Ohio Legislative Service Commission

Bill Analysis

Jennifer A. Parker

Sub. H.B. 369

130th General Assembly
(As Passed by the House)

Reps. Sprague, Antonio, Boose, Buchy, Butler, Letson, Patterson, Scherer, Sears, Sheehy, Smith, Wachtmann, Amstutz, Anielski, Beck, Brown, Damschroder, Green, Grossman, Henne, McClain, Rosenberger, Ruhl, Stebelton, Batchelder

BILL SUMMARY

Opioid and co-occurring drug addiction treatment of ADAMHS boards

- Requires, beginning two years after the bill's effective date, that each board of alcohol, drug addiction, and mental health services (ADAMHS board) establish, to the extent resources are available, a full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction.

- Requires the Ohio Department of Mental Health and Addiction Services (ODMHAS) to assist an ADAMHS board with the full spectrum of care for ODMHAS-approved treatment services for opioid and co-occurring drug addiction and, to the extent it has available resources, support the full spectrum of care on a single ADAMHS district or a multi-district basis.

- Requires that the full spectrum of care include at least ambulatory and subacute detoxification, nonintensive and intensive outpatient services, peer mentoring, residential treatment services, 12-step approaches, medication-assisted treatment, and recovery housing.

- Requires ODMHAS to withhold all of an ADAMHS board's allocated funds if ODMHAS disapproves the board's budget because the board fails to identify funds the board has available for opioid and co-occurring drug addiction treatment services or if the board fails to make the full spectrum of care available in its service district.

- Establishes certain restrictions, requirements, and options for the recovery housing that each ADAMHS board is to include in the full spectrum of care.

- Exempts recovery housing that is part of an ADAMHS board's full spectrum of care from certification by ODMHAS as a community mental health services provider or community addiction services provider.

- Permits an ADAMHS board to provide treatment services included in the full spectrum of care to eligible individuals with alcohol or other types of drug addictions if the amount of funds the board has for the full spectrum of care is greater than the amount needed to provide the treatment services to all eligible individuals with opioid and co-occurring drug addiction who apply to the board for the treatment services.

- Requires each community addiction services provider, beginning two years after the bill's effective date, to maintain, in an aggregate form, a waiting list of applicants who need certain alcohol and drug addiction services but have not begun to receive the treatment services within five days of application because the provider lacks an available slot.

- Requires each provider to notify an individual on the waiting list when the provider has a slot available for the individual and, if the individual does not contact the provider about the slot, to contact the individual to determine why the individual did not contact the provider and to assess whether the individual still needs the treatment service.

- Requires each provider to report certain information monthly about the waiting lists to each ADAMHS board that serves the county or counties in which the provider provides alcohol and drug addiction services.

- Requires each ADAMHS board to compile monthly on an aggregate basis the information the board receives that month from the providers and to determine specified information about denied applications for certain treatment services.

- Requires each ADAMHS board to report monthly to ODMHAS (1) the information the board compiles from the reports it receives from the providers, (2) the information about denied applications, and (3) all other information the ODMHAS Director requires in rules.

- Requires ODMHAS to make the reports it receives from ADAMHS boards available on ODMHAS's Internet website and in a manner that presents the information on statewide and county-level basis.

Subacute detoxification part of continuum of care

- Permits, beginning two years after the bill's effective date, the continuum of care that ADAMHS boards establish for other services to include subacute detoxification.

ODMHAS withholding funds from ADAMHS boards

- Gives an ADAMHS board, when it receives a notice from ODMHAS that the board is out of compliance with statutory requirements, the option to submit to ODMHAS evidence of corrective action the board took to achieve compliance.

- Provides that an ADAMHS board has 30, instead of 10, days to present its position that it is in compliance with statutory requirements or to submit evidence of corrective action it took to achieve compliance after receiving a notice from ODMHAS that the board is out of compliance with the statutory requirements.

- Requires ODMHAS to hold a hearing within 30, instead of 10, days after receiving the board's position or evidence.

- Permits ODMHAS to appoint a representative of another board that is in compliance to serve as a mentor for the board in developing and executing a plan of corrective action to achieve compliance.

Intake and resumption of services procedures

- Requires the ODMHAS Director to adopt rules to (1) streamline the intake procedures used by the providers when accepting and beginning to serve new patients and (2) enable providers to retain patients as active patients even though the patients last received services more than 30 days before resumption of services.

- Requires that the rules (1) be modeled on the intake and resumption of service procedures used by primary care physicians and (2) facilitate the exchange of information about patients between providers and primary care physicians.

ODMHAS's community behavioral health appropriation

- Eliminates a requirement that $30 million of ODMHAS's appropriation for community behavioral health be allocated to ADAMHS boards for mental health services and $17.5 million of the appropriation be allocated to ADAMHS boards for addiction services.

- Provides for $24,850,000 of ODMHAS's fiscal year 2015 appropriation for community behavioral health to be used for various purposes including for step-down regional crisis stabilization units, recovery housing, and programs that

ADAMHS boards started in fiscal year 2014, depending on how close the actual enrollment of newly eligible individuals under the Medicaid expansion in fiscal year 2014 is to the projected enrollment.

- Requires that $5,078,200 of ODMHAS's fiscal year 2015 appropriation for community behavioral health be used to maintain the level of funding for the Substance Abuse Prevention and Treatment Block Grant.

- Requires that $5 million of ODMHAS's fiscal year 2015 appropriation for community behavioral health be used to expand prevention-based resources statewide.

- Requires that $3.75 million of ODMHAS's fiscal year 2015 appropriation for community behavioral health be used to expand the Residential State Supplement Program.

- Provides for $8,821,800 of ODMHAS's fiscal year 2015 appropriation for community behavioral health to be transferred to a new appropriation item to be used by the Ohio Department of Rehabilitation and Correction to defray a portion of the annual payroll costs associated with the employment of up to two specialized docket staff members by eligible courts.

Mental health and drug addiction services for returning offenders

- Requires the ADAMHS boards serving Cuyahoga, Franklin, Hamilton, Montgomery, and Summit counties to prioritize the use of certain funds to temporarily assist returning offenders who have severe mental illnesses, severe substance use disorders, or both in obtaining Medicaid-covered community mental health services, Medicaid-covered community drug addiction services, or both.

ADAMHS board members

- Modifies the criteria to be considered when appointing members of an ADAMHS board who must be recipients of mental health or addiction services by eliminating a provision requiring that those services be publicly funded.

Charge-backs

- Requires that the expenses of returning a mentally ill person to the person's county of legal residence be charged to the county of residence, that a transcript of proceedings be sent to the probate court of the county of residence, and that if the person's residence cannot be established, the matter be referred to ODMHAS.

ODMHAS medical records

- Excludes ODMHAS records from the general medical records production requirement, if release of the record is covered by ODMHAS Law.

Indigent drivers alcohol treatment funds and indigent drivers interlock and alcohol monitoring funds

- Clarifies the purposes for which moneys in county indigent drivers alcohol treatment funds, county juvenile indigent drivers alcohol treatment funds, and municipal indigent drivers alcohol treatment funds may be used.

- Authorizes surplus moneys in the aforementioned funds to be used for additional purposes.

- Authorizes surplus moneys in county indigent drivers interlock and alcohol monitoring funds, county juvenile indigent drivers interlock and alcohol monitoring funds, and municipal indigent drivers interlock and alcohol monitoring funds to be used for additional purposes.

Chemical dependency counselors – pathological and problem gambling endorsement

- Enables a chemical dependency counselor to achieve a pathological and problem gambling endorsement on the counselor's license to enable the counselor to address gambling addiction disorders.

- Defines "pathological and problem gambling" as a persistent and recurring maladaptive gambling behavior that is classified in accepted nosologies.

- Modifies the Chemical Dependency Professionals Board's rule-making authority to include rules regarding the endorsement.

- Requires the Board to establish and adjust fees to be charged for issuing an initial endorsement and for renewing the endorsement.

- Prohibits the Board from discriminating against any endorsement holder or applicant for an endorsement because of the individual's race, color, religion, gender, national origin, disability, or age.

- Requires an individual seeking an endorsement to be one or more of certain listed counselors and other medical professionals and to have training in pathological and problem gambling and work or internship experience, with certain exceptions.

- Permits the Board to refuse to issue an endorsement, refuse to renew an endorsement, suspend, revoke, or otherwise restrict an endorsement, or reprimand an individual holding an endorsement for certain enumerated reasons.

- Requires each individual who holds an endorsement to complete continuing education.

- Based on the individual's license, allows an individual holding a valid license issued under the Chemical Dependency Professionals Law and the endorsement to diagnose and treat pathological and problem gambling conditions, and to perform treatment planning.

- Prohibits an individual holding a chemical dependency counselor II license or a chemical dependency counselor III license from practicing as an individual practitioner.

- Updates the Chemical Dependency Professionals Law to account for the ability of a chemical dependency counselor to receive a pathological and problem gambling endorsement.

Start Talking! Initiative

- Requires the ODMHAS Director to designate an employee who is a certified prevention specialist to serve as coordinator for the Start Talking! Initiative.

Use of funds realized from decreased nursing facility utilization

- Revises how money realized from the decreased utilization of nursing facility services due to the Recovery Requires a Community Program is to be used.

TABLE OF CONTENTS

CONTENT AND OPERATION

Opioid and co-occurring drug addiction treatment duties of ADAMHS boards

The bill establishes requirements regarding services available from boards of alcohol, drug addiction, and mental health services (ADAMHS boards). The requirements take effect two years after the bill's effective date.[1]

Full spectrum of care

Current law requires each ADAMHS board to establish, to the extent resources are available, a continuum of care that provides for prevention, treatment, support, and rehabilitation services and opportunities. The Ohio Department of Mental Health and Addiction Services (ODMHAS) is required to assist any county with the provision of ODMHAS-approved services within the continuum of care. To the extent it has

[1] Section 3.

available resources, ODMHAS must support the continuum of care on an ADAMHS board district or multi-district basis.

The bill requires an ADAMHS board to establish, to the extent resources are available, a full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction and a continuum of care for other services. ODMHAS must assist a county with (1) the full spectrum of care for all levels of ODMHAS-approved treatment services for opioid and co-occurring drug addiction made available in the county by the ADAMHS board serving the county and (2) the continuum of care for other ODMHAS-approved services that the ADAMHS board makes available in the county. ODMHAS also must, to the extent it has available resources, support the full spectrum of care and continuum of care on a single ADAMHS district or a multi-district basis.[2]

The bill requires that the full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction include at least ambulatory and subacute detoxification, nonintensive and intensive outpatient services, peer mentoring, residential treatment services, 12-step approaches, medication-assisted treatment, and recovery housing. "Medication-assisted treatment" is defined as alcohol and drug addiction services that are accompanied by medication approved by the U.S. Food and Drug Administration for the treatment of drug addiction, prevention of a relapse of drug addiction, or both. The bill defines "recovery housing" as housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance. (See "**Recovery housing**," below.)[3]

The bill requires each ADAMHS board to make available in its service district the treatment services for opioid and co-occurring drug addiction included in the full spectrum of care. However, a treatment service consisting of subacute detoxification or residential treatment services for opioid and co-occurring drug addiction is not required to be available in the board's service district if the board has a contract with one or more providers of such services located in other service districts. The treatment services for opioid and co-occurring drug addiction included in the full spectrum of care must be made available in a manner that ensures that service recipients are able to access the services they need for opioid and co-occurring drug addiction in an integrated manner and without delay when changing or obtaining additional treatment services for such

[2] R.C. 340.03, 340.09, 5119.21, and 5119.23.

[3] R.C. 340.01 and 340.09(B).

addiction. A treatment service for opioid and co-occurring drug addiction is not to be excluded from the full spectrum of care on the basis that the service previously failed.[4]

ADAMHS board budgets

Current law requires each ADAMHS board to submit to ODMHAS a report of receipts and expenditures (i.e., a budget) for all federal, state, and local money the board expects to receive. The bill requires that the budget identify funds the ADAMHS board has available for the treatment services for opioid and co-occurring drug addiction that the bill requires be included in its full spectrum of care. Current law permits ODMHAS to withhold all or part of the funds allocated to an ADAMHS board if ODMHAS disapproves all or part of the board's budget. The bill requires ODMHAS to withhold all of an ADAMHS board's allocated funds if ODMHAS disapproves the board's budget because the board fails to identify funds the board has available for opioid and co-occurring drug addiction treatment services.[5]

Current law permits the ODMHAS Director, in whole or in part, to withhold funds otherwise to be allocated to an ADAMHS board if the board's use of state and federal funds fails to comply with its ODMHAS-approved budget. The bill requires the Director to withhold all funds to be allocated to an ADAMHS board if the board fails to make the full spectrum of care for opioid and co-occurring drug addiction available in its service district.[6]

Recovery housing

The bill establishes the following restrictions, requirements, and options for the recovery housing that each ADAMHS board is to include in the full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction:

(1) The recovery housing cannot be owned or operated by a residential facility subject to licensure by ODMHAS and instead must be owned and operated by (a) a community addiction services provider or other local nongovernmental organization (including a peer-run recovery organization), as appropriate to the needs of the ADAMHS board's service district or (b) the board if the board owns and operates the recovery housing on the effective date of this provision of the bill or the board determines that there is an emergency need for the board to assume the ownership and operation of the recovery housing, such as when an existing owner and operator goes

[4] R.C. 340.09(B).

[5] R.C. 340.08(A)(1), 340.15, and 5119.22(G)(1).

[6] R.C. 340.08(A)(4) and 5119.25.

out of business, and the board considers the assumption of the ownership and operation to be its last resort.

(2) The recovery must have protocols for administrative oversight, quality standards, and policies and procedures (including house rules) for its residents to which the residents must agree to adhere.

(3) Individuals recovering from opioid or co-occurring drug addiction must have priority in admission to the recovery housing, but an individual recovering from other drug addictions may be admitted if an available slot is not needed for an individual recovering from opioid or co-occurring drug addiction.

(4) Family members of the recovery housing's residents may reside in the recovery housing to the extent the recovery housing's protocols permit.

(5) The recovery housing is not to limit a resident's duration of stay to an arbitrary or fixed amount of time and, instead, each resident's duration of stay must be determined by the resident's needs, progress, and willingness to abide by the recovery housing's protocols, in collaboration with the recovery housing's owner, and, if appropriate, in consultation and integration with a community addiction services provider.[7]

(6) The recovery housing's residents may receive medication-assisted treatment while residing n the recovery housing.

Recovery housing that is part of an ADAMHS board's full spectrum of care is exempt from certification by ODMHAS as a community mental health services provider or community addiction services provider.[8]

Use of full spectrum of care for other addictions

The bill permits an ADAMHS board, if the amount of funds that it has for the full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction is greater than the amount needed to provide the treatment services to all eligible individuals with opioid and co-occurring drug addictions who apply to the board for the treatment services, to use the excess funds to provide the treatment services to other eligible individuals with alcohol or other types of drug addictions.[9]

---

[7] R.C. 340.092.

[8] R.C. 340.092(G).

[9] R.C. 340.093.

Waiting lists and reports

The bill requires each community addiction services provider to do both of the following in accordance with rules the ODMHAS Director must adopt:

(1) Maintain, in an aggregate form, a waiting list of each individual who has (a) been documented as having a clinical need for alcohol and drug addiction services due to an opioid or co-occurring drug addiction, (b) applied to the provider for a clinically necessary treatment service included in the full spectrum of care for all levels of treatment for opioid and co-occurring drug addiction, and (c) not begun to receive the clinically necessary treatment services within five days of the individual's application for the services because the provider lacks an available slot for the individual;

(2) Notify an individual included on the provider's waiting list when the provider has a slot available for the individual and, if the individual does not contact the provider about the slot within a period of time to be specified in the ODMHAS Director's rules, contact the individual to determine why the individual did not contact the provider and to assess whether the individual still needs the treatment service.[10]

A community addiction services provider also is required monthly to report certain information about the waiting lists to each ADAMHS board that serves the county or counties in which the provider provides alcohol and drug addiction services. If a provider provides the services in more than one county and those counties are served by different ADAMHS boards, the provider must provide separate reports to each of the boards that serve the counties in which the provider provides the services. The report provided to an ADAMHS board is to be specific to the county or counties the board serves and not include information for individuals residing in other counties. The reports are to be made in accordance with rules the ODMHAS Director is to adopt. Specifically, providers are to report all of the following:

(1) An unduplicated count of all individuals who reside in a county that the ADAMHS board serves and were included on the provider's waiting list as of the last day of the immediately preceding month and each type of treatment service for which they were waiting;

(2) The total number of days all such individuals had been on the provider's waiting list as of the last day of the immediately preceding month;

[10] R.C. 5119.362(A)(1) and (2) and 5119.363.

(3) The last known types of residential settings, identified at a minimum as either institutional or noninstitutional, in which all such individuals resided as of the last day of the immediately preceding month;

(4) The number of all such individuals who did not contact the provider after receiving, during the immediately preceding month, notices about the provider having slots available for the individuals, and the reasons the contacts were not made;

(5) The number of all such individuals who withdrew, in the immediately preceding month, their applications for the treatment services, each type of treatment service for which those individuals had applied, and the reasons the applications were withdrawn;

(6) All other information specified in the ODMHAS Director's rules.[11]

In submitting a report to an ADAMHS board, a community addiction services provider must maintain the confidentiality of all individuals for whom information is included in the report. If the report is provided to an ADAMHS board that serves more than one county, the information included in the report is to be presented in a manner that is broken down for each of the counties the board serves.[12]

The bill establishes requirements for ADAMHS boards receiving the reports from community addiction services providers. An ADAMHS board is to do both of the following monthly in accordance with rules the ODMHAS Director is to adopt:

(1) Compile on an aggregate basis the information the board receives that month from the providers;

(2) Determine the number of applications for a treatment service included in the full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction that the board received in the immediately preceding month and that the board denied that month, each type of treatment service so denied, and the reasons for the denials.[13]

An ADAMHS board also is required to report certain information to ODMHAS monthly in accordance with rules the ODMHAS Director is to adopt. Specifically, the board must report (1) the information the board compiles from the reports it receives from community addiction services providers, (2) the information about denied

[11] R.C. 5119.632(A)(3) and (C)(2) and 5119.363.

[12] R.C. 5119.362(C)(1) and (3).

[13] R.C. 340.20(A)(1) and (2) and 5119.363.

applications for treatment services included in the full spectrum of care for opioid and co-occurring drug addiction, and (3) all other information the ODMHAS Director's rules require. The information must be reported to ODMHAS in an electronic format, in a manner that maintains the confidentiality of all individuals for whom information is included in the report, and in a manner that presents the information about such individuals by their counties of residence.[14]

The bill requires ODMHAS to make the reports it receives from ADAMHS boards available on ODMHAS's Internet website. The information contained in the reports is to be presented on the website on statewide and county-level bases. The information on the website is to be updated monthly after the boards submit new reports to ODMHAS.[15]

Subacute detoxification part of continuum of care

Current law provides that the categories in an ADAMHS board's continuum of care may include the following services: inpatient, residential, outpatient treatment, intensive and other supports, recovery support, and prevention and wellness management. The bill permits the continuum of care also to include subacute detoxification.[16]

ODMHAS withholding funds from ADAMHS boards

Current law permits the ODMHAS Director to withhold all or part of the funds otherwise allocated to an ADAMHS board if the board fails to comply with statutory requirements. As discussed above, the bill requires the ODMHAS Director to withhold all of such funds from a board if ODMHAS disapproves the board's budget because the board fails to identify funds the board has available for opioid and co-occurring drug addiction treatment services or if the board fails to make the full spectrum of care for all levels of treatment services for opioid and co-occurring drug addiction available in the board's service district as the bill requires.[17]

Continuing law requires the ODMHAS Director to issue a notice of noncompliance and identify the action necessary to achieve compliance. Under current law, an ADAMHS board has ten days from receipt of the notice to present its position that it is in compliance. The bill gives a board 30 days and the option of submitting to

---

[14] R.C. 340.20(A)(3) and (B) and 5119.363.

[15] R.C. 5119.364.

[16] R.C. 340.09(C).

[17] R.C. 5119.25(A).

the Director within that 30-day period evidence of corrective action the board took to achieve compliance (rather than presenting its position that it is in compliance). Current law requires the Director or the designee to hold a hearing within ten days of receipt of the board's position that it is in compliance. Under the bill, the hearing must be held within 30 days of receiving the board's position that it is in compliance or evidence of the board's corrective action. The purpose of the hearing under current law is, in part, to determine that either assistance is rejected or the board is unable to achieve compliance. The bill provides that the hearing's purpose is, in part, to determine that either assistance is rejected or the board is unable, *or has failed*, to achieve compliance. The Director is permitted by the bill to appoint a representative from another ADAMHS board to serve as a mentor for the board in developing and executing a plan of corrective action to achieve compliance. The representative must be from a board that is in compliance with statutory requirements.

Current law permits the Director to adopt rules to implement the provisions regarding withholding funds and holding hearings. The bill requires that the Director adopt such rules.

If it is determined from a hearing that an ADAMHS board has not achieved compliance, the Director is permitted under current law to allocate all or part of the funds it withholds from the board to a public or private agency to provide the community mental health or community addiction service for which the board is not in compliance. The bill specifies that such withheld funds may be allocated to one or more community mental health services providers or community addiction services providers to provide the services for which the board is not in compliance.[18] Continuing law defines "community mental health services provider" as an agency, association, corporation, individual, or program that provides ODMHAS-certified community mental health services.[19] Continuing law defines "community addiction services provider" as an agency, association, corporation, individual, or program that provides ODMHAS-certified community alcohol, drug addiction, or gambling addiction services.[20]

Intake and resumption of services procedures

The bill requires the ODMHAS Director to adopt rules in accordance with the Administrative Procedure Act (R.C. Chapter 119.) to do both of the following:

---

[18] R.C. 5119.25(C).

[19] R.C. 5119.01(A)(8), not in the bill.

[20] R.C. 5119.01(A)(7), not in the bill.

(1) Streamline the intake procedures used by a community addiction services provider accepting and beginning to serve a new patient, including procedures regarding intake forms and questionnaires;

(2) Enable a community addiction services provider to retain a patient as an active patient even though the patient last received services from the provider more than 30 days before resumption of services so that the patient and provider do not have to repeat the intake procedures.[21]

The rules must model the intake and resumption of service procedures on the procedures used by primary care physicians. The rules also must facilitate the exchange of information about patients between community addiction services providers and primary care physicians.[22]

ODMHAS's community behavioral health appropriation

Am. Sub. H.B. 59 of the 130th General Assembly (the main operating budget for fiscal years 2014 and 2015) appropriated $47.5 million to ODMHAS for community behavioral health. The bill revises how the appropriation is to be used.

Elimination of current earmarks

The bill eliminates a requirement enacted by H.B. 59 that $30 million of the appropriation be allocated to ADAMHS boards for mental health services and $17.5 million be allocated to ADAMHS boards for addiction services, including medication, treatment programs, and counseling.[23]

Step-down crisis stabilization units, recovery housing, and continued programs

The bill requires the Department of Medicaid to calculate the variance between the actual and projected enrollment of newly eligible individuals under the Medicaid expansion in fiscal year 2014. The calculation is to be made on July 1, 2014, or as soon as possible thereafter. The projected enrollment is to be the number specified in a report produced on February 13, 2014, by Mercer Health and Benefits LLC called the "Fiscal Impact of the Affordable Care Act on Medicaid Enrollment and Program Cost." How $24,850,000 of ODMHAS's fiscal year 2015 appropriation for community behavioral

[21] R.C. 5119.365(A).

[22] R.C. 5119.365(B).

[23] Section 6.

health is to be used depends on how close the actual enrollment is to the projected enrollment.[24]

Use of funds if variance is not more than 10%

If the actual enrollment is *not* more than 10% less than the projected enrollment, the $24,850,000 is to be used as follows:

(1) To provide six step-down regional crisis stabilization units, for a total of up to 90 beds, in accordance with a state allocation formula ODMHAS is to create.

(2) To provide state funds to the ADAMHS boards serving Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit counties for (a) the capital or leasing costs associated with making up to 400 recovery housing beds available in those counties or (b) additional step-down regional crisis stabilization units that are funded in accordance with ODMHAS's allocation formula.

(3) To provide state funds to the other ADAMHS boards for the capital or leasing costs associated with making up to 480 recovery housing beds available in those counties.

(4) To pay 90% of the first two years of the operating expenses of recovery housing operated in a county for which ODMHAS pays 100% of the capital or leasing costs for the recovery housing.

(5) For ODMHAS to enter into, through a competitive bidding process, a three-year contract, costing not more than $500,000, with a nongovernmental organization under which the organization organizes a network of recovery housing in Ohio that has (a) an Internet-based database of recovery housing available in Ohio, (b) a resource hub for recovery housing providers that assists the providers' development and operation efforts and enables providers to connect with other recovery housing providers in Ohio and other states for the purpose of shared learning, (c) quality standards for recovery housing and a peer-review process that uses the standards to endorse individual recovery housing sites, and (d) a system that monitors data that can be used to determine outcomes for recovery housing.

ODMHAS is required, when providing state funds to ADAMHS boards under this provision of the bill, to prioritize funding for counties that have no recovery housing on the effective date of this provision.

[24] Section 7.

The bill requires ODMHAS, when it uses part of the $24,850,000 to provide state funds to ADAMHS boards for the capital or leasing costs of recovery housing, to pay a certain amount of such costs and ADAMHS boards to pay the remaining amount. Except for the ADAMHS boards serving Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit counties, ODMHAS is to pay 90% of such costs and the board is to pay the remaining 10% unless the board cannot afford to pay 10%, in which case ODMHAS is to pay 100%. The following applies to the ADAMHS boards serving Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit counties:

(1) If recovery housing exists in the county on the effective date of this provision of the bill, ODMHAS and the ADAMHS board are both to pay 50% of the capital or leasing costs of additional recovery housing.

(2) If no recovery housing exists in the county on that date, ODMHAS is to pay 90% and the ADAMHS board is to pay the remaining 10% of the capital or leasing costs of recovery housing, except that if the board cannot afford to pay 10%, ODMHAS must pay 100%.

Each ADAMHS board that uses funds it receives under this provision of the bill for the capital costs of recovery housing must, to the greatest extent possible, give priority to developing new or additional recovery housing through a grant process under which one or more nonprofit entities use the grants for the capital costs of developing new or additional recovery housing in the county or counties the board serves. A nonprofit entity that receives such a grant is required to do both of the following to the greatest extent possible:

(1) Develop the new or additional recovery housing by rehabilitating existing buildings, using materials from existing buildings that no longer need the materials, or both;

(2) In developing the new or additional recovery housing, use one or more of (a) volunteers, (b) apprentices working under a bona fide apprenticeship program that is registered with the Ohio Apprenticeship Council or with the U.S. Department of Labor, (c) individuals who have successfully completed training in the construction field that is offered by a career-technical center, joint vocational school district, comprehensive career-technical center, or compact career-technical center offering adult training, or (d) employees hired through a hiring hall contract or agreement.

Use of funds if variance is more than 10%

If the actual enrollment of newly eligible individuals under the Medicaid expansion *is* more than 10% less than the projected enrollment, ODMHAS is permitted

to allocate all or part of the $24,850,000 to ADAMHS boards to continue programs the boards started in fiscal year 2014. Any of the $24,850,000 not so allocated must be used for the purposes that the money is to be used if the actual enrollment is *not* more than 10% less than the projected enrollment as discussed above.

Substance Abuse Prevention and Treatment Block Grant

The bill requires that $5,078,200 of ODMHAS's fiscal year 2015 appropriation for community behavioral health be used to maintain the level of funding for the Substance Abuse Prevention and Treatment Block Grant.[25]

Prevention-based resources

The bill requires that $5 million of ODMHAS's fiscal year 2015 appropriation for community behavioral health be used to expand prevention-based resources statewide.[26]

Residential State Supplement Program

The bill requires that $3.75 million of ODMHAS's fiscal year 2015 appropriation for community behavioral health be used to expand the Residential State Supplement Program.[27]

Specialized docket staff payroll costs

The bill requires the Director of Budget and Management to transfer $8,821,800 of ODMHAS's fiscal year 2015 appropriation for community behavioral health to a new appropriation item to be used by the Ohio Department of Rehabilitation and Correction (ODRC). The transfer is to be made on July 1, 2014, or as soon as possible thereafter. ODRC is to use the appropriation to defray a portion of the annual payroll costs associated with the employment of up to two separate and distinct full-time, or full-time equivalent, specialized docket staff members by a court of common pleas, municipal court, or county court, including a juvenile court or family court that has, or anticipates having, a family dependency treatment court.[28] Specialized docket staff members employed under this provision of the bill are to be considered employees of the court. For a court to be eligible for the funds, both of the following must apply:

---

[25] Section 8.

[26] Section 9.

[27] Section 10.

[28] Section 11.

(1) The court must have received the Ohio Supreme Court's certification for a specialized docket that targets participants with a drug addiction or dependency.

(2) The specialized docket staff members must have received training for, or education in, alcohol and other drug addiction, abuse, and recovery and have demonstrated, before or within 90 days of being hired, competencies in fundamental alcohol and other drug addiction, abuse, and recovery, including an understanding of (a) alcohol and other drug treatment and recovery, (b) how to engage a person in treatment and recovery, and (c) other health care systems, social service systems, and the criminal justice system.

The amount that an eligible court may receive for specialized docket staff members is the lesser of (1) 65% of certain payroll costs or (2) $50,700. The payroll costs are the lesser of (1) the actual annual compensation and fringe benefits paid to those staff members proportionally reflecting their time allocated for specialized docket duties or (2) $78,000. A county auditor is required to certify, for any court that serves the same county and is applying for or receiving state funds for specialized docket staff members, information needed to determine the court's eligibility for, and the amount of, the state funds. The certification is to be made to ODRC and in accordance with applicable rules, guidelines, or procedures adopted by ODRC. ODRC must disburse the state funds in quarterly installments to the appropriate counties and municipalities in which the eligible courts are located.

The bill requires ODRC to use up to 1% of the appropriation to pay the costs it incurs in administering its duties under this provision of the bill. ODRC is permitted to adopt rules, guidelines, and procedures as necessary to carry out those duties.

Mental health and drug addiction services for returning offenders

The bill requires, with an exception, that funds ODMHAS makes available to certain ADAMHS boards be prioritized for temporary assistance to individuals who are released from confinement in a state correctional facility to live in the community on or after the effective date of this provision of the bill ("returning offenders"). Specifically, the ADAMHS boards serving Cuyahoga, Franklin, Hamilton, Montgomery, and Summit counties must prioritize the use of funds to temporarily assist returning offenders who have severe mental illnesses, severe substance use disorders, or both, and reside in the service districts those ADAMHS boards serve, in obtaining Medicaid-covered community mental health services, Medicaid-covered community drug addiction services, or both. The temporary assistance is to be provided to a returning offender regardless of whether the returning offender resided in a district that an ADAMHS board serves before being confined in a state correctional facility.

A returning offender's priority for the temporary assistance is to end on the earlier of (1) the date the offender is enrolled in Medicaid or, if applicable, the date that the suspension of the offender's Medicaid eligibility ends or (2) 60 days after the offender is released from confinement in a state correctional facility. The exception is that the temporary assistance for returning offenders is not to receive priority over (1) community addiction services provided to drug or alcohol addicted parents whose children are at imminent risk of abuse or neglect because of the addiction and community addiction services provided to children of such parents or (2) the program for pregnant women with drug addictions that continuing law requires ODMHAS to develop.[29]

ADAMHS board member qualifications

Under existing law, each ADAMHS board must include at least one person who has received or is receiving mental health services paid for by public funds and at least one person who has received or is receiving addiction services paid for by public funds. The bill eliminates the requirement that the qualifying services be publicly funded. As a result, each ADAMHS board must include at least one person who has received or is receiving mental health services, whether publicly funded or not, and at least one person who has received or is receiving addiction services, whether publicly funded or not.[30]

Similarly, under existing law, each community mental health board that serves the function of an ADAMHS board with regard to mental health services must include at least one person who has received or is receiving mental health services paid for by public funds, and each alcohol and drug addiction services board that serves the function of an ADAMHS board with regard to addiction services must include at least one person who has received or is receiving addiction services paid for by public funds. For both community mental health board and an alcohol and drug addiction services board, the bill eliminates the requirement that qualifying services be publicly funded.[31]

Charge-back to mentally ill person's county of residence

The bill provides that if the legal residence of a person suffering from mental illness is in another county of the state, the necessary expense of the person's return is a proper charge against the county of legal residence. If an adjudication and order of hospitalization by the probate court of the county of temporary residence are required,

---

[29] Section 12.

[30] R.C. 340.02.

[31] R.C. 340.021.

the regular probate court fees and expenses incident to the order of hospitalization and any other expense incurred on the person's behalf must be charged to and paid by the county of the person's legal residence upon the approval and certification of the probate judge of that county. The ordering court must send to the probate court of the person's county of legal residence a certified transcript of all proceedings had in the ordering court. The receiving court must enter and record the transcript. The certified transcript is prima facie evidence of the person's residence. If the person's residence cannot be established as represented by the ordering court, the matter of residence must be referred to ODMHAS for investigation and determination.[32]

Correction of agency name

Corrects a reference to ODMHAS in state law regarding a trial court's conditional release of a defendant.[33]

ODMHAS medical records

General records release law

The bill excludes ODMHAS medical records from the general provision requiring the production of medical records upon request, if the release of those records is covered by ODMHAS Law.[34]

That general provision permits a patient, a patient's personal representative, or an authorized person (requestor) to examine or obtain a copy of part or all of a medical record in the possession of a health care provider. To be proper, the request must meet all of the following criteria:

- Be submitted to the health care provider;
- Be a written request, signed by the requestor, and dated not more than one year before the date on which it is submitted;
- Include sufficient information to identify the record requested;
- Indicate whether the copy is to be sent to the requestor, physician or chiropractor, or held for the requestor at the office of the health care provider.

[32] R.C. 5122.36.

[33] R.C. 2945.402.

[34] R.C. 3701.74.

Within a reasonable time after receiving a proper request, the health care provider that has the patient's medical records must permit the patient to examine the record during regular business hours without charge or, on request, provide a copy of the record. But, if a physician or chiropractor who has treated the patient determines for clearly stated treatment reasons that disclosure of the requested record is likely to have an adverse effect on the patient, the health care provider must provide the record to a physician or chiropractor designated by the patient.

The health care provider must take reasonable steps to establish the identity of the person making the request to examine or obtain a copy of the patient's record. If a health care provider fails to furnish a medical record as required, the requestor may bring a civil action to enforce the patient's right of access to the record.

ODMHAS records release law

ODMHAS Law contains a provision that generally make records for mental health treatment confidential and a separate provision that makes records relating to drug treatment confidential.

Generally, all records and reports identifying a person and pertaining to the person's mental health condition, assessment, provision of care or treatment, or payment for assessment, care or treatment that are maintained in connection with any services certified by ODMHAS or specified providers licensed or operated by ODMHAS must be kept confidential and not be disclosed. The ODMHAS Mental Health Records Release Law contains exceptions to the general confidentiality provisions. Those exceptions are as follows:

- If the person identified in the record, or the person's guardian or parent if the person is a minor, consents.
- When disclosure is permitted by other state and federal laws.
- Hospitals, boards of alcohol, drug addiction, and mental health services, licensed facilities, and community mental health services providers may release information to insurers or other third-party payers.
- Pursuant to a court order.
- A person may be granted access to their own medical records unless otherwise restricted.
- ODMHAS may exchange records with specified entities for limited purposes.

- A family member involved in the provision, planning, and monitoring of services to the person may receive certain information.

- The executor or an administrator of the estate of a deceased person.

- Information may be disclosed to the staff of the appropriate board or ODMHAS to determine the quality, effectiveness, and efficiency of care. Such information must not have any person's name on it.

- Records pertaining to a person's diagnosis, course of treatment, treatment needs, and prognosis must be disclosed to the appropriate prosecuting attorney or attorney retained for involuntary commitment proceedings.

The custodian of the records must attempt to get a person's consent prior to disclosure of certain records.

Similarly, records or information pertaining to the identity, diagnosis, or treatment of any person seeking or receiving services that are maintained in connection with the performance of any drug treatment program or services licensed by, or certified by, ODMHAS must be kept confidential. This confidentiality provision is subject to the following exceptions:

- If the person with respect to whom the record is maintained consents or is deemed to have consented.

- Disclosure of a person's record may be made without the person's consent to qualified personnel for specified purposes.

- Upon the request of a prosecuting attorney or the Director of ODMHAS if certain criteria are met.

Indigent drivers alcohol treatment funds and indigent drivers interlock and alcohol monitoring funds

The bill modifies the purposes for which moneys in a county indigent drivers alcohol treatment fund, a county juvenile indigent drivers alcohol treatment fund, or a municipal indigent drivers alcohol treatment fund may be used.[35] Under current law, a county, juvenile, or municipal court judge may make expenditures from those funds for the payment of the cost of an assessment or the cost of attendance at an alcohol and drug addiction treatment program for a person who meets all of the following requirements: (1) the person is convicted of, or found to be a juvenile traffic offender by

[35] R.C. 4511.191.

reason of, a violation of the law that prohibits any person from operating a vehicle while under the influence of alcohol, drugs, or both, (2) the person is ordered by the court to attend an alcohol and drug addiction treatment program, and (3) the person is determined by the court, in accordance with indigent client eligibility guidelines and the standards of indigency established by the public defender, to be unable to pay the cost of the assessment or treatment program. Under the bill, a judge may make expenditures from those funds for any of the following purposes with regard to an indigent person:

- To pay the cost of an assessment conducted by an appropriately licensed clinician at either a driver intervention program or a community addiction services provider;

- To pay the cost of alcohol addiction services, drug addiction services, or integrated alcohol and drug addiction services at a community addiction services provider; or

- To pay the cost of transportation to attend an assessment or services as provided above.

The bill defines "indigent person" as a person who meets all of the requirements set out in current law above.

The bill also expands the permissible uses of moneys from such funds in the event a surplus is declared. Under current law unchanged by the bill, if a county, juvenile, or municipal court determines, in consultation with the ADAMHS board that serves the service district in which the court is located, that the moneys in the fund are more than sufficient to satisfy the purpose of the fund, the court may declare a surplus. Once a surplus is declared, the court may use any of the surplus amount for either alcohol and drug abuse assessment and treatment of persons who are charged with committing a criminal offense or with being a delinquent child or juvenile traffic offender under specified circumstances; or to pay all or part of the cost of purchasing alcohol monitoring devices upon exhaustion of moneys in the indigent drivers interlock and alcohol monitoring fund.

The bill expands the permissible uses of the surplus moneys to include: (1) paying the cost of transportation related to drug abuse assessment and treatment of persons who are charged with committing a criminal offense or with being a delinquent child or juvenile traffic offender under specified circumstances, (2) transferring the funds to another court in the same county to be used in accordance with any authorized use of indigent drivers alcohol treatment funds, or (3) transferring the funds to the

ADAMHS board that serves the service district in which the court is located to be used in accordance with any authorized use of indigent drivers alcohol treatment funds.

The bill authorizes a county, juvenile, or municipal court to declare a surplus in a county indigent drivers interlock and alcohol monitoring fund, a county juvenile indigent drivers interlock and alcohol monitoring fund, or a municipal indigent drivers interlock and alcohol monitoring fund under the control of the court. A surplus may be declared if the moneys in the fund are more than sufficient to satisfy the purpose for which the fund was established. If the court declares a surplus, the court then may order a transfer of a specified amount of money into the county indigent drivers alcohol treatment fund, the county juvenile indigent drivers alcohol treatment fund, or the municipal indigent drivers alcohol treatment fund.

Under current law, unchanged by the bill, the moneys in those indigent drivers interlock and alcohol monitoring funds generally must be used only to pay the cost of an immobilizing or disabling device or an alcohol monitoring device that will be used by an offender or juvenile offender who is ordered by the court to use such a device and is determined not to have the means to pay for the device.

Chemical dependency counselors – pathological and problem gambling endorsement

General

The bill generally enables a chemical dependency counselor to achieve a pathological and problem gambling endorsement on the counselor's license to enable the counselor to address gambling addiction disorders, and prohibits a person from representing to the public that the person holds a pathological and problem gambling endorsement unless the person holds a valid endorsement.[36]

To that end, the bill defines "pathological and problem gambling" as a persistent and recurring maladaptive gambling behavior that is classified in accepted nosologies.

Chemical Dependency Professionals Board rules

The bill modifies the rule-making authority of the Chemical Dependency Professionals Board to include rules regarding the endorsement that establish, specify, or provide for all of the following:

[36] R.C. 4758.01, 4758.02, 4758.06, 4758.16, 4758.20, 4758.21, 4758.23, 4758.24, 4758.26, 4758.28, 4758.29, 4758.30, 4758.31, 4758.35, 4758.36, 4758.48, 4758.50, 4758.51, 4758.60, 4758.62, 4758.63, 4758.64, and 4758.71.

(1) Codes of ethical practice and professional conduct for individuals who hold an endorsement;

(2) Good moral character requirements for an individual who seeks or holds an endorsement;

(3) Documents that an individual seeking an endorsement must submit to the Board;

(4) Requirements to obtain the endorsement that are in addition to the other requirements established in the Chemical Dependency Professionals Law;

(5) Requirements for approval of continuing education courses for individuals who hold an endorsement;

(6) The intervention for and treatment of an individual holding an endorsement whose abilities to practice are impaired due to abuse of or dependency on alcohol or other drugs or other physical or mental conditions;

(7) Requirements governing reinstatement of a suspended or revoked endorsement;

(8) Standards for pathological and problem gambling-related compensated work or supervised internship direct clinical experience;

(9) Continuing education requirements for individuals who hold an endorsement;

(10) The number of hours of continuing education that an individual must complete to have an expired endorsement restored; and

(11) The duties of a licensed independent chemical dependency counselor who holds the endorsement who supervises a chemical dependency counselor III having the endorsement.

The bill prohibits the Board from discriminating against any endorsement holder or applicant for an endorsement because of the individual's race, color, religion, gender, national origin, disability, or age.

Under the bill, in accordance with the Board's rules, the Board must establish and adjust fees to be charged for issuing an initial endorsement and for renewing the endorsement. Under ongoing law amended in part by the bill to allow for the endorsement, the fees for an endorsement and the renewal of an endorsement may differ for the various types of licenses, certificates, or endorsements, but must not

exceed $175 each, unless the Board determines that additional amounts are needed and are approved by the Controlling Board.

Issuance of endorsement

Application

An individual seeking an endorsement must file with the Chemical Dependency Professionals Board a written application on a form the Board prescribes.

Requirements

The bill requires the Board to issue an endorsement to an individual who meets certain requirements as follows:

(1) Is of good moral character as determined in accordance with rules;

(2) Submits a properly completed application and all other documentation specified in rules;

(3) Pays the fee established for the endorsement;

(4) Meets the requirements to obtain the endorsement as specified in the Chemical Dependency Professionals Law; and

(5) Meets any additional requirements specified in the Board's rules.

In reviewing an application, the Board must determine if an applicant's command of the English language and education or experience meet required standards.

Additionally, the bill requires an individual seeking an endorsement to be one or more of the following:

(1) A licensed independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II;

(2) An individual authorized under the Physicians Licensing Law to practice medicine and surgery or osteopathic medicine and surgery;

(3) A licensed psychologist;

(4) A licensed registered nurse if the endorsement is consistent with the individual's scope of practice; or

(5) A professional clinical counselor, professional counselor, independent social worker, social worker, independent marriage and family therapist, or licensed marriage and family therapist if the endorsement is consistent with the individual's scope of practice.

An individual seeking an endorsement must have at least 30 hours of training in pathological and problem gambling that meets requirements prescribed in the Board's rules. Also, an individual seeking an endorsement must have at least 100 hours of compensated work or supervised internship in pathological and problem gambling direct clinical experience.

Initial endorsement

A licensed independent chemical dependency counselor, chemical dependency counselor III, or chemical dependency counselor II may be issued an initial endorsement without having complied with the 100 hours of compensated work or the supervised internship requirement, but the individual must comply with the requirement before expiration of the initial endorsement. An individual who fails to comply with this provision is not entitled to renewal of the initial endorsement.

Renewal

An endorsement expires two years after its issuance. The Board must renew an endorsement under the standard renewal procedure if the individual seeking the renewal pays the renewal fee and satisfies the continuing education requirements. The bill permits an expired endorsement to be restored if the individual seeking the restoration, not later than two years after the endorsement expires, applies for restoration of the endorsement. The Board then must issue a restored endorsement to the individual if the individual pays the renewal fee and satisfies the continuing education requirements. The Board must not require an individual to take an examination as a condition of having an expired endorsement restored.

Refusal to issue, suspension, or revocation

The Board, in accordance with the Administrative Procedure Act, may refuse to issue an endorsement; refuse to renew an endorsement; suspend, revoke, or otherwise restrict an endorsement; or reprimand an individual holding an endorsement for one or more of the following reasons:

(1) Violation of any provision of the Chemical Dependency Professionals Law or rules;

(2) Knowingly making a false statement on an application for an endorsement or for renewal, restoration, or reinstatement of an endorsement;

(3) Acceptance of a commission or rebate for referring an individual to a person who holds a license or certificate issued by, or who is registered with, an entity of state government, including persons practicing chemical dependency counseling, alcohol and other drug prevention services, pathological and problem gambling counseling, or fields related to chemical dependency counseling, pathological and problem gambling counseling, or alcohol and other drug prevention services;

(4) Conviction in Ohio or any other state of any crime that is a felony in Ohio;

(5) Conviction in Ohio or any other state of a misdemeanor committed in the course of practice as a pathological and problem gambling endorsee;

(6) Inability to practice as a pathological and problem gambling endorsee due to abuse of or dependency on alcohol or other drugs or another physical or mental condition;

(7) Practicing outside the individual's scope of practice;

(8) Practicing without complying with the supervision requirements;

(9) Violation of the code of ethical practice and professional conduct for pathological and problem gambling counseling services adopted by the Board; or

(10) Revocation of an endorsement or voluntary surrender of an endorsement in another state or jurisdiction for an offense that would be a violation of the Chemical Dependency Professionals Law.

An individual whose endorsement has been suspended or revoked may apply to the Board for reinstatement after an amount of time the Board determines in rules. The Board may accept or refuse an application for reinstatement. The Board may require an examination for reinstatement of an endorsement that has been suspended or revoked.

Investigations

The Board must investigate alleged irregularities in the delivery of pathological and problem gambling counseling services. As part of an investigation, the Board may issue subpoenas, examine witnesses, and administer oaths. The Board may receive any information necessary to conduct an investigation that has been obtained in accordance with federal laws and regulations. If the Board is investigating the provision of pathological and problem gambling counseling services to a couple or group, it is not necessary for both members of the couple or all members of the group to consent to the release of information relevant to the investigation.

Continuing education

The bill requires each individual who holds an endorsement to complete during the period that the endorsement is in effect not less than six hours of continuing education as a condition of receiving a renewed endorsement. Additionally, an individual whose endorsement has expired must complete the specified continuing education as a condition of receiving a restored endorsement. The Board may waive the continuing education requirements for individuals who are unable to fulfill them because of military service, illness, residence outside the United States, or any other reason the Board considers acceptable.

Authority to diagnose and treat

Based on the individual's license, the bill allows an individual holding a valid license issued under the Chemical Dependency Professionals Law and the endorsement to diagnose and treat pathological and problem gambling conditions, and to perform treatment planning.

An individual who holds an *independent chemical dependency counselor license* and an endorsement can: (1) diagnose and treat pathological and problem gambling conditions, (2) perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to pathological and problem gambling, (3) supervise pathological and problem gambling treatment counseling, and (4) refer individuals with nonpathological and nonproblem gambling conditions to appropriate sources of help.

An individual who holds a *chemical dependency counselor III license* and an endorsement can do all of the following: (1) treat pathological and problem gambling conditions, (2) diagnose pathological and problem gambling conditions under supervision, (3) perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to pathological and problem gambling, (4) supervise pathological and problem gambling treatment counseling under supervision, and (5) refer individuals having nonpathological and nonproblem gambling conditions to appropriate sources of help.

The supervision required above must be provided by a licensed independent chemical dependency counselor; an individual authorized to practice medicine and surgery or osteopathic medicine and surgery; a licensed psychologist; a registered nurse; or a professional clinical counselor, independent social worker, or independent marriage and family therapist. A registered nurse or a professional clinical counselor, independent social worker, or independent marriage and family therapist is not

qualified to provide supervision unless the individual holds a pathological and problem gambling endorsement.

An individual holding a chemical dependency counselor III license must not practice as an individual practitioner.

An individual who holds a *chemical dependency counselor II license* and an endorsement can: (1) treat pathological and problem gambling conditions, (2) perform treatment planning, assessment, crisis intervention, individual and group counseling, case management, and educational services insofar as those functions relate to pathological and problem gambling, and (3) refer individuals having nonpathological and nonproblem gambling conditions to appropriate sources of help.

An individual holding a chemical dependency II license must not practice as an individual practitioner.

Updates to Chemical Dependency Professionals Law

The bill updates the Chemical Dependency Professionals Law to account for the ability of a chemical dependency counselor to receive a pathological and problem gambling endorsement, including updates to the following provisions:

(1) The definition of "scope of practice" to include the services, methods, and techniques in which and the areas for which a person who holds an endorsement is trained and qualified;

(2) The requirements regarding confidential information to prohibit an individual who holds or has held an endorsement from disclosing any information regarding the identity, diagnosis, or treatment of any of the individual's clients or consumers except for expressly authorized purposes;

(3) The requirement that the Board must comply with a notice of child support default with respect to an endorsement;

(4) The requirement for posting the endorsement at an individual's place of employment;

(5) The ability of a prevention specialist II or prevention specialist I to engage in the practice of prevention services as specified in rules; and

(6) The hospital admitting prohibition under the Chemical Dependency Professionals Law, which states that the Law does not authorize an individual who holds an endorsement to admit a patient to a hospital or requires a hospital to allow the individual to admit a patient.

Start Talking! Initiative

The bill requires the ODMHAS Director to designate an employee who is certified as a prevention specialist by the Chemical Dependency Professionals Board to serve as coordinator for the Start Talking! Initiative and to assist with statewide efforts to prevent substance abuse among children.[37]

Use of funds realized from decreased nursing facility utilization

Continuing law requires ODMHAS, in consultation with the Department of Medicaid, to administer the Recovery Requires a Community Program to identify individuals residing in nursing facilities who can be successfully moved into a community setting with the aid of community non-Medicaid services. The ODMHAS Director and Medicaid Director are required to agree on an amount representing the savings realized from decreased nursing facility utilization to be transferred within the fiscal years 2014-2015 biennium from the Department of Medicaid to ODMHAS to support non-Medicaid program costs for individuals moving into community settings.

The bill eliminates a requirement that the Medicaid Director transfer the agreed upon amount of the savings from the Department of Medicaid's appropriation for the Medicaid program to ODMHAS's Sale of Goods and Services Fund to be used for an intrastate transfer voucher. Instead, the bill requires the ODMHAS Director and Medicaid Director to certify the agreed upon amount of the savings to the Director of Budget and Management. On receipt of the certification, the Director of Budget and Management is permitted to increase ODMHAS's appropriation for community innovations up to the amount of the certification and to decrease the Department of Medicaid's appropriation for the Medicaid program by an equal amount.[38]

HISTORY

ACTION	DATE
Introduced	12-03-13
Reported, H. Health & Aging	03-12-14
Re-referred to H. Finance & Appropriations	03-18-14
Reported, H. Finance & Appropriations	04-09-14
Passed House (71-20)	04-09-14

H0369-PH-130.docx/ks

[37] Section 13.

[38] Sections 4 and 5.