
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Creation of new department

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).
- Enacts uncodified law to provide for the transition.

Substantive law changes

Administrative changes

- 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 the Department of Administrative Services (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.
- Removes specifications for rules adopted by ODMH for the purpose of prior law related to local boards and the hospitalization of the mentally ill.
- Alters policies and procedures related to confidential records and compilation of statistics.

Interaction with other departments, agencies, and facilities

- Revises the laws relating to certification of services providers.
- Alters requirements ODMHAS places on local boards related to providing information for inclusion in ODMHAS' behavioral health information systems.
- Alters ODMHAS' policies and procedures related to the submission of services plans by local boards and the allocation and withholding of funds.
- Makes the requirement that ODMH (ODMHAS) 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 determined 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 requirement that ODMH provide training to those ODMH employees who are utilized by state operated, community based mental health services providers.
- Requires ODMHAS to design and set criteria for the determination of priority populations rather than the determination of severe mental disability.
- 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 either of the following:
 - Maintained, operated, managed, and governed by ODMHAS; or
 - Licensed by ODMHAS as a freestanding hospital or unit of a hospital.
- 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.
- 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.
- Requires ODMHAS to conduct a pilot program to provide addiction treatment to offenders participating in certified drug court programs in certain counties.

Funds and funding

- Authorizes the issuance of bonds to finance capital facilities for the housing of people with substance abuse disorders.
- 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.



Personnel changes

- 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.
- Revises the required qualifications of the ODMHAS medical director.
- 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 DAS.

Outright repeals

- Abolishes the Council on Alcohol, Drug, and Gambling Addiction Services.
- Abolishes the Revolving Loans for Recovery Homes Fund.

Miscellaneous changes

- Makes conforming changes to reflect the merger of ODMH and ODADAS into ODMHAS.
- Updates certain terms to reflect industry terminology.

Alcohol, drug addiction, and mental health service districts

Changes to membership of local boards

- 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.

Establishment of standing committees on addiction services

- 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

Planning duties

- Revises the planning duties of boards.

Fiduciary duties

- Requires a board of alcohol, drug addiction, and mental health services to submit to 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.

Other duties

- Requires a board to enter into a continuity of care agreement with the state institution operated by ODMHAS that serves the district.
- 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 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.

Repealed duties

- Removes boards' requirements for administration of mental health clinics and child guidance homes financed partly by state funds as of June 30, 1967.

ODMHAS reimbursement

- 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.

EDGE business enterprise procurement goals

- 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.

Creation of new department

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

(R.C. Chapters 3793. and 5119.; conforming changes in multiple R.C. sections; section 327.20 *et. seq.*; Sections 512.50 and 815.20)

The act 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 remain intact under the act, with the act primarily merging the administrative and oversight functions under one department. As part of merging ODMH and ODADAS, the act merges the two Revised Code chapters governing the two departments (R.C. Chapters 3793. and 5119.) into a single chapter, R.C. Chapter 5119. The act also reorganizes this surviving chapter. Below, under "**ODMHAS relocation tables**," the analysis identifies the provisions that have



been merged and where those provisions appear in the surviving chapter. Following a description of the temporary law provisions relating to the transition of the merger and the relocation tables is a discussion of the substantive changes to prior law. Finally, the act updates certain terms to reflect current terminology in use at the two departments.

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 act 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 act 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.



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

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 act 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.²⁰¹

ODMHAS relocation tables

In merging ODMH and ODADAS into ODMHAS, the act relocates a large number of sections. In some cases, the act simply renumbers a section. In others, the act repeals the prior 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 prior section number. The second chart shows the reorganization by new section number.

Prior location to new location

R.C. section number under prior law	R.C. section number under the act
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	5119.37 ²⁰²
3793.08	5119.60
3793.09	Repealed
3793.10	5119.38
3793.11	5119.391
3793.12	5119.61
3793.13	5119.27

²⁰¹ Also, R.C. 5119.16 (renumbered 5119.44).

²⁰² As a result of the act, there are two sections with the number 5119.37. This numbering problem will need to be resolved pursuant to R.C. 103.131.



R.C. section number under prior law	R.C. section number under the act
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
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



R.C. section number under prior law	R.C. section number under the act
5119.09	5119.09
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	5119.311
5119.24	5119.15
5119.27	5119.05
5119.30	5119.091
5119.31	5119.31
5119.33	5119.54
5119.34	5119.50
5119.35	5119.56
5119.351	5119.55
5119.36	5119.52
5119.37	5119.201 5119.37
5119.39	5119.201 5119.39
5119.42	5119.07
5119.43	5119.06



R.C. section number under prior law	R.C. section number under the act
5119.44	5119.051
5119.46	5119.60
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	5119.371
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
5119.69	5119.41
5119.691	5119.411
5119.99	5119.99



New location to prior location

R.C. section number under the act	R.C. section number under prior 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
5119.091	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(B) 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
5119.184	5119.10
5119.185	5119.101
5119.186	5119.11
5119.187	5119.12
5119.188	3793.16



R.C. section number under the act	R.C. section number under prior law
5119.201	3793.031 5119.37 5119.39
5119.21	3793.02 5119.06
5119.22(D)	3793.04 3793.041 3793.05
5119.22	5119.61
5119.23	5119.62
5119.24	3793.21 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
5119.311	5119.23 5119.31
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)
5119.342	5119.221
5119.36	3793.06 5119.611
5119.361	5119.613
5119.371	3793.061 5119.37 5119.612



R.C. section number under the act	R.C. section number under prior law
5119.38	3793.10
5119.391	3793.11 5119.39
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
5119.92	3793.33
5119.93	3793.34
5119.94	3793.35
5119.95	3793.36



R.C. section number under the act	R.C. section number under prior law
5119.96	3793.37
5119.97	3793.38
5119.98	3793.39
5119.99	3793.99 5119.99
Repealed	3793.09 3793.19 5119.64 5119.65 5119.66 5119.67 5119.68

Substantive law changes

Administrative changes

Department organization and duties

(R.C. 340.09, 5119.01 (renumbered 5119.10) (A), (E), and (F), and 5119.02 (renumbered 5119.14(B)); R.C. 3793.03, 5119.013, and 5119.05)

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

The act enables ODMHAS, with the approval of the Governor, to designate the name and purpose and change the designation and name of any institution under its jurisdiction when necessary.

Under prior law, ODMH was 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 act authorizes ODMHAS to enter into such contracts, but does not require it.

The act 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.



The act adds approved continuum-of-care-related activities to the list of activities for which ODMHAS is required to provide assistance to any county for the operation of boards of alcohol, drug addiction, and mental health services.

Department of Mental Health requirements

(R.C. 5119.06 (renumbered 5119.21))

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

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

Real estate transactions

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

The act removes the requirement that ODMH receive the approval of the Governor and the Attorney General when conducting a transaction involving real estate, and authorizes ODMHAS to use the services of the Department of Administrative Services (DAS) for such transactions.

Under the act, moneys received from the sale, lease, or exchange of property must be deposited into the Department of Mental Health Trust Fund, as opposed to the GRF, as stipulated under prior law.

Rules

(R.C. 5119.012 (renumbered 5119.141) and 5119.61 (renumber 5119.22))

In addition to the authority provided to ODMH (ODMHAS) to carry out its powers and duties, the act authorizes ODMHAS 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.

The act removes specifications for rules adopted by ODMH for the purpose of carrying out prior 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 act 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 act authorizes 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, rather than requiring specified information be included and permitting ODMH to require other information. The act alters the specific requirements related to the information collected as follows:

- Expands the type of information that can be collected by ODMHAS: from information on services provided under a contract with a local board to information on services provided generally.
- Rather than financial information other than price-related data regarding expenditures of local boards, ODMHAS may collect financial information related to expenditures of federal, state, or local funds.
- ODMHAS may require boards to provide information about persons served under a contract with a board.

The act 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, boards must submit such information in accordance with timeframes set by ODMHAS.

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

- The Director of ODMH was required to issue criteria for determining when a plan was complete, for plan approval or disapproval, and provisions for conditional approval.



- If the Director disapproved all or part of any plan, the Director was to provide the board an opportunity to present its position. The Director was to inform the board of the reasons for the disapproval and of the criteria that had to be met before the plan may be approved.
- The Director was to give the board a reasonable time in which to meet the criteria and was to offer technical assistance to the board to help it meet the criteria.
- If approval of a plan remained in dispute, either party could request that the dispute be resolved by a mediator, with the cost of the mediator being shared between both parties.
- The mediator was to issue a recommendation on the dispute.
- The Director, taking into account the recommendation of the mediator, was to issue a final decision on the dispute.

In place of the previous policies and procedures, the act 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, and ODMHAS must offer technical assistance to the board.
- 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 and must offer technical assistance.
- ODMHAS is required to establish procedures for the review of plans, budgets, or statements of services and for corrective action or the revising of such documents.

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 act requires ODMHAS to also collect and compile statistics and other information on the care and treatment of mentally disabled persons. In addition, under the act 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.

Confidential documents

(R.C. 5119.28 and 5119.99(C) and 3793.13 (renumbered 5119.27))

The act 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 other state or federal law;
- 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 (DRC) and with the Department of Youth Services (DYS) to ensure continuity of care for inmates and offenders who are receiving mental health services in a DRC or DYS institution 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 act makes violating these requirements a fifth degree felony.

Continuing law contains a confidentiality provision for persons seeking or receiving addiction services.

Interaction with other departments, agencies, and facilities

Services providers and certification of services

(R.C. 5119.611 (renumbered 5119.36), 5119.612 (renumbered 5119.371) and 3793.06 (repealed))

Continuing law requires ODMHAS to adopt rules and standards related to the certification of services providers. Under the act, ODMHAS is no longer required to establish standards specifically for the qualification of mental health professionals and personnel who provide community mental health services. Continuing law requires the rules to prescribe certification standards for mental health services and addiction services and requires these standards to address certain topics. The act adds the limitations that are to be placed on a provider that is granted conditional certification to the list of these topics. The act also removes the 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. The act also makes permissive, rather than a requirement, that an ODMHAS visit (on-site review) be made in cooperation with the local board.

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



Continuing law requires the Director of Mental Health to accept the appropriate accreditation of 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 in lieu of a determination that the services provider meets the standards for certification that ODMHAS uses. The act adds alcohol and drug addiction services and integrated alcohol and other drug addiction and physical health services to the list of accredited services for which the services provider may receive alternative certification. Under continuing law, such services may be accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, and the Council on Accreditation. The act adds to this list other behavioral health accreditation as determined by ODMHAS.

Responsibilities to provide services outside of a hospital

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

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

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

Psychiatric rehabilitation facilities

(R.C. 5119.04)

The act 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).

Contracts between ODMHAS and the Department of Youth Services

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

Continuing law permits ODMHAS to receive from DYS, on agreement between ODMHAS and DYS, persons 18 years of age or older in the custody of DYS for psychiatric observation, diagnosis, or treatment. The act permits the departments to enter into a written agreement that specifies the procedures necessary to implement the receiving, while prior law required the departments to enter into such a written agreement.

Training agreements

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

The act specifies that either the Director of ODMHAS (continuing law) or the managing officer of an institution of ODMHAS (added by the act) 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 act expands this provision to apply to addiction services as well. The act 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.

Determination of services needed

(R.C. 5119.061 (renumbered 5119.40))

Continuing law requires ODMHAS 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 act, 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 facility licenses

(R.C. 5119.22 (renumbered 5119.34))

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

Recovery Requires a Community Program

(Section 751.10)

The act 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 non-Medicaid 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 non-Medicaid program costs for individuals moving into community settings.

Addiction treatment pilot program

(Section 327.120)

Participating courts. The act requires ODMHAS to conduct a pilot program in the courts of certain counties with certified drug court programs to provide addiction treatment to criminal offenders selected to participate in the program who are dependent on opioids, alcohol, or both. "Certified drug court program" is defined by the act as a session of a common pleas court, municipal court, or county court (or a division of one of those courts) that holds certification from the Supreme Court as a specialized docket program for drugs.

The pilot program is to be conducted in the courts of Crawford, Franklin, Hardin, Mercer, and Scioto counties that are conducting certified drug court programs. If in any of these counties there is no drug court program, ODMHAS must conduct the pilot program in a court that is conducting a certified drug court program in another county. In addition, ODMHAS may conduct the pilot program in any other court that is conducting a drug court program.

Collaboration. In conducting the pilot program, ODMHAS must collaborate with the Supreme Court, Department of Rehabilitation and Correction, and any other state agency that it determines may be of assistance in accomplishing the objectives of the pilot program. ODMHAS may also collaborate with the boards of alcohol, drug addiction, and mental health services that serve the counties in which the courts participating in the pilot program are located.

Evaluation plan. ODMHAS must select a nationally recognized criminal justice research institute with extensive experience in the evaluation of criminal justice and substance abuse projects to develop an evaluation plan for the pilot program. The selection must be made not later than August 28, 2013.



The evaluation plan is to include performance measures that reflect the purpose of the pilot program, which is to assist participants in addressing their dependence on opioids, alcohol, or both, by maintaining abstinence from the use of those substances and reducing recidivism. The evaluation plan must be put in place with each of the certified drug court programs included in the pilot program and the community addiction services providers that will provide treatment to participants.

Once the evaluation plan has been put in place, the certified drug court programs are to select criminal offenders to be participants in the pilot program. To be selected, an offender must meet the legal and clinical eligibility criteria for the certified drug court program and be an active participant in the program.

The total number of persons participating in the pilot program at any one time is not to exceed 500, but ODMHAS may authorize the maximum number to be exceeded in circumstances ODMHAS considers appropriate.

Treatment. Treatment may be provided under the pilot program only by community addiction services providers certified by the Director of ODMHAS. A treatment provider must do all of the following:

- Provide treatment based on an integrated service delivery model that consists of the coordination of care between the doctor or other person who prescribes a drug and the treatment provider;
- Conduct professional, comprehensive substance abuse and mental health diagnostic assessment of each person under consideration for selection as pilot program participant; determine, based on the assessment, the treatment needs of each participant; and develop individualized goals and objectives for each participant;
- Provide access to the long-acting antagonist therapies, partial agonist therapies, or both that are included in the pilot program's medication-assisted treatment;
- Provide other types of therapies, including psychosocial therapies, for substance abuse and any disorders that are considered by the treatment provider to be co-occurring disorders;
- Monitor pilot program compliance through the use of regular drug testing, including urinalysis, of the participants being served by the treatment provider.

The act does not define "antagonist therapies" or "partial agonist therapies." Generally available information describes an antagonist as a substance that acts against and blocks the action of another substance, while an agonist mimics the action of another substance.

Treatment under the pilot program may include medication-assisted treatment. All of the following apply to medication-assisted treatment:

- A drug may be used only if it 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;
- Each drug used must constitute long-acting antagonist therapy or partial agonist therapy;
- If a drug constituting partial agonist therapy is used, the pilot program must provide safeguards to minimize abuse and diversion of the drug, such as routine drug testing of participants.

Report. The research institute selected by ODMHAS to develop the evaluation plan is to prepare a report of the findings obtained from the pilot program. The report must include data derived from the drug testing and performance measures used in the pilot program. In preparing the report, the research institute is to obtain assistance from ODMHAS.

The research institute must complete its report not later than six months after the conclusion of the pilot program. On completion, the report is to be submitted to the Governor, Chief Justice of the Supreme Court, President of the Senate, Speaker of the House of Representatives, ODMHAS, Department of Rehabilitation and Correction, and any other state agency the Supreme Court collaborates with in conducting the pilot program.

Funds and funding

Capital funding for substance use facilities

(R.C. 154.20)

Continuing law unchanged by the act enables the state to issue bonds in order to pay the costs of capital facilities for mental hygiene and retardation, including housing for mental hygiene and retardation patients. The act expands the type of facility that can be financed in this manner to include housing for persons with substance use disorders.



Fund allocation for operation of state hospital services

(R.C. 5119.62 (renumbered 5119.23))

The act removes specific requirements related to the allocation of funds appropriated by the General Assembly to boards of alcohol, drug addiction, and mental health services for the operation of state hospital 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. Accordingly, all of the following provisions are removed:

- If ODMH allocated the fund, ODMH was 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 and rules;
 - 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 made an allocation, notify each board of the unit costs of providing state hospital services for the upcoming fiscal year.
- Each board was to notify ODMH as to whether the board had elected to accept or decline the funds allocated by ODMH.
- An express statement that a board's use of allocated funds were subject to audit by county, state, and federal authorities.

The act 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 act removes the requirement that ODMH was 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) and 5119.623)

Continuing law enables ODMHAS to withhold funds from a local board for failure to comply with applicable laws. In addition to this authority, continuing law authorizes ODMHAS to withhold funds otherwise to be allocated to a local board if the board denies available service on the basis of race, color, religion, creed, sex, national origin, developmental disability, age, or disability. If ODMHAS decides to withhold funds, ODMHAS must provide information on how the board can come into compliance with the applicable laws, and give the board a reasonable time within which to comply. Under the act, the board has ten days to comply, and ODMHAS may, but is not required to, offer technical assistance. Additionally, ODMHAS must hold a hearing on the matter and, under the act, the hearing is to be held within ten days of receipt of the board's position on the matter.

Residential state supplement – purpose

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

The act expands the purpose of residential state supplement payments to permit them to be used to provide accommodations, supervision, and personal care services to social security and social security disability insurance recipients who ODMHAS determines are at risk of needing institutional care.

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

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

Continuing law requires each residential state supplement administrative agency to determine, for individuals who reside in the agency's area and are on a waiting list for the residential state supplement program, whether those individuals have been admitted to a nursing facility. Under prior law, if an agency determined that such an individual had been admitted to a facility, the agency was to notify the long-term care consultation program administrator serving the area in which the individual resides about the determination. The administrator is then required to make another



determination as to whether the nursing facility or the residential state supplement program is appropriate for the individual and notify ODMH of the determination. The act removes this process in favor of a more general requirement that ODMHAS have in place a process for making a determination as to whether the nursing facility or the residential state supplement program is appropriate for the individual.

Prior law required ODMH to submit each quarter to OBM the estimated increase in costs of the residential state supplement program resulting from the enrollment of such individuals. The act requires such reports to be made only in those quarters in which such a waiting list exists.

Residential state supplement – criteria

(Section 327.100)

The act specifies the criteria to be used for the Residential State Supplement Program when determining whether a resident is eligible for payment and the monthly payment amount that such a resident is to receive. A resident is eligible for Residential State Supplement payments if the resident's monthly income meets the following criteria:

- Up to \$927 for a residential care facility;
- Up to \$927 for a residential facility that provides accommodations, supervision, and personal care services for six to 16 unrelated adults;
- Up to \$824 for a residential facility that provides accommodations, supervision, and personal care services for one or two unrelated adults;
- Up to \$824 for a residential facility providing accommodations, supervision, and personal care services to three to five unrelated adults;
- Up to \$824 for a residential facility that provides accommodations, supervision, and personal care services for 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 or a hospital;
- \$618 for community mental health housing services.

Under the act, ODMHAS must reflect these amounts in applicable rules adopted by ODMHAS.



ODMHAS is required to, with the input of stakeholders and impacted state agencies, conduct a review of the state and federal rules and statutes governing the Residential State Supplement Program and report on potential improvements to be made in governing the program not later than January 1, 2014.

Federal block grant funds

(R.C. 5119.60 (renumbered 5119.32))

The act 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 act removes the requirement that ODMH establish and administer an annual plan to utilize federal block grant funds.

Problem Casino Gambling and Addictions Fund

(R.C. 3793.032 (renumbered 5119.47))

The act replaces the requirement that programs supported by the Problem Casino Gambling and Addiction Fund be services that are provided by prevention programs certified by ODADAS or by counselors certified by ODADAS with a requirement that the services supported by the Fund be services certified by ODMHAS.

Personnel changes

Classified service

(R.C. 5119.27 (renumbered 5119.05))

The act 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 act 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 act specifies that the suspension or termination 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.



Medical director

(R.C. 5119.07 (renumbered 5119.11))

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

Certified position appointments

(R.C. 5119.071 (renumbered 5119.18))

The act 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 procedures and policies are removed in favor of the standard DAS policies and procedures for persons in certified or permanent positions:

- 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 specified reasons.
- 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, statuses, and benefits accruing to the classified position during the person's time of service in the unclassified position.

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

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. 3793.09 (repealed))

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

Revolving Loans for Recovery Homes Fund

(R.C. 3793.19 (repealed))

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

Statement of policy

(R.C. 5119.47 (repealed))

This section specified that it was 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 provided 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 act adds definitions that mirror definitions in related chapters and alters definitions to reflect practices of ODMH and ODADAS.

Miscellaneous changes

(R.C. 340.01, 340.031, 340.032, 340.05, 340.07, 340.091, 340.10, 340.11, 340.12, 340.15, and 340.16)

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

Former law	Act
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 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 act 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 act 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.



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

(R.C. 340.011, 340.02, and 340.021)

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 act makes several changes to the membership requirements of these boards.

Alcohol, drug addiction, and mental health services boards

The act permits ADAMHS boards, with the approval of the board of county commissioners of the county in which the alcohol, drug addiction, and mental health service district is located, to elect to decrease its membership from 18 members, as provided in continuing law, to 14 members. If an ADAMHS board elects to remain at 18 members, neither the ADAMHS board nor the board of county commissioners is required to take any action. If, however, the ADAMHS board elects a recommendation to become a 14-member board, that recommendation must be approved by the board of county commissioners in order for the transition to a 14-member board to occur. Not later than September 30, 2013, each ADAMHS board that wishes to become a 14-member board must notify the board of county commissioners of that recommendation. If a board of county commissioners fails to take action within 30 days after receipt of the recommendation, that failure is deemed agreement by the board of county commissioners for the ADAMHS board to transition to a 14-member board. If the board of county commissioners rejects the recommendation, the board of county commissioners is required to adopt a resolution stating that rejection within 30 days after receipt of the recommendation. Upon adoption of the resolution, the board of county commissioners must meet with the ADAMHS board to discuss the matter. After the meeting, the board of county commissioners is required to notify ODMHAS of its election not later than January 1, 2014. In a joint-county district, a majority of the boards of county commissioners must not reject the recommendation of a joint-county ADAMHS board to become a 14-member board in order for the transition to a 14-member board to occur. If a joint-county district has an even number of counties, and the boards of county commissioners of these counties tie in terms of whether or not to accept the recommendation of the ADAMHS board, the recommendation of the



ADAMHS board will prevail, and the ADAMHS board will transition to a 14-member board. This election is final. If an existing 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 members' terms expire, provided that the composition of the board reflects the act's requirements for 14-member boards. For ADAMHS boards, the provision of law regarding the proportion of members interested in mental health services and addiction services is retained by the act (half must be interested in mental health services and half must be interested in addiction services), however, under the act, interest in addiction services is expanded to include gambling addiction services in addition to alcohol or drug addiction services.

Reflecting the act's merger of ODMH and ODADAS, the act combines the number of members the director of each agency appointed under former 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 act requires the Director of ODMHAS to appoint six members and the board of county commissioners to appoint eight members.

The act retains 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 is 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, are for terms of two years, five initial appointments are for terms of three years, and five initial appointments are for terms of four years.

The act allows, in specific circumstances, a member to serve longer on a board than under former law. The act prohibits a member of a board from serving more than two consecutive four-year terms **under the same appointing authority**. Similarly, the act 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 act 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. Prior law prohibited any member from (1) serving more than two consecutive four-year terms, (2) serving for three consecutive terms only if one of the terms was 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 act retains some provisions of 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 act replaces or repeals other provisions related to board composition:

Directors of ODMH and ODADAS were required by former law to ensure these members are on each ADAMHS board	Director of ODMHAS is required by the act to ensure these members are on each ADAMHS board
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 act 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 act 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 act 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. Former law allowed an ADAMHS board member to be an employee of a provider with which the board had entered into a contract for the provision of services or facilities, if the board member's employment duties with the provider consisted of



providing, only outside the district the board serves, services for which the Medicaid program paid.

The act removes prior 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 act permits ADAS and CMH boards to elect to consist either of 18 members, as provided for in continuing law, or of 14 members. The act 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 is 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 members' terms expire, provided that the composition of the board reflects the act's requirements for 14-member boards. Continuing law requires that six members of 18-member ADAS and CMH boards be appointed by the Director of ODMHAS and that 12 members be appointed by the board of county commissioners. The act provides that 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 act 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 paid for with public funds, (2) a parent or relative of such a person, (3) and a clinician with experience in the delivery of addiction services. Prior law required the Director to **appoint** each of the following (1) a person who had received or was 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 act includes gambling addiction in addition to drug and alcohol addiction, specifies that the services of the service-receiving board member are paid for with public funds, replaces the professional with a clinician with experience, and removes the requirement that an advocate be on the board.

The act 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 paid for with public funds, (2) a parent or relative of such a person, and (3) a clinician with experience in the delivery of mental health services. Prior law required



that the Director **appoint** each of the following (1) a person who had received or was 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. Thus, the act specifies that the services of the service-receiving board member are paid for with public funds, replaces the professional with a clinician with experience, and removes the requirement that a psychiatrist or physician be on the board.

Establishment of boards and standing committees on addiction services

(R.C. 340.021; R.C. 340.022 (repealed))

The act (1) removes expired language that provided for the establishment of an ADAMHS board between the original deadline for establishment (within 30 days of October 10, 1989) and January 1, 2007, (2) 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 (3) 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

(R.C. 340.03, 340.031, 340.033 (repealed), 340.04, 340.06 (repealed), and 340.08)

The act consolidates, amends, reorganizes, and enacts provisions regarding board duties with respect to mental health services and alcohol and drug addiction services. The law regarding duties remains largely unchanged by the act, and the act combines those duties that previously were 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 act, which enumerate the responsibilities of ADAMHS, ADAS, and CMH boards.

Planning duties

Instead of implementing an annual plan that is approved by ODMHAS, the act specifies that a board must operate in accordance with such a plan. The act 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 continuing law, to include treatment and prevention priorities. The act expands the duties of a continuum of care to include in addition to treatment, support, and rehabilitation services and opportunities. Prior law referred to a continuum of care as a community support system, and continuing law requires a board to establish the continuum to the extent resources are available. The act requires



residential addiction and mental health services to be components of the system in addition to other services unchanged by the act.

The act replaces the requirement that the annual plan include the needs of all residents of the district 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 act 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 act requires the ADAS board to submit a community addiction services plan and the CMH board to submit a community mental health services plan. The act 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.

Under the act, the board must 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 act 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. Former law required the board to receive, compile, and transmit to ODMHAS an application for funding. The act 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 act 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 act 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.

Similar to prior law, the act 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 (see "**Merger of Department of Mental Health and the Department of Alcohol and Drug Addiction Services – Rules**" above).

Law unchanged by the act requires that state funds for local boards are deposited with the relevant county treasurer and are then disbursed on order of the relevant county auditor. The act clarifies that, of the payments made by the county auditor on behalf of a local board, those payments made from funds distributed to a local board by ODMHAS must be made in compliance with a board's budget statement.

Other duties

The act 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. Continuity of care agreements between local boards and state institutions designated as the institution serving the local board's service district must not require a local board to provide resources beyond the total amount set forth in the board's budget statement.

Boards must 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.

Annually, and upon any change in membership, boards must 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 act 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. Former law did not specify that the services be publicly funded. The act 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 act 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 former law's requirement that the inspection be pursuant to a contract with ODMH.

Boards are required by the act 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 act 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. Prior law required the utilization review process to be established.

The act creates references in Chapter 340. (the law regarding local boards), to both of the following 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 act removes the requirement that boards administer mental health clinics and child guidance homes financed partly by state funds as of June 30, 1967.



ODMHAS reimbursement

(R.C. 340.09)

The act reorganizes the list of board services for which a county is eligible for monetary assistance from appropriated funds. The act 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.

Former law provided that a county could 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.

EDGE business enterprise procurement goals

(R.C. 340.13)

The act 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. Former law set 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 act requires any EDGE business enterprise that desires to bid on a contract to first apply to the Equal Employment Opportunity Coordinator of DAS.

The act 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 act 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 act additionally applies these provisions to each EDGE business enterprise with which the board entered into a contract.

The act 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.

