

As Introduced

**130th General Assembly
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H. B. No. 369

Representative Sprague

**Cosponsors: Representatives Antonio, Boose, Buchy, Butler, Letson,
Patterson, Scherer, Sears, Sheehy, Smith**

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A B I L L

To amend sections 340.03, 340.08, 340.09, 340.15, 1
1739.05, 5119.21, 5119.22, 5119.23, and 5119.25 2
and to enact sections 1751.621, 3923.521, and 3
5164.09 of the Revised Code, to amend Sections 4
327.10, 327.80, and 327.120 of Am. Sub. H.B. 59 of 5
the 130th General Assembly to require the Medicaid 6
program and health insurers to cover certain 7
services for recipients with opioid addictions; to 8
establish requirements for boards of alcohol, drug 9
addiction, and mental health services regarding 10
treatment services for opioid addiction to help 11
defray payroll costs associated with a court's 12
employment of drug court case managers; to provide 13
a state share of the capital costs of recovery 14
housing projects; and to make appropriations. 15

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 340.03, 340.08, 340.09, 340.15, 16
1739.05, 5119.21, 5119.22, 5119.23, and 5119.25 be amended and 17
sections 1751.621, 3923.521, and 5164.09 of the Revised Code be 18
enacted to read as follows: 19

Sec. 340.03. (A) Subject to rules issued by the director of 20
mental health and addiction services after consultation with 21
relevant constituencies as required by division (A)(10) of section 22
5119.21 of the Revised Code, the board of alcohol, drug addiction, 23
and mental health services shall: 24

(1) Serve as the community addiction and mental health 25
services planning agency for the county or counties under its 26
jurisdiction, and in so doing it shall: 27

(a) Evaluate the need for facilities and community addiction 28
and mental health services; 29

(b) In cooperation with other local and regional planning and 30
funding bodies and with relevant ethnic organizations, assess the 31
community addiction and mental health needs, evaluate strengths 32
and challenges, and set priorities for community addiction and 33
mental health services, including treatment and prevention. When 34
the board sets priorities for the operation of addiction services, 35
the board shall consult with the county commissioners of the 36
counties in the board's service district regarding the services 37
described in section 340.15 of the Revised Code and shall give 38
priority to those services, except that those services shall not 39
have a priority over services provided to pregnant women under 40
programs developed in relation to the mandate established in 41
section 5119.17 of the Revised Code; 42

(c) In accordance with guidelines issued by the director of 43
mental health and addiction services after consultation with board 44
representatives, annually develop and submit to the department of 45
mental health and addiction services a community addiction and 46
mental health services plan listing community addiction and mental 47
health services needs, including the needs of all residents of the 48
district currently receiving inpatient services in state-operated 49
hospitals, the needs of other populations as required by state or 50

federal law or programs, the needs of all children subject to a
determination made pursuant to section 121.38 of the Revised Code,
and priorities for facilities and community addiction and mental
health services during the period for which the plan will be in
effect.

In alcohol, drug addiction, and mental health service
districts that have separate alcohol and drug addiction services
and community mental health boards, the alcohol and drug addiction
services board shall submit a community addiction services plan
and the community mental health board shall submit a community
mental health services plan. Each board shall consult with its
counterpart in developing its plan and address the interaction
between the local addiction services and mental health services
systems and populations with regard to needs and priorities in
developing its plan.

The department shall approve or disapprove the plan, in whole
or in part, according to the criteria developed pursuant to
section 5119.22 of the Revised Code. Eligibility for state and
federal funding shall be contingent upon an approved plan or
relevant part of a plan.

If a board determines that it is necessary to amend a plan
that has been approved under this division, the board shall submit
a proposed amendment to the director. The director may approve or
disapprove all or part of the amendment. The director shall inform
the board of the reasons for disapproval of all or part of an
amendment and of the criteria that must be met before the
amendment may be approved. The director shall provide the board an
opportunity to present its case on behalf of the amendment. The
director shall give the board a reasonable time in which to meet
the criteria, and shall offer the board technical assistance to
help it meet the criteria.

The board shall operate in accordance with the plan approved

by the department. 83

(d) Promote, arrange, and implement working agreements with 84
social agencies, both public and private, and with judicial 85
agencies. 86

(2) Investigate, or request another agency to investigate, 87
any complaint alleging abuse or neglect of any person receiving 88
services from a community addiction or mental health services 89
provider certified under section 5119.36 of the Revised Code or 90
alleging abuse or neglect of a resident receiving addiction 91
services or with mental illness or severe mental disability 92
residing in a residential facility licensed under section 5119.34 93
of the Revised Code. If the investigation substantiates the charge 94
of abuse or neglect, the board shall take whatever action it 95
determines is necessary to correct the situation, including 96
notification of the appropriate authorities. Upon request, the 97
board shall provide information about such investigations to the 98
department. 99

(3) For the purpose of section 5119.36 of the Revised Code, 100
cooperate with the director of mental health and addiction 101
services in visiting and evaluating whether the services of a 102
community addiction or mental health services provider satisfy the 103
certification standards established by rules adopted under that 104
section; 105

(4) In accordance with criteria established under division 106
(E) of section 5119.22 of the Revised Code, conduct program audits 107
that review and evaluate the quality, effectiveness, and 108
efficiency of services provided through its community addiction 109
and mental health contracted services and submit its findings and 110
recommendations to the department of mental health and addiction 111
services; 112

(5) In accordance with section 5119.34 of the Revised Code, 113

review an application for a residential facility license and 114
provide to the department of mental health and addiction services 115
any information about the applicant or facility that the board 116
would like the department to consider in reviewing the 117
application; 118

(6) Audit, in accordance with rules adopted by the auditor of 119
state pursuant to section 117.20 of the Revised Code, at least 120
annually all programs and services provided under contract with 121
the board. In so doing, the board may contract for or employ the 122
services of private auditors. A copy of the fiscal audit report 123
shall be provided to the director of mental health and addiction 124
services, the auditor of state, and the county auditor of each 125
county in the board's district. 126

(7) Recruit and promote local financial support for addiction 127
and mental health services from private and public sources; 128

(8)(a) Enter into contracts with public and private 129
facilities for the operation of facility services and enter into 130
contracts with public and private community addiction and mental 131
health service providers for the provision of community addiction 132
and mental health services. The board may not contract with a 133
residential facility subject to section 5119.34 of the Revised 134
Code unless the facility is licensed by the director of mental 135
health and addiction services and may not contract with a 136
community addiction or mental health services provider to provide 137
community addiction or mental health services unless the services 138
are certified by the director of mental health and addiction 139
services under section 5119.36 of the Revised Code. Section 307.86 140
of the Revised Code does not apply to contracts entered into under 141
this division. In contracting with a community addiction or mental 142
health services provider, a board shall consider the cost 143
effectiveness of services provided by that provider and the 144
quality and continuity of care, and may review cost elements, 145

including salary costs, of the services to be provided. A 146
utilization review process may be established as part of the 147
contract for services entered into between a board and a community 148
addiction or mental health services provider. The board may 149
establish this process in a way that is most effective and 150
efficient in meeting local needs. 151

If either the board or a facility or community addiction or 152
mental health services provider with which the board contracts 153
under this division proposes not to renew the contract or proposes 154
substantial changes in contract terms, the other party shall be 155
given written notice at least one hundred twenty days before the 156
expiration date of the contract. During the first sixty days of 157
this one hundred twenty-day period, both parties shall attempt to 158
resolve any dispute through good faith collaboration and 159
negotiation in order to continue to provide services to persons in 160
need. If the dispute has not been resolved sixty days before the 161
expiration date of the contract, either party may notify the 162
department of mental health and addiction services of the 163
unresolved dispute. The director may require both parties to 164
submit the dispute to a third party with the cost to be shared by 165
the board and the facility or provider. The third party shall 166
issue to the board, the facility or provider, and the department 167
recommendations on how the dispute may be resolved twenty days 168
prior to the expiration date of the contract, unless both parties 169
agree to a time extension. The director shall adopt rules 170
establishing the procedures of this dispute resolution process. 171

(b) With the prior approval of the director of mental health 172
and addiction services, a board may operate a facility or provide 173
a community addiction or mental health service as follows, if 174
there is no other qualified private or public facility or 175
community addiction or mental health services provider that is 176
immediately available and willing to operate such a facility or 177

provide the service: 178

(i) In an emergency situation, any board may operate a 179
facility or provide a community addiction or mental health service 180
in order to provide essential services for the duration of the 181
emergency; 182

(ii) In a service district with a population of at least one 183
hundred thousand but less than five hundred thousand, a board may 184
operate a facility or provide a community addiction or mental 185
health service for no longer than one year; 186

(iii) In a service district with a population of less than 187
one hundred thousand, a board may operate a facility or provide a 188
community addiction or mental health service for no longer than 189
one year, except that such a board may operate a facility or 190
provide a community addiction or mental health service for more 191
than one year with the prior approval of the director and the 192
prior approval of the board of county commissioners, or of a 193
majority of the boards of county commissioners if the district is 194
a joint-county district. 195

The director shall not give a board approval to operate a 196
facility or provide a community addiction or mental health service 197
under division (A)(8)(b)(ii) or (iii) of this section unless the 198
director determines that it is not feasible to have the department 199
operate the facility or provide the service. 200

The director shall not give a board approval to operate a 201
facility or provide a community addiction or mental health service 202
under division (A)(8)(b)(iii) of this section unless the director 203
determines that the board will provide greater administrative 204
efficiency and more or better services than would be available if 205
the board contracted with a private or public facility or 206
community addiction or mental health services provider. 207

The director shall not give a board approval to operate a 208

facility previously operated by a person or other government 209
entity unless the board has established to the director's 210
satisfaction that the person or other government entity cannot 211
effectively operate the facility or that the person or other 212
government entity has requested the board to take over operation 213
of the facility. The director shall not give a board approval to 214
provide a community addiction or mental health service previously 215
provided by a community addiction or mental health services 216
provider unless the board has established to the director's 217
satisfaction that the provider cannot effectively provide the 218
service or that the provider has requested the board take over 219
providing the service. 220

The director shall review and evaluate a board's operation of 221
a facility and provision of community addiction or mental health 222
service under division (A)(8)(b) of this section. 223

Nothing in division (A)(8)(b) of this section authorizes a 224
board to administer or direct the daily operation of any facility 225
or community addiction or mental health services provider, but a 226
facility or provider may contract with a board to receive 227
administrative services or staff direction from the board under 228
the direction of the governing body of the facility or provider. 229

(9) Approve fee schedules and related charges or adopt a unit 230
cost schedule or other methods of payment for contract services 231
provided by community addiction or mental health services 232
providers in accordance with guidelines issued by the department 233
as necessary to comply with state and federal laws pertaining to 234
financial assistance; 235

(10) Submit to the director and the county commissioners of 236
the county or counties served by the board, and make available to 237
the public, an annual report of the services under the 238
jurisdiction of the board, including a fiscal accounting; 239

(11) Establish, to the extent resources are available, a	240
eontinuum <u>full spectrum</u> of care, which provides for prevention,	241
treatment, support, and rehabilitation services and opportunities.	242
The essential elements of the eontinuum <u>full spectrum</u> include, but	243
are not limited to, the following components in accordance with	244
section 5119.21 of the Revised Code:	245
(a) To locate persons in need of addiction or mental health	246
services to inform them of available services and benefits;	247
(b) Assistance for persons receiving services to obtain	248
services necessary to meet basic human needs for food, clothing,	249
shelter, medical care, personal safety, and income;	250
(c) Addiction and mental health services, including, but not	251
limited to, outpatient, residential, partial hospitalization, and,	252
where appropriate, inpatient care;	253
(d) Emergency services and crisis intervention;	254
(e) Assistance for persons receiving services to obtain	255
vocational services and opportunities for jobs;	256
(f) The provision of services designed to develop social,	257
community, and personal living skills;	258
(g) Access to a wide range of housing and the provision of	259
residential treatment and support;	260
(h) Support, assistance, consultation, and education for	261
families, friends, persons receiving addiction or mental health	262
services, and others;	263
(i) Recognition and encouragement of families, friends,	264
neighborhood networks, especially networks that include racial and	265
ethnic minorities, churches, community organizations, and	266
community employment as natural supports for persons receiving	267
addiction or mental health services;	268
(j) Grievance procedures and protection of the rights of	269

persons receiving addiction or mental health services; 270

(k) Community psychiatric supportive treatment services, 271
which includes continual individualized assistance and advocacy to 272
ensure that needed services are offered and procured. 273

(12) Establish a method for evaluating referrals for 274
involuntary commitment and affidavits filed pursuant to section 275
5122.11 of the Revised Code in order to assist the probate 276
division of the court of common pleas in determining whether there 277
is probable cause that a respondent is subject to involuntary 278
hospitalization and what alternative treatment is available and 279
appropriate, if any; 280

(13) Designate the treatment services, provider, facility, or 281
other placement for each person involuntarily committed to the 282
board pursuant to Chapter 5122. of the Revised Code. The board 283
shall provide the least restrictive and most appropriate 284
alternative that is available for any person involuntarily 285
committed to it and shall assure that the listed services 286
submitted and approved in accordance with division (B) of section 287
340.08 of the Revised Code are available to severely mentally 288
disabled persons residing within its service district. The board 289
shall establish the procedure for authorizing payment for 290
services, which may include prior authorization in appropriate 291
circumstances. The board may provide for services directly to a 292
severely mentally disabled person when life or safety is 293
endangered and when no community mental health services provider 294
is available to provide the service. 295

(14) Ensure that apartments or rooms built, subsidized, 296
renovated, rented, owned, or leased by the board or a community 297
addiction or mental health services provider have been approved as 298
meeting minimum fire safety standards and that persons residing in 299
the rooms or apartments are receiving appropriate and necessary 300
services, including culturally relevant services, from a community 301

addiction or mental health services provider. This division does 302
not apply to residential facilities licensed pursuant to section 303
5119.34 of the Revised Code. 304

(15) Establish a mechanism for obtaining advice and 305
involvement of persons receiving publicly funded addiction or 306
mental health services on matters pertaining to addiction and 307
mental health services in the alcohol, drug addiction, and mental 308
health service district; 309

(16) Perform the duties required by rules adopted under 310
section 5119.22 of the Revised Code regarding referrals by the 311
board or mental health services providers under contract with the 312
board of individuals with mental illness or severe mental 313
disability to residential facilities as defined in division 314
(A)(9)(b)(iii) of section 5119.34 of the Revised Code and 315
effective arrangements for ongoing mental health services for the 316
individuals. The board is accountable in the manner specified in 317
the rules for ensuring that the ongoing mental health services are 318
effectively arranged for the individuals. 319

(B) The board shall establish such rules, operating 320
procedures, standards, and bylaws, and perform such other duties 321
as may be necessary or proper to carry out the purposes of this 322
chapter. 323

(C) A board of alcohol, drug addiction, and mental health 324
services may receive by gift, grant, devise, or bequest any 325
moneys, lands, or property for the benefit of the purposes for 326
which the board is established, and may hold and apply it 327
according to the terms of the gift, grant, or bequest. All money 328
received, including accrued interest, by gift, grant, or bequest 329
shall be deposited in the treasury of the county, the treasurer of 330
which is custodian of the alcohol, drug addiction, and mental 331
health services funds to the credit of the board and shall be 332
available for use by the board for purposes stated by the donor or 333

grantor. 334

(D) No board member or employee of a board of alcohol, drug 335
addiction, and mental health services shall be liable for injury 336
or damages caused by any action or inaction taken within the scope 337
of the board member's official duties or the employee's 338
employment, whether or not such action or inaction is expressly 339
authorized by this section or any other section of the Revised 340
Code, unless such action or inaction constitutes willful or wanton 341
misconduct. Chapter 2744. of the Revised Code applies to any 342
action or inaction by a board member or employee of a board taken 343
within the scope of the board member's official duties or 344
employee's employment. For the purposes of this division, the 345
conduct of a board member or employee shall not be considered 346
willful or wanton misconduct if the board member or employee acted 347
in good faith and in a manner that the board member or employee 348
reasonably believed was in or was not opposed to the best 349
interests of the board and, with respect to any criminal action or 350
proceeding, had no reasonable cause to believe the conduct was 351
unlawful. 352

(E) The meetings held by any committee established by a board 353
of alcohol, drug addiction, and mental health services shall be 354
considered to be meetings of a public body subject to section 355
121.22 of the Revised Code. 356

Sec. 340.08. In accordance with rules or guidelines issued by 357
the director of mental health and addiction services, each board 358
of alcohol, drug addiction, and mental health services shall do 359
all of the following: 360

(A) Submit to the department a report of receipts and 361
expenditures for all federal, state, and local moneys the board 362
expects to receive; 363

(1) The report shall identify funds the board has available 364

for the treatment services for opioid addiction required by 365
division (B) of section 340.09 of the Revised Code. 366

(2) The report shall identify funds the board and public 367
children services agencies in the board's service district have 368
available to fund jointly the services described in section 340.15 369
of the Revised Code. 370

~~(2)~~(3) The board's proposed budget for expenditures of state 371
and federal funds distributed to the board by the department shall 372
be deemed an application for funds, and the department shall 373
approve or disapprove the budget for these expenditures. The 374
department shall inform the board of the reasons for disapproval 375
of the budget for the expenditure of state and federal funds and 376
of the criteria that must be met before the budget may be 377
approved. The director shall provide the board an opportunity to 378
present its case on behalf of the submitted budget. The director 379
shall give the board a reasonable time in which to meet the 380
criteria and shall offer the board technical assistance to help it 381
meet the criteria. 382

If a board determines that it is necessary to amend a budget 383
that has been approved under this section, the board shall submit 384
a proposed amendment to the director. The director may approve or 385
disapprove all or part of the amendment. The director shall inform 386
the board of the reasons for disapproval of all or part of the 387
amendment and of the criteria that must be met before the 388
amendment may be approved. The director shall provide the board an 389
opportunity to present its case on behalf of the amendment. The 390
director shall give the board a reasonable time in which to meet 391
the criteria and shall offer the board technical assistance to 392
help it meet the criteria. 393

~~(3)~~(4) The director of mental health and addiction services, 394
~~in whole or in part, may~~ shall withhold all funds otherwise to be 395
allocated to a board of alcohol, drug addiction, and mental health 396

services under Chapter 5119. of the Revised Code if the board 397
fails to provide for the full spectrum of care available in the 398
board's service district to include the treatment services for 399
opioid addiction required by division (B) of section 340.09 of the 400
Revised Code. The director, in whole or in part, may withhold 401
funds to be allocated to a board under Chapter 5119. of the 402
Revised Code if the board's use of state and federal funds fails 403
to comply with the approved budget for another reason, as it may 404
be amended with the approval of the department. 405

(B) Submit to the department a statement identifying the 406
services described in section 340.09 of the Revised Code the board 407
intends to make available. The board shall include the treatment 408
services for opioid addiction required by division (B) of section 409
340.09 of the Revised Code, crisis intervention services for 410
individuals in emergency situations, and services required 411
pursuant to section 340.15 of the Revised Code, ~~and the.~~ The board 412
shall explain the manner in which the board intends to make such 413
services available. The list of services shall be compatible with 414
the budget submitted pursuant to division (A) of this section. The 415
department shall approve or disapprove the proposed listing of 416
services to be made available. The department shall inform the 417
board of the reasons for disapproval of the listing of proposed 418
services and of the criteria that must be met before listing of 419
proposed services may be approved. The director shall provide the 420
board an opportunity to present its case on behalf of the 421
submitted listing of proposed services. The director shall give 422
the board a reasonable time in which to meet the criteria and 423
shall offer the board technical assistance to help it meet the 424
criteria. 425

(C) Enter into a continuity of care agreement with the state 426
institution operated by the department of mental health and 427
addiction services and designated as the institution serving the 428

district encompassing the board's service district. The continuity 429
of care agreement shall outline the department's and the board's 430
responsibilities to plan for and coordinate with each other to 431
address the needs of board residents who are patients in the 432
institution, with an emphasis on managing appropriate hospital bed 433
day use and discharge planning. The continuity of care agreement 434
shall not require the board to provide services other than those 435
on the list of services submitted by the board and approved by the 436
department pursuant to division (B) of this section. 437

(D) In conjunction with the department of mental health and 438
addiction services, operate a coordinated system for tracking and 439
monitoring persons found not guilty by reason of insanity and 440
committed pursuant to section 2945.40 of the Revised Code who have 441
been granted a conditional release and persons found incompetent 442
to stand trial and committed pursuant to section 2945.39 of the 443
Revised Code who have been granted a conditional release. The 444
system shall do all of the following: 445

(1) Centralize responsibility for the tracking of those 446
persons; 447

(2) Provide for uniformity in monitoring those persons; 448

(3) Provide a mechanism to allow prompt rehospitalization, 449
reinstitutionalization, or detention when a violation of the 450
conditional release or decompensation occurs. 451

(E) Submit to the department a report summarizing complaints 452
and grievances received by the board concerning the rights of 453
persons seeking or receiving services, investigations of 454
complaints and grievances, and outcomes of the investigations. 455

(F) Provide to the department information to be submitted to 456
the community addiction and mental health information system or 457
systems established by the department under Chapter 5119. of the 458
Revised Code. 459

(G) Annually, and upon any change in membership, submit to 460
the department a list of all current members of the board of 461
alcohol, drug addiction, and mental health services, including the 462
appointing authority for each member, and the member's specific 463
qualification for appointment pursuant to section 340.02 or 464
340.021 of the Revised Code, if applicable. 465

(H) Submit to the department other information as is 466
reasonably required for purposes of the department's operations, 467
service evaluation, reporting activities, research, system 468
administration, and oversight. 469

Sec. 340.09. (A) The department of mental health and 470
addiction services shall provide assistance to any county for the 471
operation of boards of alcohol, drug addiction, and mental health 472
services, the provision of services approved by the department 473
within the ~~continuum~~ full spectrum of care, the provision of 474
approved support functions, and the partnership in, or support 475
for, approved ~~continuum~~ full spectrum of care-related activities 476
from funds appropriated for that purpose by the general assembly. 477

(B) Categories in the full spectrum of care shall include all 478
levels of treatment services for opioid addiction, including 479
ambulatory detoxification, individual and group therapy, 480
medication-assisted treatment, peer mentoring, residential 481
treatment services, and twelve-step approaches. The treatment 482
services shall be made available in the service district of each 483
board, except that a treatment consisting of residential treatment 484
services for opioid addiction is not required to be available in a 485
board's service district if the board has a contract with one or 486
more providers of residential treatment services for opioid 487
addiction located in other service districts. The treatment 488
services shall be made available in a manner that ensures that 489
service recipients are able to access the services they need for 490

opioid addiction in an integrated manner and without delay when 491
changing or obtaining additional treatment services for opioid 492
addiction. A treatment service for opioid addiction shall not be 493
excluded from the full spectrum of care on the basis that the 494
treatment service previously failed. 495

(C) Categories in the ~~continuum~~ full spectrum of care may 496
include the following: 497

- (1) Inpatient; 498
- (2) Residential; 499
- (3) Outpatient treatment; 500
- (4) Intensive and other supports; 501
- (5) Recovery support; 502
- (6) Prevention and wellness management. 503

~~(C)~~(D) Support functions may include the following: 504

- (1) Consultation; 505
- (2) Research; 506
- (3) Administrative; 507
- (4) Referral and information; 508
- (5) Training; 509
- (6) Service and program evaluation. 510

Sec. 340.15. (A) A public children services agency that 511
identifies a child by a risk assessment conducted pursuant to 512
section 5153.16 of the Revised Code as being at imminent risk of 513
being abused or neglected because of an addiction of a parent, 514
guardian, or custodian of the child to a drug of abuse or alcohol 515
shall refer the child's addicted parent, guardian, or custodian 516
and, if the agency determines that the child needs alcohol or 517
other drug addiction services, the child to a community addiction 518

services provider certified by the department of mental health and 519
addiction services under section 5119.36 of the Revised Code. A 520
public children services agency that is sent a court order issued 521
pursuant to division (B) of section 2151.3514 of the Revised Code 522
shall refer the addicted parent or other caregiver of the child 523
identified in the court order to a community addiction services 524
provider certified by the department of mental health and 525
addiction services under section 5119.36 of the Revised Code. On 526
receipt of a referral under this division and to the extent 527
funding identified under division (A)~~(1)~~(2) of section 340.08 of 528
the Revised Code is available, the provider shall provide the 529
following services to the addicted parent, guardian, custodian, or 530
caregiver and child in need of addiction services: 531

(1) If it is determined pursuant to an initial screening to 532
be needed, assessment and appropriate treatment; 533

(2) Documentation of progress in accordance with a treatment 534
plan developed for the addicted parent, guardian, custodian, 535
caregiver, or child; 536

(3) If the referral is based on a court order issued pursuant 537
to division (B) of section 2151.3514 of the Revised Code and the 538
order requires the specified parent or other caregiver of the 539
child to submit to alcohol or other drug testing during, after, or 540
both during and after, treatment, testing in accordance with the 541
court order. 542

(B) The services described in division (A) of this section 543
shall have a priority as provided in the addiction and mental 544
health services plan and budget established pursuant to sections 545
340.03 and 340.08 of the Revised Code. Once a referral has been 546
received pursuant to this section, the public children services 547
agency and the addiction services provider shall, in accordance 548
with 42 C.F.R. Part 2, share with each other any information 549
concerning the persons and services described in that division 550

that the agency and provider determine are necessary to share. If 551
the referral is based on a court order issued pursuant to division 552
(B) of section 2151.3514 of the Revised Code, the results and 553
recommendations of the addiction services provider also shall be 554
provided and used as described in division (D) of that section. 555
Information obtained or maintained by the agency or provider 556
pursuant to this section that could enable the identification of 557
any person described in division (A) of this section is not a 558
public record subject to inspection or copying under section 559
149.43 of the Revised Code. 560

Sec. 1739.05. (A) A multiple employer welfare arrangement 561
that is created pursuant to sections 1739.01 to 1739.22 of the 562
Revised Code and that operates a group self-insurance program may 563
be established only if any of the following applies: 564

(1) The arrangement has and maintains a minimum enrollment of 565
three hundred employees of two or more employers. 566

(2) The arrangement has and maintains a minimum enrollment of 567
three hundred self-employed individuals. 568

(3) The arrangement has and maintains a minimum enrollment of 569
three hundred employees or self-employed individuals in any 570
combination of divisions (A)(1) and (2) of this section. 571

(B) A multiple employer welfare arrangement that is created 572
pursuant to sections 1739.01 to 1739.22 of the Revised Code and 573
that operates a group self-insurance program shall comply with all 574
laws applicable to self-funded programs in this state, including 575
sections 3901.04, 3901.041, 3901.19 to 3901.26, 3901.38, 3901.381 576
to 3901.3814, 3901.40, 3901.45, 3901.46, 3902.01 to 3902.14, 577
3923.24, 3923.282, 3923.30, 3923.301, 3923.38, 3923.521, 3923.581, 578
3923.63, 3923.80, 3924.031, 3924.032, and 3924.27 of the Revised 579
Code. 580

(C) A multiple employer welfare arrangement created pursuant 581
to sections 1739.01 to 1739.22 of the Revised Code shall solicit 582
enrollments only through agents or solicitors licensed pursuant to 583
Chapter 3905. of the Revised Code to sell or solicit sickness and 584
accident insurance. 585

(D) A multiple employer welfare arrangement created pursuant 586
to sections 1739.01 to 1739.22 of the Revised Code shall provide 587
benefits only to individuals who are members, employees of 588
members, or the dependents of members or employees, or are 589
eligible for continuation of coverage under section 1751.53 or 590
3923.38 of the Revised Code or under Title X of the "Consolidated 591
Omnibus Budget Reconciliation Act of 1985," 100 Stat. 227, 29 592
U.S.C.A. 1161, as amended. 593

Sec. 1751.621. (A) Notwithstanding section 3901.71 of the 594
Revised Code, every individual or group health insuring 595
corporation policy, contract, or agreement providing basic health 596
care services that is delivered, issued for delivery, or renewed 597
in this state shall cover the following services for covered 598
individuals with opioid addictions: 599

(1) Ambulatory detoxification; 600

(2) Case management; 601

(3) Intensive outpatient treatment for drug addiction; 602

(4) Medication-assisted treatment; 603

(5) Residential treatment services. 604

(B) A health insuring corporation shall not restrict coverage 605
of a service under division (A) of this section based on prior 606
successes or failures of the service. 607

Sec. 3923.521. (A) Notwithstanding section 3901.71 of the 608
Revised Code, each individual or group policy of sickness and 609

accident insurance that is delivered, issued for delivery, or 610
renewed in this state and each public employee benefit plan that 611
is established or modified in this state shall cover the following 612
services for covered individuals with opioid addictions: 613

(1) Ambulatory detoxification; 614

(2) Case management; 615

(3) Intensive outpatient treatment for drug addiction; 616

(4) Medication-assisted treatment; 617

(5) Residential treatment services. 618

(B) A sickness and accident insurer or a public employee 619
benefit plan shall not restrict coverage of a service under 620
division (A) of this section based on prior successes or failures 621
of the service. 622

Sec. 5119.21. (A) The department of mental health and 623
addiction services shall: 624

(1) To the extent the department has available resources and 625
in consultation with boards of alcohol, drug addiction, and mental 626
health services, support a ~~continuum~~ full spectrum of care in 627
accordance with Chapter 340. of the Revised Code on a district or 628
multi-district basis. The department shall define the essential 629
elements of a ~~continuum~~ full spectrum of care, shall assist in 630
identifying resources, and may prioritize support for one or more 631
of the elements. The essential elements of a full spectrum of care 632
shall include the treatment services for opioid addiction required 633
by division (B) of section 340.09 of the Revised Code. 634

(2) Provide training, consultation, and technical assistance 635
regarding mental health and addiction services and appropriate 636
prevention, recovery, and mental health promotion activities, 637
including those that are culturally competent, to employees of the 638
department, community mental health and addiction services 639

providers, boards of alcohol, drug addiction, and mental health 640
services, and other agencies providing mental health and addiction 641
services; 642

(3) To the extent the department has available resources, 643
promote and support a full range of mental health and addiction 644
services that are available and accessible to all residents of 645
this state, especially for severely mentally disabled children, 646
adolescents, adults, pregnant women, parents, guardians or 647
custodians of children at risk of abuse or neglect, and other 648
special target populations, including racial and ethnic 649
minorities, as determined by the department; 650

(4) Develop standards and measures for evaluating the 651
effectiveness of mental health and addiction services, including 652
services that use methadone treatment, of gambling addiction 653
services, and for increasing the accountability of mental health 654
and alcohol and addiction services providers and of gambling 655
addiction services providers; 656

(5) Design and set criteria for the determination of priority 657
populations; 658

(6) Promote, direct, conduct, and coordinate scientific 659
research, taking ethnic and racial differences into consideration, 660
concerning the causes and prevention of mental illness and 661
addiction, methods of providing effective services and treatment, 662
and means of enhancing the mental health of and recovery from 663
addiction of all residents of this state; 664

(7) Foster the establishment and availability of vocational 665
rehabilitation services and the creation of employment 666
opportunities for consumers of mental health and addiction 667
services, including members of racial and ethnic minorities; 668

(8) Establish a program to protect and promote the rights of 669
persons receiving mental health and addiction services, including 670

the issuance of guidelines on informed consent and other rights; 671

(9) Promote the involvement of persons who are receiving or 672
have received mental health or addiction services, including 673
families and other persons having a close relationship to a person 674
receiving those services, in the planning, evaluation, delivery, 675
and operation of mental health and addiction services; 676

(10) Notify and consult with the relevant constituencies that 677
may be affected by rules, standards, and guidelines issued by the 678
department of mental health and addiction services. These 679
constituencies shall include consumers of mental health and 680
addiction services and their families, and may include public and 681
private providers, employee organizations, and others when 682
appropriate. Whenever the department proposes the adoption, 683
amendment, or rescission of rules under Chapter 119. of the 684
Revised Code, the notification and consultation required by this 685
division shall occur prior to the commencement of proceedings 686
under Chapter 119. The department shall adopt rules under Chapter 687
119. of the Revised Code that establish procedures for the 688
notification and consultation required by this division. 689

(11) Provide consultation to the department of rehabilitation 690
and correction concerning the delivery of mental health and 691
addiction services in state correctional institutions. 692

(12) Promote and coordinate efforts in the provision of 693
alcohol and drug addiction services and of gambling addiction 694
services by other state agencies, as defined in section 1.60 of 695
the Revised Code; courts; hospitals; clinics; physicians in 696
private practice; public health authorities; boards of alcohol, 697
drug addiction, and mental health services; alcohol and drug 698
addiction services providers; law enforcement agencies; gambling 699
addiction services providers; and related groups; 700

(13) Provide to each court of record, and biennially update, 701

a list of the treatment and education programs within that court's jurisdiction that the court may require an offender, sentenced pursuant to section 4511.19 of the Revised Code, to attend;

(14) Make the warning sign described in sections 3313.752, 3345.41, and 3707.50 of the Revised Code available on the department's internet web site;

(15) Provide a program of gambling addiction services on behalf of the state lottery commission, pursuant to an agreement entered into with the director of the commission under division (K) of section 3770.02 of the Revised Code, and provide a program of gambling addiction services on behalf of the Ohio casino control commission, under an agreement entered into with the executive director of the commission under section 3772.062 of the Revised Code. Under Section 6(C)(3) of Article XV, Ohio Constitution, the department may enter into agreements with boards of alcohol, drug addiction, and mental health services, including boards with districts in which a casino facility is not located, and nonprofit organizations to provide gambling addiction services and substance abuse services, and with state institutions of higher education or private nonprofit institutions that possess a certificate of authorization issued under Chapter 1713. of the Revised Code to perform related research.

(B) The department may accept and administer grants from public or private sources for carrying out any of the duties enumerated in this section.

(C) Pursuant to Chapter 119. of the Revised Code, the department shall adopt a rule defining the term "intervention" as it is used in this chapter in connection with alcohol and drug addiction services and in connection with gambling addiction services. The department may adopt other rules as necessary to implement the requirements of this chapter.

Sec. 5119.22. The director of mental health and addiction 733
services with respect to all mental health and addiction 734
facilities and services established and operated or provided under 735
Chapter 340. of the Revised Code, shall do all of the following: 736

(A) Adopt rules pursuant to Chapter 119. of the Revised Code 737
that may be necessary to carry out the purposes of this chapter 738
and Chapters 340. and 5122. of the Revised Code. 739

(B) Review and evaluate the ~~continuum~~ full spectrum of care 740
in each service district, taking into account the findings and 741
recommendations of the board of alcohol, drug addiction, and 742
mental health services of the district submitted under division 743
(A)(4) of section 340.03 of the Revised Code and the priorities 744
and plans of the department, including the needs of residents of 745
the district currently receiving services in state-operated 746
hospitals, and make recommendations for needed improvements to 747
boards of alcohol, drug addiction, and mental health services; 748

(C) At the director's discretion, provide to boards of 749
alcohol, drug addiction, and mental health services state or 750
federal funds, in addition to those allocated under section 751
5119.23 of the Revised Code, for special programs or projects the 752
director considers necessary but for which local funds are not 753
available; 754

(D) Establish, in consultation with board of alcohol, drug 755
addiction, and mental health service representatives and after 756
consideration of the recommendations of the medical director, 757
guidelines for the development of community mental health and 758
addiction services plans and the review and approval or 759
disapproval of such plans submitted pursuant to section 340.03 of 760
the Revised Code. 761

(E) Establish criteria by which a board of alcohol, drug 762
addiction, and mental health services reviews and evaluates the 763

quality, effectiveness, and efficiency of its contracted services. 764
The criteria shall include requirements ensuring appropriate 765
service utilization. The department shall assess a board's 766
evaluation of services and the compliance of each board with this 767
section, Chapter 340. of the Revised Code, and other state or 768
federal law and regulations. The department, in cooperation with 769
the board, periodically shall review and evaluate the quality, 770
effectiveness, and efficiency of services provided through each 771
board. The department shall collect information that is necessary 772
to perform these functions. 773

(F) To the extent the director determines necessary and after 774
consulting with boards of alcohol, drug addiction, and mental 775
health services and community addiction and mental health services 776
providers, develop and operate, or contract for the operation of, 777
a community behavioral health information system or systems. The 778
department shall specify the information that must be provided by 779
boards of alcohol, drug addiction, and mental health services and 780
by community addiction and mental health services providers for 781
inclusion in the system or systems. 782

Boards of alcohol, drug addiction, and mental health services 783
and community addiction and mental health services providers shall 784
submit information requested by the department in the form and 785
manner and in accordance with time frames prescribed by the 786
department. Information collected by the department may include 787
all of the following: 788

(1) Information on services provided; 789

(2) Financial information regarding expenditures of federal, 790
state, or local funds; 791

(3) Information about persons served. 792

The department shall not collect any personal information 793
from the boards except as required or permitted by state or 794

federal law for purposes related to payment, health care 795
operations, program and service evaluation, reporting activities, 796
research, system administration, and oversight. 797

(G)(1) Review each board's community mental health and 798
addiction services plan, budget, and statement of services to be 799
made available submitted pursuant to sections 340.03 and 340.08 of 800
the Revised Code and approve or disapprove the plan, the budget, 801
and the statement of services in whole or in part. 802

The department shall withhold all of the funds allocated to a 803
board when required to do so under division (A)(4) of section 804
340.08 of the Revised Code. The department may withhold all or 805
part of the funds allocated to a board if it disapproves all or 806
part of a plan, budget, or statement of services for another 807
reason. Prior to a final decision to disapprove a plan, budget, or 808
statement of services, or to withhold funds from a board, a 809
representative of the director of mental health and addiction 810
services shall meet with the board and discuss the reason for the 811
action the department proposes to take and any corrective action 812
that should be taken to make the plan, budget, or statement of 813
services acceptable to the department. In addition, the department 814
shall offer technical assistance to the board to assist it to make 815
the plan, budget, or statement of services acceptable. The 816
department shall give the board a reasonable time in which to 817
revise the plan, budget, or statement of services. The board 818
thereafter shall submit a revised plan, budget, or statement of 819
services, or a new plan, budget, or statement of services. 820

(2) If a board determines that it is necessary to amend the 821
plan, budget, or statement of services that has been approved 822
under this section, the board shall submit the proposed amendment 823
to the department. The department may approve or disapprove all or 824
part of the amendment. 825

(3) If the director disapproves of all or part of any 826

proposed amendment, the director shall provide the board an 827
opportunity to present its position. The director shall inform the 828
board of the reasons for the disapproval and of the criteria that 829
must be met before the proposed amendment may be approved. The 830
director shall give the board a reasonable time within which to 831
meet the criteria and shall offer technical assistance to the 832
board to help it meet the criteria. 833

(4) The department shall establish procedures for the review 834
of plans, budgets, and statements of services, and a timetable for 835
submission and review of plans, budgets, and statements of 836
services and for corrective action and submission of new or 837
revised plans, budgets, and statements of services. 838

Sec. 5119.23. (A) The department of mental health and 839
addiction services shall establish a methodology for allocating to 840
boards of alcohol, drug addiction, and mental health services the 841
funds appropriated by the general assembly to the department for 842
the purpose of the full spectrum of care to be provided as local 843
mental health and addiction services ~~continuum~~ of care. The 844
department shall establish the methodology after notifying and 845
consulting with relevant constituencies as required by division 846
(A)(10) of section 5119.21 of the Revised Code. The methodology 847
may provide for the funds to be allocated to boards on a district 848
or multi-district basis. 849

(B) Subject to section 5119.25 of the Revised Code, and to 850
required submissions and approvals under section 340.08 of the 851
Revised Code, the department shall allocate the funds to the 852
boards in a manner consistent with the methodology, this section, 853
other state and federal laws, rules, and regulations. 854

(C) In consultation with boards, community mental health and 855
addiction services providers, and persons receiving services, the 856
department shall establish guidelines for the use of funds 857

allocated and distributed under this section. 858

Sec. 5119.25. (A) The director of mental health and addiction 859
services, ~~in whole or in part, may~~ shall withhold all funds 860
~~otherwise~~ to be allocated to a board of alcohol, drug addiction, 861
and mental health services under section 5119.23 of the Revised 862
Code if the board fails to provide for the full spectrum of care 863
available in the board's service district to include the treatment 864
services for opioid addiction required by division (B) of section 865
340.09 of the Revised Code. The director, in whole or in part, may 866
withhold such funds from a board if the board fails, for another 867
reason, to comply with Chapter 340. or section 5119.22, 5119.24, 868
5119.36, or 5119.371 of the Revised Code or rules of the 869
department of mental health and addiction services. 870

(B) The director of mental health and addiction services may 871
withhold funds otherwise to be allocated to a board of alcohol, 872
drug addiction, and mental health services under section 5119.23 873
of the Revised Code if the board denies available service on the 874
basis of race, color, religion, creed, sex, age, national origin, 875
disability as defined in section 4112.01 of the Revised Code, or 876
developmental disability. 877

(C) The director shall issue a notice identifying the areas 878
of noncompliance and the action necessary to achieve compliance. 879
The director may offer technical assistance to the board to 880
achieve compliance. The board shall have ten days from receipt of 881
the notice of noncompliance to present its position that it is in 882
compliance. Before withholding funds, the director or the 883
director's designee shall hold a hearing within ten days of 884
receipt of the board's position to determine if there are 885
continuing violations and that either assistance is rejected or 886
the board is unable to achieve compliance. Subsequent to the 887
hearing process, if it is determined that compliance has not been 888

achieved, the director may allocate all or part of the withheld 889
funds to a public or private agency to provide the community 890
mental health or community addiction service for which the board 891
is not in compliance until the time that there is compliance. The 892
director may adopt rules in accordance with Chapter 119. of the 893
Revised Code to implement this section. 894

Sec. 5164.09. (A) The medicaid program shall cover the 895
following services for medicaid recipients with opioid addictions: 896

(1) Ambulatory detoxification; 897

(2) Case management; 898

(3) Intensive outpatient treatment for drug addiction; 899

(4) Medication-assisted treatment. 900

(B) The medicaid program shall not restrict coverage of a 901
service under division (A) of this section based on prior 902
successes or failures of the service. 903

Section 2. That existing sections 340.03, 340.08, 340.09, 904
340.15, 1739.05, 5119.21, 5119.22, 5119.23, and 5119.25 of the 905
Revised Code are hereby repealed. 906

Section 3. Sections 1739.05 and 1751.621 of the Revised Code, 907
as amended or enacted by this act, apply only to policies, 908
contracts, and agreements that are delivered, issued for delivery, 909
or renewed in this state on or after the effective date of this 910
section. Section 3923.521 of the Revised Code, as enacted by this 911
act, applies only to policies of sickness and accident insurance 912
delivered, issued for delivery, or renewed in this state and 913
public employee benefit plans that are established or modified in 914
this state on or after the effective date of this section. 915

Section 4. Sections 1, 2, and 3 of this act take effect one 916

year after the effective date of this act. 917

Section 5. That Sections 327.10, 327.80, and 327.120 of Am. 918
Sub. H.B. 59 of the 130th General Assembly be amended to read as 919
follows: 920

Sec. 327.10. MHA DEPARTMENT OF MENTAL HEALTH AND ADDICTION 921
SERVICES 922

General Revenue Fund 923

GRF	333321	Central	\$	13,495,337	\$	13,486,290	924
		Administration					
GRF	333402	Resident Trainees	\$	450,000	\$	450,000	925
GRF	333415	Lease-Rental Payments	\$	15,843,300	\$	16,076,700	926
GRF	333416	Research Program	\$	321,998	\$	321,998	927
		Evaluation					
GRF	334412	Hospital Services	\$	190,514,437	\$	190,514,437	928
GRF	334506	Court Costs	\$	784,210	\$	784,210	929
GRF	335405	Family & Children	\$	1,386,000	\$	1,386,000	930
		First					
GRF	335406	Prevention and	\$	868,659	\$	868,659	931
		Wellness					
GRF	335421	Continuum of Care	\$	77,733,742	\$	77,633,742	932
		Services					
GRF	335422	Criminal Justice	\$	4,917,898	\$	4,917,898	933
		Services					
GRF	335504	Community Innovations	\$	6,500,000	\$	1,500,000	934
				<u>7,000,000</u>			
GRF	335506	Residential State	\$	7,502,875	\$	7,502,875	935
		Supplement					
GRF	335507	Community Behavioral	\$	47,500,000	\$	47,500,000	936
		Health					
GRF	652507	Medicaid Support	\$	1,727,553	\$	1,736,600	937

TOTAL GRF General Revenue Fund	\$	369,546,009	\$	364,679,409	938
		<u>370,046,009</u>			
General Services Fund Group					939
1490 333609 Central Office	\$	1,343,190	\$	1,343,190	940
Operating					
5T90 333641 Problem Gambling	\$	60,000	\$	60,000	941
Services -					
Administration					
1490 334609 Hospital - Operating	\$	28,190,000	\$	28,190,000	942
Expenses					
1500 334620 Special Education	\$	150,000	\$	150,000	943
4P90 335604 Community Mental	\$	250,000	\$	250,000	944
Health Projects					
5T90 335641 Problem Gambling	\$	275,000	\$	275,000	945
Services					
1510 336601 Office of Support	\$	115,000,000	\$	115,000,000	946
Services					
TOTAL GSF General Services Fund	\$	145,268,190	\$	145,268,190	947
Group					
Federal Special Revenue Fund Group					948
3240 333605 Medicaid/Medicare -	\$	154,500	\$	154,500	949
Refunds					
3A60 333608 Federal Miscellaneous	\$	140,000	\$	140,000	950
- Administration					
3A70 333612 Social Services Block	\$	50,000	\$	50,000	951
Grant -					
Administration					
3A80 333613 Federal Grants -	\$	4,717,000	\$	4,717,000	952
Administration					
3A90 333614 Mental Health Block	\$	748,470	\$	748,470	953
Grant -					
Administration					

3G40	333618	Substance Abuse Block Grant- Administration	\$	3,307,789	\$	3,307,789	954
3H80	333606	Demonstration Grants - Administration	\$	3,237,574	\$	3,237,574	955
3N80	333639	Administrative Reimbursement	\$	300,000	\$	300,000	956
3240	334605	Medicaid/Medicare - Hospitals	\$	28,200,000	\$	28,200,000	957
3A60	334608	Federal Miscellaneous - Hospitals	\$	200,000	\$	200,000	958
3A80	334613	Federal Letter of Credit	\$	200,000	\$	200,000	959
3A60	335608	Federal Miscellaneous	\$	2,170,000	\$	2,170,000	960
3A70	335612	Social Services Block Grant	\$	8,400,000	\$	8,400,000	961
3A80	335613	Federal Grant - Community Mental Health Board Subsidy	\$	2,500,000	\$	2,500,000	962
3A90	335614	Mental Health Block Grant	\$	14,200,000	\$	14,200,000	963
3FR0	335638	Race to the Top - Early Learning Challenge Grant	\$	1,164,000	\$	1,164,000	964
3G40	335618	Substance Abuse Block Grant	\$	62,542,003	\$	62,557,967	965
3H80	335606	Demonstration Grants	\$	5,428,006	\$	5,428,006	966
3B10	652635	Community Medicaid Legacy Costs	\$	5,000,000	\$	0	967
3B10	652636	Community Medicaid Legacy Support	\$	7,000,000	\$	7,000,000	968
3J80	652609	Medicaid Legacy Costs Support	\$	3,000,000	\$	0	969
TOTAL FED		Federal Special Revenue	\$	152,659,342	\$	144,675,306	970

Fund Group

State Special Revenue Fund Group				971
2320 333621	Family and Children	\$ 400,000	\$ 400,000	972
	First Administration			
4750 333623	Statewide Treatment	\$ 5,490,667	\$ 5,490,667	973
	and Prevention -			
	Administration			
4850 333632	Mental Health	\$ 134,233	\$ 134,233	974
	Operating - Refunds			
5JL0 333629	Problem Gambling and	\$ 1,361,592	\$ 1,361,592	975
	Casino Addictions -			
	Administration			
5V20 333611	Non-Federal	\$ 100,000	\$ 100,000	976
	Miscellaneous			
6890 333640	Education and	\$ 150,000	\$ 150,000	977
	Conferences			
4850 334632	Mental Health	\$ 2,477,500	\$ 2,477,500	978
	Operating - Hospitals			
4750 335623	Statewide Treatment	\$ 10,059,333	\$ 10,059,333	979
	and Prevention			
5AU0 335615	Behavioral Health Care	\$ 6,690,000	\$ 6,690,000	980
5JL0 335629	Problem Gambling and	\$ 4,084,772	\$ 4,084,772	981
	Casino Addictions			
6320 335616	Community Capital	\$ 350,000	\$ 350,000	982
	Replacement			
TOTAL SSR State Special Revenue		\$ 31,298,097	\$ 31,298,097	983
Fund Group				
TOTAL ALL BUDGET FUND GROUPS		\$ 698,771,638	\$ 685,921,002	984
		<u>699,271,638</u>		

Sec. 327.80. COMMUNITY INNOVATIONS 986

Of the foregoing appropriation item 335504, Community 987

Innovations, ~~\$5,000,000~~ \$5,500,000 in fiscal year 2014 shall be 988

used to support the pilot program established under the section of 989
this act entitled "ADDICTION TREATMENT PILOT PROGRAM." Of the 990
\$5,500,000 allocated for the pilot program, \$500,000 shall be 991
allocated to Hocking County. Of the ~~\$5,000,000~~ \$5,500,000 992
allocated for the pilot program, the Department of Mental Health 993
and Addiction Services shall receive an amount of not more than 994
five per cent for an administrative fee. 995

The foregoing appropriation item 335504, Community 996
Innovations, may be used by the Department of Mental Health and 997
Addiction Services to make targeted investments in programs, 998
projects, or systems operated by or under the authority of other 999
state agencies, governmental entities, or private not-for-profit 1000
agencies that impact, or are impacted by, the operations and 1001
functions of the Department, with the goal of achieving a net 1002
reduction in expenditure of state general revenue funds and/or 1003
improved outcomes for Ohio citizens without a net increase in 1004
state general revenue fund spending. 1005

The Director shall identify and evaluate programs, projects, 1006
or systems proposed or operated, in whole or in part, outside of 1007
the authority of the Department, where targeted investment of 1008
these funds in the program, project, or system is expected to 1009
decrease demand for the Department or other resources funded with 1010
state general revenue funds, and/or to measurably improve outcomes 1011
for Ohio citizens with mental illness or with alcohol, drug, or 1012
gambling addictions. The Director shall have discretion to 1013
transfer money from the appropriation item to other state 1014
agencies, governmental entities, or private not-for-profit 1015
agencies in amounts, and subject to conditions, that the Director 1016
determines most likely to achieve state savings and/or improved 1017
outcomes. Distribution of moneys from this appropriation item 1018
shall not be subject to sections 9.23 to 9.239 or Chapter 125. of 1019
the Revised Code. 1020

The Department shall enter into an agreement with each 1021
recipient of community innovation funds, identifying: allowable 1022
expenditure of the funds; other commitment of funds or other 1023
resources to the program, project, or system; expected state 1024
savings and/or improved outcomes and proposed mechanisms for 1025
measurement of such savings or outcomes; and required reporting 1026
regarding expenditure of funds and savings or outcomes achieved. 1027

The foregoing appropriation item 335504, Community 1028
Innovations, may also be used by the Department to make payments 1029
to the Opportunities for Ohioans with Disabilities Agency for 1030
vocational rehabilitation services to individuals receiving mental 1031
health or addiction services paid for with public dollars. 1032

Sec. 327.120. ADDICTION TREATMENT PILOT PROGRAM 1033

(A) As used in this section: 1034

(1) "Certified drug court program" means a session of any of 1035
the following that holds initial or final certification from the 1036
Supreme Court of Ohio as a specialized docket program for drugs: a 1037
common pleas court, municipal court, or county court or a division 1038
of any of those courts. 1039

(2) "Prescriber" has the same meaning as in section 4729.01 1040
of the Revised Code. 1041

(B)(1) The Department of Mental Health and Addiction Services 1042
shall conduct a pilot program to provide addiction treatment, 1043
including medication-assisted treatment, to persons who are 1044
offenders within the criminal justice system, eligible to 1045
participate in a certified drug court program, and selected under 1046
this section to be participants in the pilot program because of 1047
their dependence on opioids, alcohol, or both. 1048

(2) The Department shall conduct the pilot program in the 1049
courts of Crawford, Franklin, Hardin, Hocking, Mercer, and Scioto 1050

counties that are conducting certified drug court programs. If in 1051
any these counties there is no court conducting a certified drug 1052
court program, the Department shall conduct the pilot program in a 1053
court that is conducting a certified drug court program in another 1054
county. 1055

(3) In addition to courts of the counties listed in division 1056
(B)(2) of this section, the Department may conduct the pilot 1057
program in any court that is conducting a certified drug court 1058
program. 1059

(C) In conducting the pilot program, the Department shall 1060
collaborate with the Supreme Court, Department of Rehabilitation 1061
and Correction, and any other state agency that it determines may 1062
be of assistance in accomplishing the objectives of the pilot 1063
program. In addition, the Department may collaborate with the 1064
boards of alcohol, drug addiction, and mental health services that 1065
serve the counties in which the courts participating in the pilot 1066
program are located. 1067

(D) Not later than sixty days after the effective date of 1068
this section, the Department shall select a nationally recognized 1069
criminal justice research institute with extensive experience in 1070
the evaluation of criminal justice and substance abuse projects to 1071
develop an evaluation plan for the pilot program. The evaluation 1072
plan shall include performance measures that reflect the purpose 1073
of the pilot program, which is to assist participants in 1074
addressing their dependence on opioids, alcohol, or both, by 1075
maintaining abstinence from the use of those substances and 1076
reducing recidivism. 1077

(E) Before any person may be enrolled as a participant in the 1078
pilot program, the evaluation plan developed by the research 1079
institute shall be put into place with each of the certified drug 1080
court programs included in the pilot program and the addiction 1081
services providers that will provide treatment to the 1082

participants. 1083

Once the evaluation plan has been put into place, the 1084
certified drug court programs shall select persons who are 1085
offenders within the criminal justice system to be participants in 1086
the pilot program. To be selected, a person must meet the legal 1087
and clinical eligibility criteria for the certified drug court 1088
program and be an active participant in the program. The total 1089
number of persons participating in the pilot program at any one 1090
time shall not exceed five hundred, except that the Department may 1091
authorize the maximum number to be exceeded in circumstances that 1092
the Department considers appropriate. 1093

After being enrolled in the pilot program, a participant 1094
shall comply with all requirements of the certified drug court 1095
program. 1096

(F) Treatment may be provided under the pilot program only by 1097
a community addiction services provider that is certified under 1098
section 5119.36 of the Revised Code. In serving as a treatment 1099
provider, a community addiction services provider shall do all of 1100
the following: 1101

(1) Provide treatment based on an integrated service delivery 1102
model that consists of the coordination of care between a 1103
prescriber and the addiction services provider; 1104

(2) Conduct professional, comprehensive substance abuse and 1105
mental health diagnostic assessments of persons under 1106
consideration for selection as pilot program participants to 1107
determine whether they would benefit from substance abuse 1108
treatment and monitoring; 1109

(3) Determine, based on the assessments described in division 1110
(F)(2) of this section, the treatment needs of the participants 1111
served by the treatment provider; 1112

(4) Develop, for the participants served by the treatment 1113

provider, individualized goals and objectives; 1114

(5) Provide access to the long-acting antagonist therapies, 1115
partial agonist therapies, or both that are included in the pilot 1116
program's medication-assisted treatment; 1117

(6) Provide other types of therapies, including psychosocial 1118
therapies, for both substance abuse and any disorders that are 1119
considered by the treatment provider to be co-occurring disorders; 1120

(7) Monitor pilot program compliance through the use of 1121
regular drug testing, including urinalysis, of the participants 1122
being served by the treatment provider. 1123

(G) In the case of the medication-assisted treatment provided 1124
under the pilot program, all of the following conditions apply: 1125

(1) A drug may be used only if it has been approved by the 1126
United States Food and Drug Administration for use in treating 1127
dependence on opioids, alcohol, or both or for preventing relapse 1128
into the use of opioids, alcohol, or both. 1129

(2) One or more drugs may be used, but each drug that is used 1130
must constitute long-acting antagonist therapy or partial agonist 1131
therapy. 1132

(3) If a drug constituting partial agonist therapy is used, 1133
the pilot program shall provide safeguards to minimize abuse and 1134
diversion of the drug, including such safeguards as routine drug 1135
testing of the pilot program participants. 1136

(H) The research institute selected by the Department under 1137
division (D) of this section shall prepare a report of the 1138
findings obtained from the pilot program. The report shall include 1139
data derived from the drug testing and performance measures used 1140
in the pilot program. In preparing the report, the research 1141
institute shall obtain assistance from the Department. 1142

Not later than six months after the conclusion of the pilot 1143

program, the research institute shall complete its report. On 1144
completion, the research institute shall submit the report to the 1145
Governor; the Chief Justice of the Supreme Court; the President of the 1146
Senate; the Speaker of the House of Representatives; the Department of 1147
Mental Health and Addiction Services and the Department of 1148
Rehabilitation and Correction; and any other state agency the 1149
Department of Mental Health and Addiction Services collaborates 1150
with in conducting the pilot program. 1151

Section 6. That existing Sections 327.10, 327.80, and 327.120 1152
of Am. Sub. H.B. 59 of the 130th General Assembly are hereby 1153
repealed. 1154

Section 7. All items in this section are hereby appropriated 1155
as designated out of any moneys in the state treasury to the 1156
credit of the designated fund. For all appropriations made in this 1157
act, those in the first column are for fiscal year 2014 and those 1158
in the second column are for fiscal year 2015. The appropriations 1159
made in this act are in addition to any other appropriations made 1160
for the FY 2014-2015 biennium. 1161

Appropriations

JSC THE JUDICIARY/SUPREME COURT 1162

General Revenue Fund 1163

GRF	005XXX	Drug Court Case	\$	4,032,752	\$	8,065,504	1164
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Manager Compensation

TOTAL GRF	General Revenue Fund	\$	4,032,752	\$	8,065,504	1165
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TOTAL ALL BUDGET FUND GROUPS	\$	4,032,752	\$	8,065,504	1166
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DRUG COURT CASE MANAGER COMPENSATION 1167

The foregoing appropriation item 005XXX, Drug Court Case 1168
Manager Compensation, shall be used to defray a portion of the 1169
annual payroll costs associated with the employment of up to two 1170
drug court case managers by a court of common pleas, a municipal 1171

court, or a county court as follows:	1172
(A) To be eligible the court must have received Supreme Court of Ohio certification for a specialized drug court docket.	1173 1174
(B) Payroll costs include annual compensation and fringe benefits.	1175 1176
(C) Solely for the purposes of calculating the amount of state funding available under this section, the annual payroll cost for a case manager shall be the lesser of the actual annual compensation and fringe benefits paid by the court that employs the case manager or the amount of \$78,000.	1177 1178 1179 1180 1181
(D) For a case manager employed by a court of common pleas, the amount of state funding available under this section shall be determined as follows:	1182 1183 1184
(1) Except as otherwise provided in this division, the local share of the amount specified in division (C) of this section shall be equal to eighteen cents per capita for the population of the county in which the court is located, as ascertained by the latest federal census of the United States. The local share shall not be less than \$3,500 or more than \$14,000 of the amount specified in division (C) of this section.	1185 1186 1187 1188 1189 1190 1191
(2) The amount of state funding shall be the remainder of the amount specified in division (C) of this section minus the amount calculated in division (D)(1) of this section, but shall not be more than \$72,230.	1192 1193 1194 1195
(E) For a case manager employed by a municipal court or a county court, the amount of state funding available under this section shall be fifty-four per cent of the payroll costs specified in division (C) of this section. This state funding shall not exceed \$42,214.	1196 1197 1198 1199 1200
(F) The Supreme Court of Ohio shall disburse this state	1201

funding in monthly installments to the appropriate county or 1202
municipality in which the court is located. 1203

Section 8. All items in this section are hereby appropriated 1204
as designated out of any moneys in the state treasury to the 1205
credit of the designated fund. For all appropriations made in this 1206
act, those in the first column are for fiscal year 2014 and those 1207
in the second column are for fiscal year 2015. The appropriations 1208
made in this act are in addition to any other appropriations made 1209
for the FY 2014-FY 2015 biennium. 1210

Appropriations

MHA DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES 1211

General Revenue Fund 1212

GRF 335508 Buckeye Recovery \$ 180,000,000 \$ 0 1213

Housing

TOTAL GRF General Revenue Fund \$ 180,000,000 \$ 0 1214

TOTAL ALL BUDGET FUND GROUPS \$ 180,000,000 \$ 0 1215

BUCKEYE RECOVERY HOUSING 1216

(A)(1) "Recovery housing" is a facility for people recovering 1217
from addiction and is characterized by an alcohol and drug free 1218
living environment with peer support and other addiction recovery 1219
aids, including linkages to addiction treatment services. 1220

(2) Recovery housing shall be supervised with administrative 1221
oversight, quality standards, house rules, and policies and 1222
procedures for people recovering from addiction. 1223

(3) A recovery housing owner shall be a local governmental 1224
entity, a Department of Mental Health and Addiction 1225
Services-certified nonprofit addiction treatment provider, a 1226
peer-run recovery nonprofit, or other local nonprofit as 1227
appropriate to meet the needs of the local community. 1228

(4) The residents of a recovery housing facility shall be 1229

individuals who are actively receiving recovery services and/or 1230
addiction treatment for opioid abuse. 1231

(5) A resident's duration of stay shall be determined by each 1232
resident's needs, progress, and willingness to abide by the 1233
recovery housing guidelines in conjunction with the house owner 1234
and, if appropriate, in consultation and integration with an 1235
addiction treatment services provider, and will not be limited to 1236
an arbitrary or fixed duration. 1237

(B) Each local behavioral health board shall provide recovery 1238
housing. 1239

(C) The foregoing appropriation item 335508, Buckeye Recovery 1240
Housing, shall be used to pay the state share of the capital costs 1241
for the recovery housing projects. Funds may also be used to fund 1242
the first two years of operating expenses for certain recovery 1243
housing projects. 1244

(1) The following conditions apply to Cuyahoga, Franklin, 1245
Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit counties: 1246

(a) If recovery housing already exists in the county, the 1247
state shall pay fifty per cent and the local behavioral health 1248
board shall pay fifty per cent of capital costs of additional 1249
recovery housing projects. 1250

(b) If no recovery housing exists in a county, the state 1251
shall pay ninety per cent of the recovery housing capital costs 1252
and the local behavioral health board shall pay ten per cent 1253
unless the local behavioral health board cannot afford the ten per 1254
cent share, in which case the state shall pay one hundred per cent 1255
of the capital costs. 1256

(2) The following condition applies to all other remaining 1257
counties: the state shall pay ninety per cent of the recovery 1258
housing capital costs and the local behavioral health board shall 1259
pay ten per cent unless the local behavioral health board cannot 1260

afford the ten per cent share, in which case the state shall pay 1261
one hundred per cent of the capital costs. 1262

(3) The Director of Mental Health and Addiction Services 1263
shall prioritize funding for projects in counties that currently 1264
have no recovery housing options. 1265

(4) The local behavioral health board shall pay for the 1266
operating expenses of the recovery housing facilities except for 1267
those facilities for which the state paid one hundred per cent of 1268
the capital costs. In those cases the state shall pay ninety per 1269
cent of the first two years of operating expenses. 1270

(D) An amount equal to the unexpended, unencumbered portion 1271
of the foregoing appropriation item 335508, Buckeye Recovery 1272
Housing, at the end of fiscal year 2014 is hereby reappropriated 1273
to the Department of Mental Health and Addiction Services for the 1274
same purpose for fiscal year 2015. 1275

Section 9. Within the limits set forth in this act, the 1276
Director of Budget and Management shall establish accounts 1277
indicating the source and amount of funds for each appropriation 1278
made in this act, and shall determine the form and manner in which 1279
appropriation accounts shall be maintained. Expenditures from 1280
appropriations contained in this act shall be accounted for as 1281
though made in Am. Sub. H.B. 59 of the 130th General Assembly. 1282

The appropriations made in this act are subject to all 1283
provisions of Am. Sub. H.B. 59 of the 130th General Assembly that 1284
are generally applicable to such appropriations. 1285