operated, managed, and governed by ODMHAS; or

--Licensed by ODMHAS as a freestanding hospital or unit of a hospital.

- Requires that ODMHAS, in consultation with the Department of Medicaid, administer the Recovery Requires a Community Program to identify individuals residing in nursing facilities who can be moved successfully into community settings.

## **Merger of Department of Mental Health and the Department of Alcohol and Drug Addiction Services**

(R.C. Chapter 3793. and 5119.; conforming changes in multiple R.C. sections; Section 815.20)

The bill merges the Department of Mental Health (ODMH) and the Department of Alcohol and Drug Addiction Services (ODADAS), making the Department of Mental Health and Addiction Services (ODMHAS). By and large, the majority of responsibilities and authorities granted under current law remain intact under the bill, with the bill primarily merging the administrative and oversight functions under one department. Substantive changes to current law are discussed below. The bill also updates certain terms to reflect current terminology in use at the two departments.

### **Psychiatric rehabilitation facilities**

(R.C. 5119.04)

The bill removes the exemption for facilities designated by ODMH for use as a psychiatric rehabilitation center from the requirement that institutions under the supervision of ODMH be in substantial compliance with standards set forth for psychiatric facilities adopted by the Joint Commission on Accreditation of Health Care Organizations (Joint Commission).

### **Classified service**

(R.C. 5119.27 (renumbered 5119.05))

The bill removes the express authority of ODMHAS to appoint an individual to the position of chief executive officer of an institution from persons holding positions in the classified services in ODMHAS. The bill specifies that the managing officer has the authority and responsibility for entering into contracts and other agreements for the efficient operations of the institution.



## **Special police officers**

(R.C. 5119.14 (renumbered 5119.08) (C)(4))

The bill specifies that the suspension from employment of a special police officer positioned at a mental health institution is to be done in accordance with applicable collective bargaining agreements, as opposed to the Administrative Procedure Act.

## **Department organization and duties**

(R.C. 5119.01 (renumbered 5119.10) (A), (E), and (F); R.C. 3793.03, 5119.013, and 5119.05)

The bill specifies that the Director of ODMHAS may organize ODMHAS for its efficient operation, including creating divisions or offices as necessary.

Similar to current law for ODMH, the bill authorizes ODMHAS to enter into contracts and other agreements with providers, agencies, institutions, and other entities, both public and private, as necessary for ODMHAS to carry out its duties. The bill specifies that the Ohio Public Personnel Laws do not apply to contracts the Director enters into for services provided to individuals with mental illness by providers, agencies, institutions, and other entities not owned or operated by ODMHAS.

Under current law, ODMH is required to contract with hospitals licensed by ODMH for the care and treatment of mentally ill patients, or with persons, organizations, or agencies for the custody, evaluation, supervision, care, or treatment of mentally ill persons receiving services elsewhere than within the enclosure of a hospital. The bill authorizes ODMHAS to enter into such contracts, but does not require it.

The bill removes the authority for ODMHAS to prepare and publish regularly a state mental health plan that describes ODMHAS' philosophy, current activities, and long term and short term goals and activities.

## **Medical director**

(R.C. 5119.07 (renumbered 5119.11))

The bill requires a person appointed as the medical director of ODMHAS to have, in addition to existing qualification standards, certification or substantial training and experience in the field of addiction medicine or addiction psychiatry. In addition to current responsibilities, under the bill the medical director is responsible for decisions relating to prevention and the clinical aspects of outpatient facilities and the certification of mental health and addiction services.



## **Responsibilities to provide services outside of a hospital**

(R.C. 5119.02 (renumbered 5119.14) (B), (D), and (H) and 5119.03)

The bill authorizes ODMHAS to provide or contract to provide addiction services for offenders incarcerated in the state prison system.

The bill removes the authority of ODMH (ODMHAS) to provide for the custody, supervision, control, treatment, and training of mentally ill persons hospitalized elsewhere than within the enclosure of a hospital, if ODMHAS determines that such action is necessary.

## **Contracts between the Departments of Mental Health and Addiction Services (ODMHAS) and Youth Services**

(R.C. 5119.02 (renumbered R.C. 5119.14))

Continuing law permits ODMHAS to receive from the Department of Youth Services (DYS), on agreement between ODMHAS and DHS, persons 18 years of age or older in the custody of DHS for psychiatric observation, diagnosis, or treatment. The bill permits the departments to enter into a written agreement that specifies the procedures necessary to implement the receiving, while current law requires the departments to enter into such a written agreement.

## **Rules authority**

(R.C. 5119.012 (renumbered 5119.141))

The bill adds to the authority provided to ODMH (ODMHAS) to carry out its powers and duties, the authority to adopt rules pursuant to the Administrative Procedure Act that may be necessary to carry out the purposes of Mental Health and Addiction Services Law.

## **Certified position appointments**

(R.C. 5119.071 (renumbered 5119.18))

The bill removes the procedures and stipulations prescribed for ODMH in relation to the appointment of a person in a certified position in the classified service to a position in the unclassified service in favor of the standard procedures and stipulations prescribed by DAS. As such, the following current law procedures and policies are removed in favor of the standard DAS policies and procedures:

- An employee's right to resume such a position is only valid when the employee is demoted to a pay range lower than the employee's original



pay range or when ODMHAS revokes the employee's appointment to the unclassified service.

- An employee forfeits the right to resume a classified position if the employee is removed from the unclassified position due to incompetence, inefficiency, dishonesty, drunkenness, immoral conduct, insubordination, discourteous treatment of the public, neglect of duty, violation of applicable laws or rules, or any other failure of good behavior, acts of misfeasance, malfeasance, or nonfeasance, or the conviction of a felony.
- An employee forfeits the right to resume a position in the classified service upon transfer to a different agency.
- Reinstatement to a classified position is to be to a position substantially equal to the classified position previously held.
- If the classified position the person previously held is no longer available, the employee is to be appointed to a comparable classified position.
- Service in the unclassified position is to be counted as service in the classified position originally held.
- When a person is reinstated to a classified position, the person is entitled to all rights, status, and benefits accruing to the classified position during the person's time of service in the unclassified position.

Under the bill, the standard DAS procedures also apply to such persons who hold a permanent position in the classified service within ODMHAS.

### **Training agreements**

(R.C. 5119.11(A) (renumbered 5119.186))

The bill specifies that either the Director of ODMHAS (continuing law) or the managing officer of an institution of ODMHAS (added by the bill) may enter into an agreement with the directors of one or more institutions of higher education or hospitals licensed to establish collaborative training efforts for students preparing for careers in mental health-related fields. The bill expands this provision to apply to addiction services as well. The bill also removes the duty of the Director of ODMH to determine which positions and occupations are substantially related enough to the care and treatment of persons receiving mental health or addiction services to warrant developing collaborative training programs with institutions of higher education.



## **Real estate transactions**

(R.C. 3793.031 (renumbered 5119.201) (A), (B), and (C); 3793.02 and 5119.37)

The bill removes the requirement that ODMH receive the approval of the Governor and the Attorney General when conducting a transaction involving real estate, and removes other policies and procedures related to such transactions, in favor of utilizing the services of DAS for such transactions.

The bill specifies that moneys received from the sale, lease, or exchange of property be deposited into the Department of Mental Health Trust Fund, as opposed to the GRF, as stipulated under current law.

## **Department of Mental Health requirements**

(R.C. 5119.06 (renumbered 5119.21))

The bill adds pregnant women, parents, and guardians or custodians of children at risk of abuse or neglect to the list of demographic groups for which ODMHAS is to provide special focus when promoting and developing mental health and addiction services.

The bill requires ODMHAS to design and set criteria for the determination of priority populations rather than the determination of severe mental disability.

The bill removes the requirement that ODMHAS provide training related to the provision of community based mental health services to those ODMHAS employees who are utilized in state operated, community based mental health services.

## **Rules**

(R.C. 5119.61 (renumbered 5119.22))

The bill removes specifications for rules adopted by ODMH for the purpose of carrying law related to local boards and the hospitalization of the mentally ill, instead granting the ODMHAS Director the broader authority to adopt rules necessary to carry out the purposes of those laws. Specifically, the bill removes all of the following requirements related to adopted rules:

- Rules governing a community mental health agency's services to an individual referred to the agency.
- Rules governing the duties of mental health agencies and boards of alcohol, drug addiction, and mental health services regarding referrals of



individuals with mental illness or severe mental disability to residential facilities and effective arrangements for ongoing mental health services for those individuals.

- Rules related to governing the method of paying a community mental health facility for providing services.

The bill removes the requirement that ODMH provide consultative services to community mental health agencies with the knowledge and cooperation of local boards.

The bill requires ODMHAS to specify the information that must be provided to ODMHAS by local boards of alcohol, drug addiction, and mental health services for inclusion in ODMHAS' behavioral health information systems. The bill alters the specific requirements related to the information collected as follows:

- Rather than financial information other than price related data regarding expenditures of local boards, ODMHAS is to collect financial information related to expenditures of federal, state, or local funds.
- Boards are now required to provide information about persons served under a contract with a board.

The bill removes the requirement that boards submit this information no less than annually for each client and each time a client's case is opened or closed. Instead the bill specifies that the boards must submit such information in accordance with timeframes set by ODMHAS.

In addition to submitting a mental health and addiction services plan, the bill requires local boards to also submit a budget and statement of services. The bill removes the following current law requirements related to the submission of the plan:

- The Director of ODMH must issue criteria for determining when a plan is complete, for plan approval or disapproval, and provisions for conditional approval.
- If the Director disapproves all or part of any plan, the Director is to provide the board an opportunity to present its position. The Director is to inform the board of the reasons for the disapproval and of the criteria that must be met before the plan may be approved.
- The Director is to give the board a reasonable time in which to meet the criteria and is to offer technical assistance to the board to help it meet the criteria.



- If approval of a plan remains in dispute, either party may request that the dispute be resolved by a mediator, with the cost of the mediator being shared between both parties.
- The mediator is to issue a recommendation on the dispute.
- The Director, taking into account the recommendation of the mediator, is to issue a final decision on the dispute.

In place of the previous policies and procedures, the bill enacts the following provisions:

- ODMHAS may withhold all or part of the funds allocated to a board if ODMHAS disapproves all or part of the board's plan, budget, or statement of services.
- Prior to a final decision to withhold funds, a representative of ODMHAS is to meet with the board with regard to the issue provide corrective action that should be taken to make the plan, budget, or statement of services acceptable to ODMHAS.
- The board is to be given a reasonable time to resolve the issue and to submit a revised plan, budget, or statement of services.
- If a board decides to amend an already approved plan, budget, or statement, the board must submit such an amendment to ODMHAS. ODMHAS may approve or disapprove the amendment.
- If ODMHAS disapproves the amendment, the board is to be allowed an opportunity to present its position.
- ODMHAS is to provide the board with the reason for the disapproval and provide the board a reasonable time within which to meet related criteria.
- ODMHAS is required to provide technical assistance in meeting the criteria.
- ODMHAS is required to establish procedures for the review of plans, budgets, or statements of services and for correct action or the revision of such documents.

## **Residential facility licenses**

(R.C. 5119.22 (renumbered 5119.34))

The bill increases the length of time for which a residential facility license may be valid. The bill provides that a full license issued to a residential facility by ODMHAS expires up to three years after the date of issuance. Current law provides that a full license issued to a residential facility by ODMH expires two years after the date of issuance.

## **Fund allocation**

(R.C. 5119.62 (renumbered 5119.23))

The bill removes specific requirements related to the allocation of funds appropriated by the General Assembly to boards of alcohol, drug addiction, and mental health services in favor of a general requirement that the ODMHAS is to establish guidelines related to the allocation of such funds in consultation with the boards. Specifically, the bill removes the authority of ODMH to allocate to boards a portion of the funds appropriated by the General Assembly to ODMH for the operation. Accordingly, all of the following provisions are removed:

- If ODMH allocates the fund, ODMH is to:
  - In consultation with the boards, annually determine the unit costs of providing state hospital services and establish the methodology for allocating the funds to the boards;
  - Determine the type of unit costs of providing state hospital services to be included as a factor in the methodology and include that unit cost as a factor in the methodology;
  - Allocate the funds to the boards in manner consistent with the methodology and other state and federal laws;
  - Notify each board of ODMH's estimate of the amount of funds to be allocated to the board during the next fiscal year;
  - If ODMH makes an allocation, notify each board of the unit costs of providing state hospital services for the upcoming fiscal year.
- Each board is to notify ODMH as to whether the board has elected to accept or decline the funds allocated by ODMH.

The bill removes the prohibition against using state funds allocated to a local board for the purpose of discouraging employees from seeking collective bargaining representation or encouraging employees to decertify a recognized collective bargaining agent. The bill removes the requirement that ODMH is to charge against an allocation made to a local board any unreimbursed costs for services provided by ODMH.

### **Withholding funds due to discrimination**

(R.C. 5119.622 (renumbered 5119.25) (B) and (C))

Current law enables ODMH to withhold funds from a local board for failure to comply with applicable laws. In addition to this authority, current law authorizes ODMH to withhold funds otherwise to be allocated to a local board if the board denies available service on the basis of race, color, religion, sex, national origin, developmental disability, age, or disability. The bill expands this list of protected classes to include marital status, sexual orientation, genetic information, and military status. Under current law, if ODMH decides to withhold funds, ODMH must provide information on how the board can come into compliance with the applicable laws, and give the board a reasonable time within to comply. Under the bill, the board has ten days to comply and may, but is not required to, offer technical assistance. Additionally, ODMHAS must hold a hearing on the matter and, under the bill, the hearing is to be held within ten days of receipt of the board's position on the matter.

### **Confidential documents**

(R.C. 5119.28 and 5119.99(C))

The bill enacts new requirements related to confidential mental health records. All records, and reports, other than court journal entries or court docket entries, identifying a person and pertaining to the person's mental health condition, assessment, provision of care or treatment, or payment for assessment, care or treatment that are maintained in connection with any services certified by ODMHAS, or any hospitals or facilities licensed or operated by ODMHAS, are to be kept confidential and are not to be disclosed by any person except:

- If the person identified, or the person's legal guardian, if any, or if the person is a minor, the person's parent or legal guardian, consents.
- When disclosure is provided for in the ODMHAS Law, the local board law, the Hospitalization of the Mentally Ill Law, or the laws relating to occupations and professions.



- That hospitals, boards of alcohol, drug addiction, and mental health services, licensed facilities, and community mental health services providers may release necessary information to insurers and other third-party payers, including government entities responsible for processing and authorizing payment, to obtain payment for goods and services furnished to the person. Before disclosing this type of record, the custodian must attempt to obtain the person's consent to the disclosure.
- Pursuant to a court order signed by a judge.
- That a person is to be granted access to the person's own psychiatric and medical records, unless access specifically is restricted in a person's treatment plan for clear treatment reasons.
- That ODMHAS may exchange psychiatric records and other pertinent information with community mental health services providers and boards of alcohol, drug addiction, and mental health services relating to the person's care or services. Records and information that may be exchanged pursuant to this provision is to be limited to medication history, physical health status and history, financial status, summary of course of treatment, summary of treatment needs, and a discharge summary, if any. Before disclosing this type of record, the custodian must attempt to obtain the person's consent to the disclosure.
- That ODMHAS, hospitals and community providers operated by ODMHAS, hospitals licensed by ODMHAS, and community mental health services providers may exchange psychiatric records and other pertinent information with payers and other providers of treatment and health services if the purpose of the exchange is to facilitate continuity of care for the person or for the emergency treatment of the person.
- That ODMHAS and community mental health services providers may exchange psychiatric records and other pertinent information with boards of alcohol, drug addiction, and mental health services for purposes of any board function set forth in the local board law. Boards of alcohol, drug addiction, and mental health services are to not access any personal information from ODMHAS or providers except as required or permitted by law for purposes related to payment, care coordination, health care operations, program and service evaluation, reporting activities, research, system administration, oversight, or other authorized purposes.

- That a person's family member who is involved in the provision, planning, and monitoring of services to the person may receive medication information, a summary of the person's diagnosis and prognosis, and a list of the services and personnel available to assist the person and the person's family, if the person's treatment provider determines that the disclosure would be in the best interests of the person. No such disclosure is to be made unless the person is notified first and receives the information and does not object to the disclosure.
- That community mental health services providers may exchange psychiatric records and certain other information with the board of alcohol, drug addiction, and mental health services and other providers in order to provide services to a person involuntarily committed to a board. Release of records under this provision is to be limited to medication history, physical health status and history, financial status, summary of course of treatment, summary of treatment needs, and discharge summary, if any. Before disclosing this type of record, the custodian must attempt to obtain the person's consent to the disclosure.
- That information may be disclosed to the executor or the administrator of an estate of a deceased person when the information is necessary to administer the estate.
- That information may be disclosed to staff members of the appropriate board or to staff members designated by the Director of ODMHAS for the purpose of evaluating the quality, effectiveness, and efficiency of services and determining if the services meet minimum standards. Information obtained during such evaluations is to not be retained with the name of any person.
- That records pertaining to the person's diagnosis, course of treatment, treatment needs, and prognosis is to be disclosed and released to the appropriate prosecuting attorney if the person was committed pursuant to the laws relating to competency to stand trial and acquittal by reason of insanity, or to the attorney designated by the board for proceedings pursuant to involuntary commitment under the Hospitalization of the Mentally Ill Law.
- That ODMHAS may exchange psychiatric hospitalization records, other mental health treatment records, and other pertinent information with the Department of Rehabilitation and Correction and with the Department of Youth Services to ensure continuity of care for inmates and offenders who

are receiving mental health services in an institution of the Department of Rehabilitation and Correction or DYS and may exchange psychiatric hospitalization records, other mental health treatment records, and other pertinent information with boards of alcohol, drug addiction, and mental health services and community mental health services providers to ensure continuity of care for inmates or offenders who are receiving mental health services in an institution and are scheduled for release within six months. The release of records under this provision is limited to records regarding an inmate's or offender's medication history, physical health status and history, summary of course of treatment, summary of treatment needs, and a discharge summary, if any.

- That a community mental health services provider that ceases to operate may transfer to either a community mental health services provider that assumes its caseload or to the board of alcohol, drug addiction, and mental health services of the service district in which the person resided at the time services were most recently provided any treatment records that have not been transferred elsewhere at the person's request.

No person is to reveal the content of a medical record of a person except as authorized by law. The bill makes violating these requirements a fifth degree felony.

### **Federal block grant funds**

(R.C. 5119.60 (renumbered 5119.32))

The bill makes ODMHAS the administrative agency for the federal Substance Abuse Prevention Treatment Block Grant and the federal Community Mental Health Services Block Grant, which are the successors to the Alcohol, Drug Abuse, and Mental Health Services Block Grant. With regard to these grants, the bill removes the requirement that ODMH establish and administer an annual plan to utilize federal block grant funds.

### **Services providers and certification of services**

(R.C. 5119.611 (renumbered 5119.36), 5119.612 (renumbered 5119.37) and 3793.06 (repealed))

Continuing law requires ODMHAS to adopt rules related to the certification of services providers. Under the bill, ODMHAS is no longer required to establish standards for qualifications of mental health professionals and personnel who provide community mental health services. The bill also removes current law's requirement that



the amount of certification review fees for community mental health services and addiction services be based on a portion of the cost of performing the review.

Under continuing law, if a community services provider does not satisfy the standards for certification, the Director must identify the areas of noncompliance. Under current law, ODMHAS is required to offer technical assistance to the local board. The bill makes this offer permissive but also permits the offer to be made to the services provider.

Continuing law enables mental health services, integrated mental health and alcohol and other drug addiction services, or integrated mental health and physical health services of a services provider to be certified by standards other than the standard standards that ODMHAS uses. The bill adds alcohol and drug addiction services and integrated alcohol and other drug addiction and physical health services to the services for which the Director may accept other standards for certification.

Current law requires ODADAS to maintain a current list of alcohol and drug addiction programs that are certified by ODMHAS and to provide the list to a judge of a court of common pleas who requests a copy. Current law also prohibits alcohol and drug addiction services providers from representing themselves as being certified by ODADAS if they are not actually certified at the time the representation is made. The bill removes both of these provisions.

### **Determination of services needed**

(R.C. 5119.061 (renumbered 5119.40))

Current law requires ODMH to determine whether a mentally ill person seeking admission to a nursing facility requires the level of services provided by a nursing facility. This evaluation is not required in certain situations, however, unless certain criteria, newly added by the bill, apply. In other words, an evaluation for a situation that would normally be exempt is required if the hospital from which the individual is transferred or directly admitted to a nursing facility is either of the following:

- A hospital that ODMHAS maintains, operates, manages, and governs for the care and treatment of mentally ill persons.
- A free-standing hospital, or unit of a hospital, licensed by ODMHAS.



## **Residential state supplement**

(R.C. 5119.69 (renumbered 5119.41) and 5119.691 (renumbered 5119.411))

Continuing law prescribes eligibility standards for residential state supplement payments. Under current law one of the places that a person must reside in to be eligible for the supplement is a home or facility, other than a nursing home or nursing home unit of a home for the aging, licensed accordingly. Under the bill, this eligible residence is replaced by a residential care facility, licensed accordingly, or an assisted living program.

Current law requires ODMH to notify each person denied approval for residential state supplement payments of the person's right to a hearing on the matter. The bill requires the county department of job and family services to provide this notification.

Continuing law requires each residential state supplement administrative agency to determine whether individuals who reside in the agency's area are on a waiting list for the residential state supplement program have been admitted to a nursing facility. Under current law, if an agency determines that such an individual has been admitted to a facility the agency is to notify the long-term care consultation program administrator serving the area in which the individual resides about the determination. Under the bill, the notification requirement is removed.

## **Compilation of statistics**

(R.C. 3793.12 (renumbered 5119.61))

Continuing law requires ODMHAS to collect and compile statistics and other information related to addiction services. The bill requires ODMHAS to also collect and compile statistics and other information on the care and treatment of mentally disabled persons. In addition, under the bill ODMHAS is to collect information about services delivered and persons served as required for reporting and evaluation relating to state and federal funds expended for such purposes.

## **Outright repeals**

The following is a list and brief description of those sections that are completely repealed in the merger of ODMH and ODADAS into ODMHAS.



### **Council on Alcohol, Drug, and Gambling Addiction Services**

(R.C. 3793.07 (repealed))

The bill abolishes the Council on Alcohol, Drug, and Gambling Addiction Services.

### **Revolving Loans for Recovery Homes Fund**

(R.C. 3793.19 (repealed))

This section creates the Revolving Loans for Recovery Homes Fund, consisting of money received from the federal government. Such funds are no longer being received.

### **Physician specialists**

(R.C. 5119.09 (repealed))

This section authorizes ODMH to prepare job descriptions, classifications, and requirements for physician specialists working in ODMH. This responsibility now falls to DAS.

### **Purchase of supplies and competitive bidding**

(R.C. 5119.31 (repealed))

The section authorizes DAS to purchase supplies for ODMH. This section is redundant, and ODMH and ODADAS already use DAS to purchase supplies.

### **Statement of policy**

(R.C. 5119.47 (repealed))

This section specifies that it is the policy of Ohio, and of ODMH, to operate state hospital inpatient services and other community-based services, in order to provide for a full range of services for persons in need of mental health services.

### **Operation of runaway shelters for minors**

(R.C. 5119.65 through 5119.68 (repealed))

These sections provide for the operation of runaway shelters for minors. These requirements have been subsumed by general requirements and laws related to facilities overseen by ODMHAS.

## **Definitions**

(R.C. 3793.01 (renumbered 5119.01), 5119.22 (renumbered 5119.34), and 5119.69 (renumbered 5119.41))

The bill adds definitions that mirror definitions in related chapters and alters definitions to reflect current practices of ODMH and ODADAS.

## **Transition relating to consolidation**

(Sections 327.20, 327.20.10, 327.20.20, 327.20.30, 327.20.40, 327.20.50, 327.20.60, and 512.50)

On July 1, 2013, the bill creates the ODMHAS, which is to be administered by the Director of Mental Health and Addiction Services. The Director of ODMHAS is to be appointed by the Governor, with the advice and consent of the Senate, and is to hold office during the term of the appointing Governor, and is subject to removal at the pleasure of the Governor. The Director is the executive head of ODMHAS. ODADAS and the ODMH are to be consolidated into ODMHAS. All of the authority, functions, and assets and liabilities of ODMH and ODADAS are transferred to ODMHAS. ODMHAS is thereupon and thereafter successor to, assumes the obligations of, and otherwise constitutes the continuation of ODMH and ODADAS. The Director assumes all of the duties, authorities, and responsibilities of the Director of ODMH and the Director of ODADAS. Any action, license, or certification that was undertaken or issued by the ODMH or ODADAS that is current and valid on the effective date of the consolidation is deemed to be an action, license, or certification undertaken or issued by ODMHAS under the statute creating ODMHAS.

Any business commenced but not completed by July 1, 2013, by ODMH or ODADAS is to be completed by ODMHAS. The business is to be completed in the same manner, and with the same effect, as if completed by ODMH or ODADAS prior to July 1, 2013.

No validation, cure, right, privilege, remedy, obligation, or liability is lost or impaired by reason of this act's transfer of responsibility from ODMH and ODADAS to ODMHAS. Each such validation, cure, right, remedy, obligation, or liability is to be administered by ODMHAS pursuant to the statute creating ODMHAS.

All rules, orders, and determinations made or undertaken pursuant to the authority and responsibilities of ODMH and ODADAS prior to July 1, 2013, is to continue in effect as rules, orders, and determinations of the ODMHAS until modified or rescinded by ODMHAS. If necessary to ensure the integrity of the numbering system



of the Administrative Code, the Director of the Legislative Service Commission is to renumber the rules to reflect the transfer of authority and responsibility to ODMHAS.

Any action or proceeding that is related to the functions or duties of ODMH or ODADAS pending on July 1, 2013, is not affected by the transfer of responsibility to the ODMHAS and is to be prosecuted or defended in the name ODMHAS. In all such actions and proceedings, ODMHAS, on application to the court, is to be substituted as a party.

It is the intention of ODMHAS that community subsidies allocated or distributed by ODMHAS will be used to fund mental health and addiction services in largely the same proportion that such services were funded when allocated or distributed as separate funding streams through the separate ODMH and ODADAS.

All employees of ODMH and ODADAS are to be employees of ODMHAS and are to serve in the positions previously held within their respective agencies unless ODMHAS determines otherwise. The merger of ODMH and ODADAS is not to be deemed a transfer of employees pursuant to Ohio Public Employee Personnel Law. Any unclassified employee of ODMH or ODADAS who held a right to resume a position within the classified service of his or her previous respective agency is to retain the right subject to specified exceptions.

On July 1, 2013, or as soon as possible thereafter, notwithstanding any provision of law to the contrary, and if requested by ODMHAS, the Director of OBM is to make budget changes made necessary by the consolidation, if any, including administrative organization, program transfers, the creation of new funds, the transfer of state funds, and the consolidation of funds. The Director of OBM may make any transfer of cash balances between funds.

On July 1, 2013, or as soon as possible thereafter, the Director of ODMHAS is to certify to the Director of OBM all encumbrances held by ODMH and ODADAS, and specify which of those encumbrances are requested to be transferred to ODMHAS. The Director of OBM may cancel any existing encumbrances as certified by the Director of ODMHAS and re-establish them in the new agency. The bill appropriates the re-established encumbrance amounts. Any business commenced but not completed with regard to the encumbrances certified is to be completed by ODMHAS in the same manner and with the same effect as if it were completed by the ODMH and ODADAS.

Not later than 30 days after the transfer and consolidation of the operations and related management functions of ODMH and ODADAS to ODMHAS, an authorized officer of the former ODMH and the former ODADAS must certify to the Director of ODMHAS the unexpended balance and location of any funds and accounts designated



for building and facility operation and management functions, and the custody of such funds and accounts is to be transferred to ODMHAS.

Not later than September 1, 2013, the Director of ODMH and the Director of ODADAS must certify to the Director of OBM the amount of all of the unexpended, unencumbered balances of GRF appropriations made to their respective departments for FY 2012, excluding Ohio Public Facilities Commission rental payment funds. On receipt of the certification, the Director of OBM must transfer cash to the Department of Mental Health and Addiction Services Trust Fund in an amount up to, but not exceeding, the total amounts certified by the Directors of ODMH and ODADAS

Effective July 1, 2013, the Director of ODMHAS must perform activities that parallel continuing law and law amended by the bill regarding local boards.

Effective July 1, 2013, all records and reports, other than court journal entries or court docket entries, identifying a person and pertaining to the person's mental health condition, assessment, provision of care or treatment, or payment for assessment, care, or treatment that are maintained in connection with any services certified by the ODMHAS, or any hospitals or facilities licensed or operated by ODMHAS, are to be kept confidential and are not to be disclosed by any person, with certain exceptions. This provision and the exceptions to this requirement mirror R.C. 5119.28, which is enacted in the bill.

Effective July 1, 2013, ODMHAS may adopt rules governing licensure and operation of residential facilities, that include procedures for conducting criminal records checks for operators, employees, and volunteers who have direct access to facility residents.

Effective July 1, 2013, to the extent funds are available and on application of boards of alcohol, drug addiction, and mental health services, ODMHAS may approve state reimbursement of, or state grants for, community construction programs, including residential housing for severely mentally disabled persons and persons with substance use disorders. ODMHAS may also approve an application for reimbursement or a grant for such programs submitted by other governmental entities or by private, nonprofit organizations after the board of alcohol, drug addiction, and mental health services has reviewed and approved the application and the application is consistent with the plan, budget, and statement of services submitted and approved by ODMHAS. ODMHAS is to adopt rules in accordance with the Administrative Procedure Act that specify procedures for applying for state reimbursement and for state grants for community construction programs, including residential housing for severely mentally disabled persons and persons with substance use disorders.



Effective July 1, 2013, ODMHAS must collect information about services delivered and persons served as required for reporting and evaluation relating to state and federal funds expended for such purposes. No alcohol, drug addiction, or mental health program, agency, or services provider may fail to supply statistics or other information within its knowledge and with respect to its programs or services upon the request of ODMHAS.

ODMHAS is required to administer specified Medicaid services as delegated by the State's single agency responsible for the Medicaid program (the Department of Medicaid).

The bill renames the "Mental Health Fund" the "Office of Support Services Fund." Continuing law requires ODMHAS to deposit moneys paid by agencies, services providers, or free clinics for goods and services provided by ODMHAS into the state treasury to the credit of the Fund.

## ODMHAS RELOCATION TABLES

In merging ODMH and ODADAS into ODMHAS, the bill relocates a large number of sections. In some cases, the bill simply renumbers a section. In others, the bill repeals the current section and merges the operative provisions into another section, either verbatim or in substance. Below are two charts. The first chart shows the reorganization by current section number. The second chart shows the reorganization by new section number.

### Current location to new location

R.C. section number under current law	R.C. section number under the bill
3793.01	5119.01
3793.02	5119.21
3793.03	5119.10
3793.031	5119.201
3793.032	5119.47
3793.04	5119.22(D) (partial)
3793.041	5119.22(D) (partial)
3793.05	5119.22(D) (partial)
3793.051	5119.161
3793.06	5119.36
3793.061	5119.37



<b>R.C. section number under current law</b>	<b>R.C. section number under the bill</b>
3793.07	Repealed by H.B. 284 of the 129th General Assembly
3793.08	5119.60
3793.09	Repealed
3793.10	5119.38
3793.11	5119.39
3793.12	5119.61
3793.13	5119.27
3793.14	5119.26
3793.15	5119.17
3793.16	5119.188
3793.18	5119.30
3793.19	Repealed
3793.20	5119.42
3793.21	5119.24
3793.22	5119.49
3793.31	5119.90
3793.32	5119.91
3793.33	5119.92
3793.34	5119.93
3793.35	5119.94
3793.36	5119.95
3793.37	5119.96
3793.38	5119.97
3793.39	5119.98
3793.99	5119.99
5119.01	5119.10
5119.011	5119.14
5119.012	5119.141
5119.013	5119.10(B)(8)
5119.02	5119.14
5119.03	5119.14
5119.04	5119.04
5119.05	5119.10



R.C. section number under current law	R.C. section number under the bill
5119.06	5119.21
5119.06(B)	5119.14
5119.061	5119.40
5119.07	5119.11
5119.071	5119.18
5119.072	5119.181
5119.08	5119.182
5119.09	Repealed
5119.10	5119.184
5119.101	5119.185
5119.11	5119.186
5119.12	5119.187
5119.14	5119.08
5119.16	5119.44
5119.161	5119.45
5119.17	5119.51
5119.18	5119.46
5119.20	5119.33
5119.201	5119.331
5119.202	5119.332
5119.21	5119.333
5119.22(A) to (D), (F) to (O)	5119.34
5119.22(E)	5119.341
5119.221	5119.342
5119.23	5119.31
5119.24	5119.15
5119.27	5119.05
5119.30	5119.09
5119.31	Repealed
5119.33	5119.54
5119.34	5119.50
5119.35	5119.56
5119.351	5119.55



R.C. section number under current law	R.C. section number under the bill
5119.36	5119.52
5119.37	5119.201
5119.39	5119.201
5119.42	5119.07
5119.43	5119.06
5119.44	5119.051
5119.46	5119.60 5119.341
5119.47	5119.14
5119.50	5119.70
5119.51	5119.71
5119.52	5119.72
5119.53	5119.73
5119.57	5119.29
5119.60	5119.32
5119.61	5119.22 5119.01
5119.611	5119.36
5119.612	5119.37
5119.613	5119.361
5119.62	5119.23
5119.621	5119.24
5119.622	5119.25(A) and (C)
5119.623	5119.25(B)
5119.63	5119.42
5119.631	5119.421
5119.64	Repealed
5119.65	Repealed
5119.66	Repealed
5119.67	Repealed
5119.68	Repealed



R.C. section number under current law	R.C. section number under the bill
5119.69	5119.41
5119.691	5119.411
5119.99	5119.99

### New location to current location

R.C. section number under the bill	R.C. section number under current law
5119.01	3793.01 5119.61
5119.04	5119.04
5119.05	5119.27
5119.051	5119.44
5119.06	5119.43
5119.07	5119.42
5119.08	5119.14
5119.09	5119.30
5119.10	3793.03 5119.01 5119.05
5119.10(B)(8)	5119.013
5119.11	5119.07
5119.14	5119.011 5119.02 5119.03 5119.06 5119.47
5119.141	5119.012
5119.15	5119.24
5119.161	3793.051
5119.17	3793.15
5119.18	5119.071
5119.181	5119.072
5119.182	5119.08



R.C. section number under the bill	R.C. section number under current law
5119.184	5119.10
5119.186	5119.11
5119.187	5119.12
5119.188	3793.16
5119.20	5119.39
5119.201	3793.031 5119.37
5119.21	3793.02
5119.21	5119.06
5119.22(D)	3793.04 3793.041 3793.05
5119.22	5119.61
5119.23	5119.62
5119.24	3793.21
5119.24	5119.621
5119.25(A) and (C)	5119.622
5119.25(B)	5119.623
5119.26	3793.14
5119.27	3793.13
5119.29	5119.57
5119.30	3793.18
5119.31	5119.23
5119.32	5119.60
5119.33	5119.20
5119.331	5119.201
5119.332	5119.202
5119.333	5119.21
5119.34	5119.22(A) to (D), (F) to (O)
5119.341	5119.22(E) 5119.46
5119.342	5119.221



<b>R.C. section number under the bill</b>	<b>R.C. section number under current law</b>
5119.36	3793.06
5119.36	5119.611
5119.361	5119.613
5119.37	3793.061
5119.37	5119.612
5119.38	3793.10
5119.39	3793.11
5119.40	5119.061
5119.41	5119.69
5119.411	5119.691
5119.42	3793.20
	5119.63
5119.421	5119.631
5119.44	5119.16
5119.45	5119.161
5119.46	5119.18
5119.47	3793.032
5119.49	3793.22
5119.50	5119.34
5119.51	5119.17
5119.52	5119.36
5119.54	5119.33
5119.55	5119.351
5119.56	5119.35
5119.60	3793.08
	5119.46
5119.61	3793.12
5119.70	5119.50
5119.71	5119.51
5119.72	5119.52
5119.73	5119.53
5119.90	3793.31
5119.91	3793.32



R.C. section number under the bill	R.C. section number under current law
5119.92	3793.33
5119.93	3793.34
5119.94	3793.35
5119.95	3793.36
5119.96	3793.37
5119.97	3793.38
5119.98	3793.39
5119.99	3793.99
5119.99	5119.99
5191.185	5119.101
Repealed	3793.09 3793.19 5119.09 5119.31 5119.64 5119.65 5119.66 5119.67 5119.68
Repealed by H.B. 284 of the 129th General Assembly	3793.07

### **Alcohol, drug addiction, and mental health service districts**

(R.C. 340.01, 340.011, 340.02, 340.021, 340.022 (repealed), 340.03, 340.031, 340.032, 340.033 (repealed), 340.04, 340.05, 340.06 (repealed), 340.07, 340.08, 340.09, 340.091, 340.10, 340.11, 340.12, 340.13, 340.14 (repealed), 340.15, and 340.16; conforming changes in multiple R.C. sections)

#### **Changes to membership of local boards**

Continuing law requires each alcohol, drug addiction, and mental health service district to have either (1) a board of alcohol, drug addiction, and mental health services (ADAMHS) or (2) an alcohol and drug addiction services (ADAS) board and a community mental health (CMH) board. The bill makes several changes to the membership requirements of these boards. The bill permits ADAMHS, ADAS, and CMH boards to elect to consist either of 18 members, as required by current law, or of



14 members. The bill requires the boards to notify ODMHAS not later than January 1, 2014, of a board's election to continue to operate as an 18-member board or to transition to operation as a 14-member board. This election is final. If a board fails to provide the notice within the time period, the failure shall be deemed an election to continue operation as an 18-member board. If a board provides timely notice of its election to transition to operate as a 14-member board, the number of board members may decline from 18 to 14 through attrition as current members' terms expire, provided that the composition of the board reflects the bill's requirements for 14-member boards.

### **Alcohol, drug addiction, and mental health services boards**

For ADAMHS boards, the proportion of members interested in mental health services and addiction services remains the same under the bill as under current law (half must be interested in mental health services and half must be interested in addiction services), however, interest in addiction services is expanded to include gambling addiction services in addition to alcohol or drug addiction services.

Reflecting the bill's merger of ODMH and ODADAS, the bill combines the number of members the director of each agency appoints under current law (four by the ODMH Director and four by the ODADAS Director) by requiring the Director of ODMHAS to appoint eight members of an 18-member ADAMHS Board. Continuing law requires the board of county commissioners to appoint the remaining ten members. For ADAMHS boards operating as 14-member boards, the bill requires the Director of ODMHAS to appoint six members and the board of county commissioners to appoint eight members.

The bill maintains current law regarding the appointment of members of an 18-member board and enacts provisions regarding the appointment of members of a 14-member board. For 14-member boards, each member will be appointed for a term of four years, commencing the first day of July, except that four of the initial appointments to a newly established board, and to the extent possible to expanded boards, will be for terms of two years, five initial appointments will be for terms of three years, and five initial appointments will be for terms of four years.

The bill allows, in specific circumstances, a member to serve longer on a board than under current law. The bill prohibits a member of a board from serving more than two consecutive four-year terms **under the same appointing authority**. Similarly, the bill provides that 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. The bill provides that 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. Current



law prohibits any member from (1) serving more than two consecutive four-year terms, (2) serving for three consecutive terms only if one of the terms is for less than two years, or (3) being eligible for reappointment one year following the end of the second or third term, regardless of appointing authority.

The bill maintains some provisions of current law regarding composition of the board: the Director of ODMHAS is required to ensure that an ADAMHS board includes a person who has received or is receiving mental health services paid for by public funds and a parent or other relative of such a person. The bill replaces or repeals other provisions related to board composition:

<b>Directors of ODMH and ODADAS are required by current law to ensure these members are on each ADAMHS board</b>	<b>Director of ODMHAS is required by the bill to ensure these members are on each ADAMHS board</b>
Psychiatrist or licensed physician	Clinician with experience in the delivery of mental health services
Mental health professional	No provision
Professional in the field of alcohol or drug addiction services	Clinician with experience in the delivery of addiction services
Advocate for persons receiving treatment for alcohol or drug addiction	No provision
Person who has received or is receiving alcohol or drug addiction services	Person who has received or is receiving addiction services paid for by public funds
Parent or relative of a person who has received or is receiving alcohol or drug addiction services	Parent or relative of a person who has received or is receiving addiction services paid for by public funds

Thus, the bill requires the Director to ensure that one member of the board is a clinician with experience in the delivery of mental health, one member is a person who has received or is receiving mental health services paid for by public funds, one member is a parent or relative of such a person, one member is a clinician with experience in the delivery of addiction services, one member is a person who has received or is receiving addiction services paid for by public funds, and one member is a parent or other relative of such a person.

The bill provides that a single member of a board who meets both the clinician qualifications may fulfill the requirement for a clinician with experience in the delivery of mental health services and a clinician with experience in the delivery of addiction services.

The bill prohibits any member of a board from being an employee of any provider with which the board has entered into a contract for the provision of services



or facilities. Current law allows an ADAMHS board member to be an employee of a provider with which the board has entered into a contract for the provision of services or facilities, if the board member's employment duties with the provider consist of providing, only outside the district the board serves, services for which the Medicaid program pays.

The bill removes current law's prohibition against the required annual in-service training sessions that each board member is required to attend from being considered to be a regularly scheduled meeting of the board.

### **Alcohol and drug addiction services (ADAS) and community mental health (CMH) boards**

The bill changes the number of members appointed by the Director of ODMHAS and the board of county commissioners for ADAS and CMH boards. The bill requires that for boards operating as 18-member boards, eight members be appointed by the Director and ten members be appointed by the board of county commissioners. Current law requires six members be appointed by the Director and 12 members be appointed by the board of county commissioners. For 14-member boards, the Director is required to appoint six members and the board of county commissioners is required to appoint eight members.

The bill requires that the Director **ensure** one member of an ADAS board be each of the following: (1) a person who has received or is receiving services for alcohol, drug, or gambling addiction, (2) a parent or relative of such a person, (3) and a clinician with experience in the delivery of addiction services. Current law requires the Director to **appoint** each of the following: (1) a person who has received or is receiving services for alcohol or drug addiction, (2) a parent or relative of such a person, (3) a professional in the field of alcohol or drug addiction services, and (4) an advocate for persons receiving treatment for alcohol or drug addiction. Thus, the bill includes gambling addiction in addition to drug and alcohol addiction, replaces the professional with a clinician with experience, and removes the requirement that an advocate be on the board.

The bill requires that the Director **ensure** that one member of the CMH board be each of the following: (1) a person who has received or is receiving mental health services, (2) a parent or relative of such a person, and (3) a clinician with experience in the delivery of mental health services. Current law requires that the Director **appoint** each of the following: (1) a person who has received or is receiving mental health services, (2) a parent or relative of such a person, (3) a psychiatrist or a physician, and (4) a mental health professional.

The bill removes expired language that provides for the establishment of an ADAMHS board between the original deadline for establishment (within 30 days of



October 10, 1989) and January 1, 2007; allows a board of county commissioners to adopt a final resolution, at any time in the future, that establishes an ADAMHS board in lieu of ADAS and CMH boards; and removes the requirement that each service district without an alcohol and drug addiction services board create a standing committee on alcohol and drug addiction services.

### **Duties of boards**

The bill consolidates, amends, reorganizes, and enacts provisions regarding board duties with respect to mental health services and alcohol and drug addiction services. The bill maintains most of the duties that are in existing law and combines those that currently are split between addiction services and mental health services. Most of these provisions are organized under R.C. 340.03 and R.C. 340.08 of the bill, which enumerate the responsibilities of ADAMHS, ADAS, and CMH boards.

### **Planning duties**

The bill specifies that instead of implementing an annual plan that is approved by ODMHAS, a board must operate in accordance with such a plan. The bill requires boards, in serving as the community addiction and mental health services planning agency, to evaluate strengths and challenges for such services and, when setting priorities as required by current law, to include treatment and prevention priorities. The bill expands the duties of a continuum of care, which current law refers to as a community support system and requires a board to establish to the extent resources are available, to include prevention in addition to treatment, support, and rehabilitation services and opportunities and requires residential addiction and mental health services to be components of the system.

The bill replaces the requirement that the annual plan include the needs of all residents of the district now residing in state mental institutions and severely mentally disabled adults, children, and adolescents, with a requirement that the annual plan include the needs of all residents of the district currently receiving inpatient services in state-operated hospitals and the needs of other populations as required by state or federal law.

The bill removes the requirement that the annual plan include a statement of the inpatient and community based services the board proposes that ODMH operate and an assessment of the number and types of residential facilities needed, and consequently removes the requirement that ODMH's statement of approval or disapproval specifies these services that ODMH will operate for the board. For a district that has ADAS and CMH boards, the bill requires the ADAS board to submit a community addiction services plan and the CMH board to submit a community mental health services plan. The bill directs the ADAS and CMH boards (1) to consult with



each other in developing the plans and (2) to address the interaction between the local addiction services and mental health services systems and populations with regard to needs and priorities in developing its plan.

The bill requires the board to submit to ODMHAS a statement identifying the services described in categories of continuum of care and support functions, approved by ODMHAS, which the board intends to make available (see "**ODMHAS reimbursement**" below). Crisis intervention services for individuals in emergency situations and services required for a parent, guardian, or custodian of a child who is in imminent risk of being abused or neglected must be included in the statement, and the board is required to explain the manner in which it will make the services available.

### **Fiduciary duties**

The bill requires each board, in accordance with rules or guidelines issued by the Director, to submit to ODMHAS a report of receipts and expenditures for all federal, state, and local moneys the board expects to receive. Current law requires the board to receive, compile, and transmit to ODMHAS an application for funding. The bill states that the board's proposed budget for expenditures of state and federal funds distributed to the board by ODMHAS will be deemed an application for funds, and ODMHAS must approve or disapprove the budget for these expenditures. If the budget is disapproved, ODMHAS is required to inform the board of the reasons for disapproval and of the criteria that must be met before the budget may be approved. The Director is required (1) to provide the board an opportunity to present its case on behalf of the submitted budget, (2) to give the board a reasonable time in which to meet the criteria, and (3) to offer the board technical assistance to help it meet the criteria.

If, after approval of the budget, a board determines that it is necessary to amend the budget, the bill requires the board to submit a proposed amendment to the Director. The Director must approve or disapprove of all or part of the amendment and then inform the board of the reasons for disapproval of all or part of the amendment and the criteria that must be met before the amendment may be approved. Then, the Director must complete (1), (2), and (3) in the paragraph above.

With regard to the statement that a board is required to submit to ODMHAS that identifies the services described in categories of continuum of care and support functions (see "**Planning duties**" above and "**ODMHAS reimbursement**" below), the bill requires the list to be compatible with the submitted budget. ODMHAS must approve or disapprove the proposed listing of services and, in the case of disapproval, inform the board of the reasons for disapproval and the criteria that must be met before the listing may be approved. The Director is required to complete (1), (2), and (3) above.



The bill allows the Director to withhold funds otherwise to be allocated to a board if the board's use of state and federal funds fails to comply with the approved budget, or an amended approved budget.

### **Other duties**

The bill requires boards to enter into a continuity of care agreement with the state institution operated by ODMHAS and designated as the institution serving the district encompassing the board's service district. The agreement must outline ODMHAS's and the board's responsibilities to plan for and coordinate with each other to address the needs of board residents who are patients in the institution, with an emphasis on managing appropriate hospital bed day use and discharge planning.

The bill requires boards to submit to ODMHAS a report summarizing complaints and grievances received by the board concerning the rights of persons seeking or receiving services, investigations of complaints and grievances, and outcomes of the investigations.

The bill requires boards annually, and upon any change in membership, to submit to ODMHAS a list of all current members of the board, including the appointing authority for each member, and the member's specific qualification for appointment in accordance with the law.

The bill requires boards to establish a mechanism for obtaining advice and involvement of persons receiving publicly funded addiction or mental health services on matters pertaining to mental health services in the district. Current law does not specify that the services be publicly funded. The bill prohibits a board from contracting with an unlicensed residential facility that is required to be licensed by the Director.

With regard to inspections of residential facilities, the bill permits a board to conduct an inspection of any residential facility licensed under the Hospitalization of the Mentally Ill Law that is located in the board's district. This eliminates the current requirement that the inspection be pursuant to a contract with ODMH.

Boards are required by the bill to submit to ODMHAS other information as is reasonably required for purposes of ODMHAS's operations, service evaluation, reporting activities, research, system administration, and oversight.

The bill makes permissive that a utilization review process be established as part of a contract for services entered into between a board and a community addiction or mental health agency services provider. Current law requires the utilization review process to be established.

The bill creates references in Chapter 340. (the law regarding local boards), to both of the following existing law provisions: (1) duties of boards to operate, in conjunction with ODMHAS, a coordinated system for tracking and monitoring certain persons found not guilty by reason of insanity and (2) duties of boards to provide to ODMHAS information submitted to the community information system or systems established by ODMHAS.

### **Repealed duties**

The bill removes current law's requirement that boards administer mental health clinics and child guidance homes financed partly by state funds as of June 30, 1967.

### **ODMHAS reimbursement**

The bill reorganizes the list of board services for which a county is eligible for monetary assistance from appropriated funds. The bill specifies that the services must be approved by ODMHAS within the continuum of care or be approved support functions. Categories in the continuum of care may include (1) inpatient, (2) residential, (3) outpatient treatment, (4) intensive and other support, (5) recovery support, and (6) prevention and wellness management. Support functions may include (1) consultation, (2) research, (3) administrative, (4) referral and information, (5) training, and (6) service and program evaluation. Current law provides a county may be reimbursed for the following services: (1) outpatient, (2) inpatient, (3) partial hospitalization, (4) rehabilitation, (5) consultation, (6) mental health education and other preventive services, (7) emergency, (8) crisis intervention, (9) research, (10) administrative, (11) referral and information, (12) residential, (13) training, (14) substance abuse, (15) service and program evaluation, (16) community support system, (17) case management, (18) residential housing, and (19) other services approved by the board and the Director.

### **Protected classes**

The bill expands the protected classes against which boards and contracted services providers are prohibited from discriminating in the provisions of services under its authority, in employment, or contract. The bill expands the protected classes to include age, ancestry, sexual orientation, military standards, and genetic information and replaces the protected class of "creed" with "religion."

### **EDGE business enterprise procurement goals**

The bill requires, to the extent that a board is authorized to enter into contracts for construction, the board to strive to attain a yearly contract dollar procurement goal the aggregate value of which equals approximately 5% of the aggregate value of



construction contracts for the current fiscal year for EDGE business enterprises only. Current law sets aside these contracts for bidding by certified minority business enterprises. "EDGE business enterprise" means a sole proprietorship, association, partnership, corporation, limited liability corporation, or joint venture certified as a participant in the encouraging diversity, growth, and equity program by the Director of Administrative Services (DAS). The bill requires any EDGE business enterprise that desires to bid on a contract to first apply to the Equal Employment Opportunity Coordinator of DAS.

The bill permits a board that is unable to comply with the EDGE contracting procurement goal, after having made a good faith effort, to apply in writing to the Director for a waiver or modification of the goal. The application must be on a form prescribed by DAS. The bill specifies that the provisions regarding EDGE contracts do not preclude any EDGE business enterprise from bidding on any other contract not specifically subject to the procurement goals.

Continuing law requires each board to file a report with ODMHAS, within 90 days after the beginning of each fiscal year, that shows for that fiscal year the name of each minority business enterprise with which the board entered into a contract, the value and type of each such contract, the total value of the contracts, and the total value of contracts for construction and purchases of equipment, materials, supplies, or services, other than contracts entered into pursuant to the planning duties of local ADAMHS boards. The bill additionally applies these provisions to each EDGE business enterprise with which the board entered into a contract.

The bill provides that any person who intentionally misrepresents the person's self as owning, controlling, operating, or participating in an EDGE business enterprise in order to obtain contracts or other benefits is guilty of theft by deception.

### **Miscellaneous changes**

The bill makes conforming changes to reflect the merger, by the bill, of ODMH and ODADAS into ODMHAS. The bill also updates certain terms to reflect industry terminology:

Current law	Bill
Agency Agency, corporation, or association Agency, corporation, or individual	Services provider Provider
Client Consumer Patient	Person receiving services
Alcohol and drug addiction services	Addiction services Alcohol, drug, and gambling addiction services
Programs	Services Services and facilities
Comprehensive community mental health plan	Comprehensive community addiction and mental health services budget Budget Budget and statement of services

For purposes of qualification as the executive director of a board, the bill defines "mental health professional" and "addiction services professional" as an individual who is qualified to work with mentally ill persons or persons receiving addiction services, pursuant to standards established by the Director of ODMHAS under state law.

The bill removes the expired requirement that ODMHAS and the Department of Job and Family Services collaborate to formulate a plan for funding responsibilities of public children services agencies and alcohol, drug addiction, and mental health services boards.

### **Recovery Requires a Community Program**

(Section 751.10)

The bill requires that ODMHAS, in consultation with the Department of Medicaid (ODM), administer the Recovery Requires a Community Program to identify individuals residing in nursing facilities who can be successfully moved into community settings with the aid of nonMedicaid services. The ODMHAS and ODM Directors must agree on an amount that represents the savings realized from decreased nursing facility utilizations as a result of the program. The savings are to be transferred, within the 2014 and 2015 biennium, from ODM to ODMHAS to support nonMedicaid program costs for individuals moving into community settings.

