
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Recovery supports for the mentally ill and drug-addicted

- Defines the term, "recovery support," and replaces references to "recovery support service" with references to "recovery support" throughout the Revised Code.
- Defines "community addiction services provider" and "community mental health services provider" to include a provider of recovery supports who is compensated with public funds.
- Specifies that a recovery support is a separate component of the continuum of care for persons suffering from mental illness or drug or alcohol addiction.
- Requires the Ohio Department of Mental Health and Addiction Services (ODMHAS) Director and ODMHAS to perform duties related to the provision of recovery supports that are similar to those performed under existing law related to the provision of addiction and mental health services.
- Requires a community mental health and addiction plan that a board of alcohol, drug addiction, and mental health services (ADAMHS board) submits to ODMHAS under existing law include a list of the ODMHAS priorities for recovery supports that have been communicated to the ADAMHS board.
- Requires an ADAMHS board to submit a statement identifying the recovery supports the board intends to make available and requires ODMHAS to approve or disapprove that statement in whole or in part.
- Requires an ADAMHS board to contract with community mental health and addiction services providers for the provision of recovery.
- Specifies that the continuum of care for opioid and co-occurring drug addiction includes recovery supports.
- Requires a report on public funding that an ADAMHS board must submit to ODMHAS under existing law identify funds the board receives for recovery supports associated with opioid and co-occurring drug addiction.
- Requires an ADAMHS board and ADAMHS board executive director to perform duties related to the provision of recovery supports that are similar to those performed under existing law related to the provision of addiction and mental health services.



- Requires information concerning an individual's receipt of recovery supports to be kept confidential in the same manner as information concerning an individual's mental health treatment.
- Requires an annual report that ODMHAS must submit to the Governor under existing law to contain information concerning the recovery supports that ODMHAS offers.
- For state and federal reporting purposes, requires ODMHAS to collect information concerning the delivery of recovery supports.
- Authorizes ODMHAS facilities to exchange psychiatric records and other information with payers and providers of recovery supports.
- Makes technical and conforming changes associated with the bill's other provisions on addiction and mental health services and recovery supports.

Recovery housing

- Defines "recovery housing" to include housing for individuals recovering from alcoholism as well as drug addiction.
- Eliminates provisions that prohibit residential facilities from owning or operating recovery housing or providing addiction services, but prohibits recovery housing from being subject to ODMHAS residential facility licensure.

Prohibition on discriminatory practices

- Prohibits an ADAMHS board or community addiction or mental health services provider from discriminating in the provision of addiction and mental health services, in employment, or under a contract based on religion or age (in addition to race, color, creed, sex, national origin, or disability, as specified in existing law).

Joint state plan to improve access

- Eliminates certain requirements relating to a joint state plan designed to improve access to alcohol and drug addiction services for individuals a PCSA identifies as being in need of those services.

Confidentiality of records

- Eliminates the confidentiality of specified mental health records identifying a patient who has been deceased for 50 years or longer.

Mental health service provider noncompliance

- Permits ODMHAS to suspend the admission of patients to a hospital treating mentally ill persons or a community addiction services provider offering overnight accommodations under certain circumstances.
- Authorizes ODMHAS to refuse to renew a hospital's license to treat the mentally ill for specified reasons.

Residential facilities

- Amends the definition of "residential facility" to create different classes of residential facilities based on the size of the facility and the types of services offered by the facility.
- Expands the reasons ODMHAS may suspend admissions to a residential facility, refuse to issue or renew, or revoke a facility's license.
- Modifies the requirements regarding the operation of residential facilities.

Rules

- Modifies ODMHAS's rule-making authority.

Social Security Residential State Supplement eligibility

- Makes changes to the eligibility requirements for the Residential State Supplement Program.
- Limits the referral requirements under the Residential State Supplement Program.
- Removes the current law requirement that ODMHAS maintain a waiting list for the Residential State Supplement Program.
- Permits the Department of Medicaid to (1) determine whether an applicant meets eligibility requirements and (2) notify each denied applicant of the applicant's right to a hearing.

Probate court reimbursement

- Eliminates the requirement of sending a probate court's transcript of proceedings to the mentally ill person's county of residence in order for the committing court to be reimbursed for its expenses and instead requires the sending of a certified copy of the commitment order.



Office of Support Services Fund

- Renames the "Office of Support Services Fund" used by ODMHAS to be the "Ohio Pharmacy Services Fund."

Drug court pilot program

- Creates a pilot program to provide addiction treatment to persons who are offenders in the criminal justice system and are dependent on opioids, alcohol, or both.
- Requires certified community addiction services providers to provide specified treatment to the participants in the pilot program based on the individual needs of each participant.
- Requires a research institute to prepare a report on the pilot program's findings and to submit the report to the Governor and other specified persons.

Bureau of Recovery Services

- Transfers the Bureau of Recovery Services in the Department of Rehabilitation and Correction to ODMHAS.

Recovery supports for the mentally ill and drug-addicted

Separate component in the continuum of care

(R.C. 340.03 and 5119.01; conforming changes in R.C. 121.372, 140.01, 321.44, 340.01, 340.07, 340.15, 737.41, 2151.3514, 2925.03, 2929.13, 2929.15, 2935.33, 2951.041, 2981.12, 2981.13, 4511.191, 5107.64, 5119.11, 5119.186, 5119.23, 5119.25, 5119.31, 5119.36, 5119.361, 5119.362, 5119.365, and 5119.94; Section 812.40)

Under continuing law modified in part by the bill, a board of alcohol, drug addiction, and mental health services (ADAMHS board) must establish, to the extent resources are available, a continuum of care for persons in need of addiction or mental health services. Current law specifies that certain services, called "recovery support services," are included in the continuum as a type of addiction or mental health service. The bill specifies that a "recovery support" is a separate component of the continuum of care rather than being an addiction or mental health service. Associated with this change, the bill replaces references to "recovery support service" with references to "recovery support" throughout the Revised Code. The bill also makes necessary conforming changes to reflect the status of recovery supports as separate from addiction and mental health services in the continuum of care.



The bill defines a "recovery support" as a form of nonclinical assistance that is intended to help an individual with addiction or mental health needs, or a member of that individual's family, to initiate or sustain the individual's recovery from alcoholism, drug addiction, or mental illness. The bill specifies that a recovery support does not include a treatment or prevention service.

Associated with the establishment of a recovery support as a separate component in the continuum of care, the bill modifies the definitions of "community addiction services provider" and "community mental health services provider" to include a provider of recovery supports who is compensated with local, state, or federal funds administered by an ADAMHS board. The bill makes necessary conforming changes to reflect these modifications.

ODMHAS's role in the delivery of recovery supports

Duties

(R.C. 5119.10, 5119.21, and 5119.22)

The bill requires the Ohio Department of Mental Health and Addiction Services (ODMHAS) and the ODMHAS Director to perform duties related to recovery supports that are similar to the duties they perform under existing law related to addiction and mental health services. Specifically, the bill requires ODMHAS to:

--Provide training, consultation, and technical assistance to ODMHAS employees, community mental health and addiction services providers, ADAMHS boards, and other agencies providing addiction and mental health services and recovery supports;

--To the extent resources are available, promote and support a full range of recovery supports that are available and accessible to all Ohio residents, especially for severely mentally disabled children, adolescents, adults, pregnant women, parents, guardians or custodians of children at risk of abuse or neglect, and other special target populations (including racial and ethnic minorities), as determined by ODMHAS;

--Establish a program to protect and promote the rights of persons receiving recovery supports, including the issuance of guidelines on informed consent and other rights;

--Promote the involvement of persons who are receiving or have received recovery supports, including families and other persons having a close relationship to a person receiving those supports, in the planning, evaluation, delivery, and operation of recovery supports; and

--Notify and consult with the relevant constituencies that may be affected by rules, standards, and guidelines issued by ODMHAS, including consumers of recovery supports and their families.

The bill requires the ODMHAS Director to do both of the following related to recovery supports:

--Establish criteria by which an ADAMHS board reviews and evaluates the quality, effectiveness, and efficiency of its contracted recovery supports. Associated with this review and evaluation, ODMHAS may collect information on recovery supports that the ADAMHS board provides.

--Review each ADAMHS board's community mental health and addiction plan, budget, and statement of addiction and mental health services and recovery supports, and approve or disapprove the plan, budget, or statement in whole or in part. The bill requires an ADAMHS board to include in the statement a list of the ODMHAS priorities for recovery supports (in addition to addiction and mental health services) that have been communicated to the ADAMHS board (see "**ADAMHS boards**," below).

Annual report to the Governor

(R.C. 5119.60)

The bill specifies that an annual report that ODMHAS submits to the Governor containing information on services offered by ODMHAS also must include information on recovery supports that are offered. The report must include the number and types of recovery supports provided to severely mentally disabled persons through state-operated services and community mental health services providers.

Collection of statistics and information

(R.C. 5119.61)

Under existing law, ODMHAS must collect information about addiction and mental health services and report it to state and federal officials for funding evaluation purposes. The bill also requires ODMHAS to collect information on recovery supports for the same purposes. Associated with this requirement, the bill prohibits an alcohol, drug addiction, or mental health services provider from failing to supply statistics and other information to ODMHAS on recovery supports (in addition to services).

ADAMHS board's role in the delivery of recovery supports

(R.C. 340.03 and 340.033; Section 812.40)

The bill requires ADAMHS boards to perform duties related to recovery supports that are similar to the duties they perform under existing law related to addiction and mental health services. The duties fall into the following categories:

(1) Community addiction and mental health planning agency

Regarding its continuing role as the community addiction and mental health planning agency, the bill requires an ADAMHS board to:

--Evaluate the need for recovery supports;

--In cooperation with other local and regional planning and funding bodies and with relevant ethnic organizations, set priorities for recovery supports; and

--In accordance with ODMHAS guidelines, annually develop and submit to ODMHAS a community addiction and mental health plan addressing ODMHAS priorities that have been communicated to the board for recovery supports.

(2) Investigations

The bill requires an ADAMHS board to investigate complaints alleging abuse or neglect of any person receiving recovery supports.

(3) Audits

The bill requires an ADAMHS board to conduct program audits that review and evaluate the quality, effectiveness, and efficiency of recovery supports provided through community addiction and mental health services providers. In addition, the bill requires a board to annually audit all recovery supports provided under contract with the board.

(4) Promotion of local financial support

The bill requires an ADAMHS board to recruit and promote local financial support for recovery supports.

(5) Contracts

The bill requires an ADAMHS board to enter into contracts with public and private community addiction and mental health service providers for the provision of recovery supports. In doing so, a board is prohibited from contracting with a provider to provide recovery supports unless the supports meet quality criteria or core



competencies established by ODMHAS. A board must consider the cost effectiveness of recovery supports provided by the provider and may review costs elements (including salary costs) of supports to be provided.

(6) Annual report

The bill requires an ADAMHS board to submit to the ODMHAS Director and the county commissioners of the county or counties served by the board, as well as make available to the public, an annual report of the recovery supports (in addition to addiction and mental health services as required under current law) under the board's jurisdiction, including a fiscal accounting.

(7) Establishment of a continuum of care

As a separate component in the continuum of care, the bill specifies that a recovery support includes:

--Assistance to obtain education, employment, or job training;

--Assistance to develop social, community, or personal living skills;

--Access to a wide range of housing and housing assistance;

--Assistance for persons with addiction or mental health needs, as well as their families, friends, and others, to find support, consultation, and education regarding mental health and addiction;

--The recognition and encouragement of families, friends, neighborhood networks (especially networks that include racial and ethnic minorities), faith-based organizations, community organizations, and community employment as natural supports for persons with addiction or mental health needs.

Also regarding recovery supports as a separate component in the continuum of care, the bill:

--Requires an ADAMHS board to locate persons in need of recovery supports (in addition to addiction or mental health services as required under current law) for the purpose of informing them of available services and benefits;

--Requires an ADAMHS board to provide assistance for persons receiving recovery supports for the purpose of obtaining services necessary to meet basic human needs for food, clothing, shelter, medical care, personal safety, and income; and

--Eliminates community psychiatric supportive treatment services as a component in the continuum of care.

(8) Persons subject to involuntary commitment

The bill requires an ADAMHS board to assure that recovery supports are available to any person involuntarily committed to the board.

(9) Payment

The bill requires an ADAMHS board to establish a procedure for authorizing providers to be paid for recovery supports.

(10) Advice from recovery support recipients

The bill requires an ADAMHS board to establish a mechanism for obtaining advice and involvement of persons receiving recovery supports (in addition to addiction or mental health services as required under existing law) on matters pertaining to recovery supports in the alcohol, drug addiction, and mental health service district.

(11) Opioid and co-occurring drug addiction

The bill requires an ADAMHS board to provide recovery supports for opioid and co-occurring drug addiction. The provision of recovery supports is subject to the same conditions placed on the provision of treatment services under existing law.

Executive director duties

(R.C. 340.04)

The bill requires an ADAMHS board's executive director to perform duties that are similar to those of an executive director must perform under existing law with respect to addiction and mental health services. Specifically, the bill requires an executive director to:

- Supervise recovery supports;
- Recommend to the board changes necessary to increase the effectiveness of recovery supports;
- Encourage the development and expansion of recovery supports; and
- Prepare for board approval an annual report on recovery supports under the board's jurisdiction, including a fiscal accounting of all supports.

ADAMHS board statement on recovery supports

(R.C. 340.08)

Under existing law, an ADAMHS board must submit to ODMHAS, in accordance with ODMHAS rules or guidelines, a statement identifying the addiction and mental health services the board intends to make available. The bill requires the statement also to identify the recovery supports the board intends to make available. After submission, ODMHAS must approve or disapprove the list of proposed services and supports. A continuity of care agreement that a board enters into with ODMHAS under existing law cannot require the board to provide recovery supports (in addition to addiction and mental health services) that are not on the list.

In addition, the bill requires the report that an ADAMHS board submits to ODMHAS under existing law, which summarizes complaints and grievances concerning the rights of persons seeking or receiving addiction or mental health services, also to include complaints and grievances concerning the rights of persons seeking or receiving recovery supports.

Use of funds

(R.C. 340.09)

Under existing law, an ADAMHS board must provide for the board's operation as well as the provision of addiction and mental health services and support functions approved by ODMHAS. The bill also requires an ADAMHS board to provide recovery supports specified in the board's statement of services and supports, and clarifies that funds the General Assembly appropriates and allocates to it must be used for these purposes.

Confidentiality and exchange of records

(R.C. 5119.28 and 5122.31)

The bill requires information concerning an individual's receipt of recovery supports to be kept confidential in the same manner as information concerning an individual's mental health treatment under existing law. Accordingly, such information must be kept confidential and may be released only in limited circumstances (*e.g.*, pursuant to proper consent, in accordance with federal provisions or other provisions of Ohio law, for payment purposes, pursuant to a court order, or to facilitate the individual's care).

Under law unchanged by the bill, documents pertaining to the hospitalization of the mentally ill and criminal trials of persons alleged to be insane generally must be



kept confidential and not be disclosed unless the patient consents to disclosure. There are several exceptions to this rule, one of which permits ODMHAS hospitals, institutions, and facilities, as well as community mental health agencies, to exchange psychiatric records and other pertinent information with payers and providers of treatment and health services if the purpose of the exchange is to facilitate continuity of care. The bill also permits those hospitals, institutions, facilities, and agencies to exchange psychiatric records and other pertinent information with providers of recovery supports for the same purpose.

Recovery housing

(R.C. 340.01 and 340.034; Section 812.40)

Under existing law, recovery housing must be included in the array of treatment services and recovery supports for all levels of opioid and co-occurring drug addiction. The bill defines "recovery housing" to include housing for individuals recovering from alcoholism as well as drug addiction. The bill eliminates provisions that prohibit residential facilities from owning or operating recovery housing or providing addiction services, but prohibits recovery housing from being subject to ODMHAS residential facility licensure. Under the bill, a "residential facility" is a publicly or privately operated home or facility that falls into one of the following categories:¹²⁰

(1) Class one facilities provide accommodations, supervision, personal care services, and mental health services for one or more unrelated adults, children, or adolescents with mental illness.

(2) Class two facilities provide accommodations, supervision, and personal care services to any of the following: (a) one or two unrelated persons with mental illness, (b) one or two unrelated adults who are receiving residential state supplement payments, or (c) three to 16 unrelated adults.

(3) Class three facilities provide room and board for five or more unrelated adults with mental illness.

In addition, the bill prohibits recovery housing from being owned and operated by an ADAMHS board unless (1) the board owns and operates the recovery housing on September 15, 2016, or (2) the board determines that there is an emergency need for the board to assume the ownership and operation of the recovery housing (*e.g.*, when an existing owner and operator of the recovery housing goes out of business, and the

¹²⁰ R.C. 5119.34.



board considers the assumption of ownership and operation of the recovery housing to be its last resort).

Prohibition on discriminatory practices

(R.C. 340.12)

The bill prohibits an ADAMHS board or community addiction or mental health services provider from discriminating in the provision of addiction and mental health services, in employment, or under a contract on the basis of religion or age. Those practices are currently prohibited on the basis of race, color, creed, sex, national origin, or disability.

Joint state plan to improve access to alcohol and drug addiction services

(R.C. 5119.161)

The bill eliminates two requirements relating to a joint state plan administered by ODMHAS, in conjunction with the Ohio Department of Job and Family Services (ODJFS), to improve access to alcohol and drug addiction services for individuals a public children services agency identifies as being in need of those services. First, the bill eliminates the requirement that the plan address the need and manner for sharing information and include a request for an appropriation to pay for alcohol and drug addiction services for caregivers of at-risk children. Second, the bill eliminates the requirement that ODMHAS and ODJFS submit a biennial report to the Governor and certain other public officials of the progress made under the plan.

Confidentiality of mental health records

(R.C. 5119.28 and 5122.31)

The bill sets a time limit with respect to the confidentiality of mental health records in certain circumstances. First, the bill specifies that all records and reports pertaining to an individual's mental health condition maintained in connection with services certified by ODMHAS that identifies the individual are no longer confidential once the individual has been deceased for 50 years or longer. Second, the bill specifies that all certificates, applications, records, and reports from a hospitalization or commitment due to mental illness that directly or indirectly identify an individual are no longer confidential once the individual has been deceased for 50 years or longer.

Mental health service provider noncompliance

(R.C. 5119.33 and 5119.36 with conforming changes in R.C. 5119.99)

Suspension

The bill permits ODMHAS to suspend the admission of patients to a hospital treating mentally ill persons or a community addiction services provider offering overnight accommodations if it finds either of the following:

- (1) That the hospital or provider is not in compliance with ODMHAS rules;
- (2) The hospital or provider was cited for repeated violations during previous license or certification periods.

Refusal to renew

The bill also permits ODMHAS to refuse to renew, in addition to revoke under existing law, a hospital's license to treat the mentally ill for any of the following reasons:

- (1) The hospital is no longer a suitable place for the care or treatment of mentally ill persons.
- (2) The hospital refuses to be subject to ODMHAS inspection or on-site review.
- (3) The hospital has failed to furnish humane, kind, and adequate treatment and care.
- (4) The hospital fails to comply with the ODMHAS licensure rules.

Licensing and operation of residential facilities

(R.C. 5119.34 with conforming changes in R.C. 340.03, 340.05, 5119.341, 5119.41, and 5123.19)

"Residential facility" definition

The bill replaces the definition of "residential facility" with a new definition that creates different classes of publicly or privately operated residential facilities based on the size of the facility and the types of services offered by the facility. These classes parallel current groups included, with the major difference being the removal of the requirement of a referral.



- Class one facilities provide accommodations, supervision, personal care services, and mental health services for one or more unrelated adults, children, or adolescents with mental illnesses.
- Class two facilities provide accommodations, supervision, and personal care services to (1) one or two unrelated persons with mental illness, (2) one or two unrelated adults who are receiving Residential State Supplement payments, and (3) three to 16 unrelated adults.
- Class three facilities provide room and board for five or more unrelated adults with mental illness.

The bill removes from current law's exclusions from the definition of "residential facility" the current exclusion of certified alcohol or drug addiction services. The bill also excludes from the definition the residence of a relative or guardian of a person with mental illness and an institution maintained, operated, managed, and governed by ODMHAS for the hospitalization of mentally ill persons.

Under current law, "residential facility" means a publicly or privately operated home or facility that provides one of the following:

(1) Accommodations, supervision, personal care services, and community mental health services for one or more unrelated adults with mental illness or severe mental disabilities or to one or more unrelated children and adolescents with a serious emotional disturbance or who are in need of mental health services who are referred by or are receiving community mental health services from a community mental health services provider, hospital, or practitioner.

(2) Accommodations, supervision, and personal care services to any of the following: (a) one or two unrelated persons with mental illness or persons with severe mental disabilities who are referred by or are receiving mental health services from a community mental health services provider, hospital, or practitioner, (b) one or two unrelated adults who are receiving Residential State Supplement payments, or (c) three to 16 unrelated adults.

(3) Room and board for five or more unrelated adults with mental illness or severe mental disability who are referred by or are receiving community mental health services from a community mental health services provider, hospital, or practitioner.

Residential facility suspensions and licensure discipline

Additionally, the bill expands the reasons ODMHAS may suspend admissions to a residential facility, refuse to issue or renew, or revoke a facility's license to also include:

(1) The facility has been cited for a pattern of serious noncompliance or repeated violations during the current licensing period.

(2) ODMHAS finds that an applicant or licensee submitted false or misleading information as part of an application, renewal, or investigation.

Such a suspension remains in effect during the pendency of licensure proceedings.

Rules

(R.C. 5119.34(E)(1) and 5119.36(L))

The bill changes ODMHAS's rule-making authority:

The bill requires ODMHAS to adopt rules establishing procedures for conducting background investigations of nonresidential occupants of residential facilities who may have direct access to facility residents. Under current law, criminal records checks are only required for prospective or current operators, employees, and volunteers.

The bill also removes ODMHAS' duty to adopt rules governing procedures for obtaining an affiliation agreement between a residential facility and a community mental health services provider.

Finally, in the provision requiring ODMHAS to adopt rules establishing certification standards for mental health services and addiction services, the bill replaces references to "conditional" certifications for addiction service and mental health service providers with "probationary and interim" certifications. These rules address standards and procedures for granting these types of certifications and the limitations to be placed on a provider that is granted such a certification.

Social Security Residential State Supplement eligibility

(R.C. 5119.41 and 5119.411 (repealed))

The bill makes three changes to the eligibility requirements for the Social Security Residential State Supplement Program. First, the bill removes from the list of residences eligible for the residential state supplement an apartment or room certified



and approved under Ohio law to provide community mental health housing services. Second, the bill permits an individual residing in a living arrangement housing more than 16 individuals to be eligible for the Program if the ODMHAS Director waives the size limitation with respect to that individual (and an individual with such a waiver as of October 1, 2015, remains eligible for the Program as long as the individual remains in that living arrangement). Third, the bill removes the eligibility requirement that a residential state supplement administrative agency have determined that an individual's living environment is appropriate for the individual's needs.

The bill also limits the referral requirements so that a residential state supplement administrative agency must refer an enrolled individual for an assessment with a community mental health services provider only if the agency is aware that the individual has mental health needs. Current law requires the agency to refer an individual for an assessment if the individual is eligible for Social Security payments, Supplemental Security Income payments, or Social Security Disability insurance benefits because of a mental disability.

The bill removes the current law requirement that ODMHAS maintain a waiting list for the Residential State Supplement Program.

The bill also changes the authority under which the ODMHAS Director adopts rules for the Program from R.C. 111.15 rules to APA rules.

Finally, the bill permits the Department of Medicaid, in addition to the applicable county department of job and family services, to (1) determine whether an applicant meets eligibility requirements and (2) notify each denied applicant of the applicant's right to a hearing. Under current law, only the applicable county department of job and family services can engage in those activities. In addition, the hearing is to be held under the general Ohio Department of Job and Family Services appeals procedure, rather than under the APA as under current law.

Probate court reimbursement for fees for commitment of mentally ill

(R.C. 5122.36)

The bill changes the documents required to be sent by a probate court that is ordering the hospitalization of a mentally ill person whose temporary residence is in that court's county in order for the ordering court's fees and expenses for such hospitalization to be paid by the county of the person's legal residence. Under the bill, the ordering court must send to the probate court of the person's county of legal residence a certified copy of the ordering court's commitment order. Under current law, the ordering court must send a certified transcript of all proceedings in the ordering court. The bill requires the receiving court to enter and record the commitment order

and provides that the certified commitment order is prima facie evidence of the person's residence.

Office of Support Services Fund

(R.C. 5119.44)

The bill renames the "Office of Support Services Fund" used by ODMHAS to be the "Ohio Pharmacy Services Fund."

Drug court pilot program

(Section 331.90)

ODMHAS is required to conduct a pilot program to provide addiction treatment, including medication-assisted treatment, to persons who are offenders within the criminal justice system who are eligible to participate in a certified drug court program. Participants in the pilot program are to be selected because of their dependence on opioids, alcohol, or both. In conducting the program, ODMHAS is required to collaborate with the Ohio Supreme Court, the Department of Rehabilitation and Correction, and any agency of the state that ODMHAS determines may be of assistance in accomplishing the objectives of the program. ODMHAS also may collaborate with the Board of Alcohol, Drug Addiction, and Mental Health Services that serves the county in which a participating court is located and with the local law enforcement agencies serving that county.

"Certified drug court program" means a session of a common pleas court, municipal court, or county court, or any division of these courts, that holds initial or final certification from the Ohio Supreme Court as a specialized docket program for drugs. ODMHAS is required to conduct the program in those courts of Crawford, Franklin, Hardin, and Mercer counties that are conducting certified drug court programs. However, if any of these counties do not have a court conducting a certified drug court program, ODMHAS is required to conduct a certified drug court program in another county. In addition to conducting the program in the courts that are conducting certified drug court programs in Crawford, Franklin, Hardin, and Mercer counties, ODMHAS may conduct the program in any court that is conducting a certified drug court program in another county.

Selection of persons to participate in the pilot program

A certified drug court program is required to select criminal offenders to participate in the pilot program who meet the legal and clinical eligibility criteria for the certified drug court program and who are active participants in the program. The total



number of offenders participating in the pilot program at any time is limited to 500, except that ODMHAS may authorize additional persons to participate in circumstances that it considers to be appropriate. After being enrolled in a certified drug court program, a participant must comply with all of the program's requirements.

Treatment provided

Only a certified community addiction services provider is eligible to provide treatment in a certified drug court program.¹²¹ The addiction services provider is required to do all of the following:

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

(2) Conduct professional, comprehensive substance abuse and mental health diagnostic assessments of a person under consideration as a program participant, to determine whether the person would benefit from substance abuse treatment and monitoring;

(3) Determine, based on the above assessment, the treatment needs of the participants served by the provider;

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

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

(6) Provide other types of therapies, including psychosocial therapies, for both substance abuse and any disorders that are considered by the provider to be co-occurring disorders;

(7) Monitor program compliance through the use of regular drug testing, including urinalysis, of the participants being served by the provider.

A "prescriber" is any of the following individuals who are authorized by law to prescribe drugs or dangerous drugs or drug therapy related devices in the course of the individual's professional practice: (1) a dentist, (2) a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner who holds a certificate to prescribe drugs and therapeutic devices, (3) an optometrist, (4) a physician authorized to practice

¹²¹ R.C. 5119.36, not in the bill.

medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery, (5) a physician assistant, or (6) a veterinarian.¹²²

In the case of medication-assisted treatment provided under the pilot program, all of the following conditions apply:

(1) A drug may only be used if the drug has been approved by the U.S. Food and Drug Administration for use in treating dependence on opioids, alcohol, or both, or for preventing relapse into the use of opioids, alcohol, or both.

(2) One or more drugs may be used, but each drug that is used must constitute long-acting antagonist therapy or partial antagonist therapy.

(3) If a drug constituting partial antagonist therapy is used, the program is required to provide safeguards to minimize abuse and diversion of the drug, including such safeguards as routing drug testing of program participants.

Report

A research institution is required to prepare a report on the findings obtained from the pilot program. The report must include data derived from the drug testing and performance measures used in the program. The research institution must complete its report no later than December 31, 2015. The institution is required, upon its completion of the report, to submit the report to the Governor, Chief Justice of the Ohio Supreme Court, President of the Senate, Speaker of the House of Representatives, ODMHAS, Department of Rehabilitation and Correction, and any other state agency that ODMHAS collaborates with in conducting the pilot program.

Bureau of Recovery Services

(Section 331.100)

On July 1, 2015, the bill abolishes the Bureau of Recovery Services (BRS) in the Department of Rehabilitation and Correction (DRC) and transfers all of its functions, assets, and liabilities to ODMHAS. Any BRS business that is not completed by DRC on that date must be subsequently completed by ODMHAS; ODMHAS is the successor to BRS.

Beginning on the date of transfer, any rules, orders, and determinations pertaining to BRS continue in effect until modified or rescinded by ODMHAS.

¹²² R.C. 4729.01(I), not in the bill.

Additionally, any reference to BRS is deemed to refer to ODMHAS or its director, as appropriate.

The bill requires all BRS employees be transferred to ODMHAS and retain their current positions and benefits, subject to the layoff provisions pertaining to state employees under continuing law.

Finally, the bill specifies both of the following:

(1) No right, obligation, or remedy is lost or impaired by the transfer, and must be administered by ODMHAS.

(2) No pending proceeding is affected by the transfer, and must be prosecuted or defended in the name of ODMHAS or its director.

