
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Stabilization centers

- Requires alcohol, drug addiction, and mental health services (ADAMHS) boards to establish and administer, in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region, six mental health crisis stabilization centers.
- Requires the establishment and administration, in collaboration with the other boards that serve the same state psychiatric hospital region, acute substance use disorder stabilization centers.

Substance use disorder treatment in drug courts

- Creates a medication-assisted drug court program to provide addiction treatment to persons with substance use disorders.
- Requires community addiction services providers to provide specified treatment to the participants in the program based on the individual needs of each participant.

Former Bureau of Recovery Services

- Maintains preexisting responsibilities regarding recovery services that were given to the Department of Mental Health and Addiction Services (MHAS) when the Bureau of Recovery Services in the Department of Rehabilitation and Correction was abolished.

Family and Children First Flexible Funding Pool

- Permits a county family and children first council to create a flexible funding pool to assure access to services by families, children, and seniors in need of protective services.

Clinician Recruitment Program

- Expands the program that recruits physicians to provide services at MHAS-operated institutions to also include the recruitment of physician assistants and advanced practice registered nurses.

Criminal records checks for residential facility staff

- Requires that criminal records checks for residential facility staff be conducted under the BCII criminal records check procedures.

Court costs for mental health adjudications

- Requires the Ohio Department of Mental Health and Addiction Services (MHAS) to reserve a portion of its appropriations to cover court costs for mental health adjudications in counties that did not receive an allocation for adjudication-related expenses.

Stabilization centers

(Sections 337.50(C) and 337.150)

Mental health crisis stabilization centers

The bill requires the Department of Mental Health and Addiction Services (MHAS) to allocate among the alcohol, drug addiction, and mental health services (ADAMHS) boards, in each of FY 2020 and FY 2021, \$1.5 million for six mental health crisis stabilization centers. Each board must use its allocation to establish and administer a stabilization center in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region. One center is to be located in each of the six state psychiatric hospital regions established by the Department.

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

1. It must admit individuals before and after they receive treatment and care at hospital emergency departments or freestanding emergency departments.
2. It must admit individuals before and after they are confined in state correctional institutions, local correctional facilities, or privately operated and managed correctional facilities.
3. It must have a Medicaid provider agreement.
4. It must be located in a building previously constructed for another purpose.
5. It must admit individuals who have been identified as needing the stabilization services provided by the center.
6. It must connect individuals when they are discharged from the center with community-based continuum of care services and supports.

Substance use disorder stabilization centers

The bill requires the establishment and administration, in collaboration with the other ADAMHS boards that serve the same state psychiatric hospital region, acute substance use disorder stabilization centers. There must be one center in each state psychiatric hospital region.

Substance use disorder treatment in drug courts

(Section 337.70)

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

In conducting the program, MHAS must collaborate with the Ohio Supreme Court, the Department of Rehabilitation and Correction, and any state agency that may be of assistance in accomplishing the objectives of the program. MHAS also may collaborate with the ADAMHS

board that serves the county in which a participating court is located and with the local law enforcement agencies serving that county.

MHAS must conduct its program in collaboration with any counties in Ohio that are conducting MAT drug court programs. MHAS also may conduct its program in collaboration with any other court with a MAT drug court program.

Selection of participants

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

Treatment

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

1. Provide treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the provider;
2. Assess potential program participants to determine whether they would benefit from treatment and monitoring;
3. Determine, based on the assessment, the treatment needs of the participants;
4. Develop individualized goals and objectives for the participants;
5. Provide access to long-lasting antagonist therapies, partial agonist therapies, or full agonist therapies, that are included in the program's medication-assisted treatment;
6. Provide other types of therapies, including psychosocial therapies, for both substance abuse disorder and any co-occurring disorders;
7. Monitor program compliance through the use of regular drug testing, including urinalysis, of the participants; and
8. Provide access to time-limited recovery supports that are patient-specific and help eliminate barriers to treatment, such as assistance with housing, transportation, child care, job training, obtaining a driver's license or state identification card, and any other relevant matter.

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

--A drug may only be used if the drug has been federally approved for use in treating dependence on opioids, alcohol, or both, or for preventing relapse.

--One or more drugs may be used, but each drug that is used must constitute a long-acting antagonist therapy or partial or full agonist therapy.

--If a partial or full agonist therapy is used, the program must provide safeguards, such as routine drug testing of participants, to minimize abuse and diversion.

Planning

To ensure that funds appropriated to support MHAS's program are used in the most efficient manner, with a goal of enrolling the maximum number of participants, the bill requires the Medicaid Director to develop plans in collaboration with major Ohio health care plans. However, there can be no prior authorizations or step therapy for medication-assisted treatment for program participants. The plans must ensure:

1. The development of an efficient and timely process for review of eligibility for health benefits for all program participants;
2. A rapid conversion to reimbursement for all health care services by the participant's health care plan following approval for coverage of health care benefits;
3. The development of a consistent benefit package that provides ready access to and reimbursement for essential health care services, including primary health care, alcohol and opioid detoxification services, appropriate psychosocial services, and medication for long-acting injectable antagonist therapies and partial or full agonist therapies; and
4. The development of guidelines that require the provision of all treatment services, including medication, with minimal administrative barriers and within time frames that meet the requirements of individual patient care plans.

Former Bureau of Recovery Services

(Section 337.80)

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

Under the bill, MHAS must continue to complete any business regarding recovery services that the Department of Rehabilitation and Correction started before, but did not complete by, July 1, 2015. Rules, orders, and determinations pertaining to the former Bureau continue in effect until MHAS modifies or rescinds them, and any reference to the former Bureau continues to be deemed to refer to MHAS or its director, as appropriate. All of the former Bureau's employees continue to be transferred to MHAS and retain their positions and benefits, subject to the layoff provisions pertaining to state employees under continuing law. Rights, obligations, and remedies continue to exist unimpaired despite the transfer, and MHAS must continue to administer them.

Family and Children First Flexible Funding Pool

(Section 337.180)

The bill permits a county family and children first council to establish and operate a flexible funding pool to assure access to needed services by families, children, and older adults who need protective services. A county council that desires such a pool must abide by all of the following:

--The pool must be created and operate according to formal guidance issued by the Family and Children First Cabinet Council.

--The county council must produce an annual report on its use of the pooled funds. The report must conform to guidance issued by the Family and Children First Cabinet Council.

--Unless otherwise restricted, the pool may receive transfers of state general revenues allocated to local entities to support services to families and children.

--The pool may receive only transfers of amounts that can be redirected without hindering the objective for which the initial allocation is designated.

--The director of the local agency that originally received the allocation must approve the transfer to the pool.

Clinician Recruitment Program

(R.C. 5119.85)

The bill changes the name of MHAS's Physician Recruitment Program to the Clinician Recruitment Program and expands the program to include physician assistants and advanced practice registered nurses. Under the current program, the Department may agree to repay all or part of a physician's educational loans in exchange for the physician providing health care services at institutions operated by the Department. The bill authorizes MHAS to enter into agreements with physician assistants and advanced practice registered nurses.

Criminal records checks for residential facility staff

(R.C. 109.572)

The bill requires that criminal records checks for residential facility staff be conducted under BCII criminal records check procedures. Current law, unchanged by the bill, tasks the MHAS Director with establishing in rules procedures for conducting background investigations for residential facility operators, employees, volunteers, and others who may have direct access to facility residents.⁶⁷

Court costs for mental health adjudications

(R.C. 5122.43; R.C. 2101.11, not in the bill)

Under law unchanged by the bill, each county must pay for the costs of personnel involved in mental health adjudications in that county, including police and health officers, sheriffs, physicians, and attorneys appointed for the indigent. Each fiscal year, however, the MHAS must allocate an amount from its appropriations to reimburse counties for these costs. The amount that MHAS allocates to a particular county is based on past allocations, historical utilization, and other factors that MHAS considers appropriate.

The bill specifies that a county's allocation may be zero. If one or more counties receive a zero allocation, MHAS must reserve an amount of its appropriations to cover the court costs of mental health adjudications in those counties.

⁶⁷ R.C. 5119.34(L)(3), not in the bill.