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H.B. 468
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 468's Bill Analysis](#)

Version: As Passed by the House

Primary Sponsor: Rep. Pavliga

Local Impact Statement Procedure Required: Yes

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Highlights

- There will be costs to transition to the 9-8-8 Hotline, including: expanding center capacity, upgrading technology systems, creating a statewide centralized referral directory, and ensuring services are available to meet additional projected needs. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) estimates that implementation costs could be about \$131.3 million through the end of FY 2027, which includes a baseline assumption for contact volume and cost per type of contact, anticipated call volume growth rates, and a projection of cost inflation. Of this amount, about \$21.0 million is anticipated for FY 2022 and FY 2023. OhioMHAS has identified federal funds to use for these initial costs in FY 2022 and FY 2023.
- The bill establishes the 9-8-8 Fund, which is to consist of appropriations made by the General Assembly, as well as donations, gifts, etc.

Detailed Analysis

9-8-8 Hotline legislation

The bill establishes a 9-8-8 Administrator within the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to oversee the administration of the 9-8-8 Hotline in this state. The bill also establishes a 9-8-8 Fund, which will consist of appropriations made by the General Assembly, donations, gifts, and interest earned. The bill specifies that money in the fund is not subject to transfer to any other fund and specifies that any money remaining, including interest, at the end of each fiscal year is not to revert to the GRF.

OhioMHAS plan and background

Federal legislation requires states to transition from the current ten-digit National Suicide Prevention Lifeline number to the three-digit 9-8-8 number by July 16, 2022. According to the National Conference of State Legislatures (NCSL), the 9-8-8 Hotline will utilize the existing infrastructure of the current National Suicide Prevention Lifeline number. NCSL states that calls from all states to the new 9-8-8 number and calls routed from the current National Suicide Prevention Lifeline will be routed to 9-8-8 on July 16, 2022. The federal legislation enacting this transition allows states to invest in programs to support call centers and to establish a telecommunications surcharge fee to support call centers and other responses.¹

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for the National Suicide Prevention Lifeline, which is a confidential 24/7 telephone line that connects individuals in crisis with trained counselors across the United States. The service provides referrals to local treatment facilities, support groups, and community-based organizations. SAMHSA contracts with Vibrant Emotional Health to administer the Lifeline for the nation and has done so since 2004. Vibrant has received a series of federal grants from SAMHSA to do this and to administer the 9-8-8 Dialing Code. However, with the 9-8-8 transition, states will be required to take a more active role in the administration of the hotline. To facilitate this process, several states were awarded a 9-8-8 planning grant. OhioMHAS received a \$360,000 9-8-8 State Planning Grant in January 2021.² Since this date, OhioMHAS has had numerous meetings with various interested parties to support implementation in Ohio. OhioMHAS submitted the 9-8-8 Implementation Plan Draft on September 30, 2021, which outlines the goals and timelines associated with this transition. On January 21, 2022, OhioMHAS submitted their revised final implementation plan. The information below comes from OhioMHAS's plan and associated documents.

The plan is broken into eight core areas. It includes background information, key concerns for each area, and targets and goals to address these issues. These eight areas are: (1) ensure statewide 24/7 coverage for 9-8-8 calls, texts, and chats, (2) secure adequate, diversified, and sustained funding streams for Lifeline centers, (3) expand and sustain center capacity to maintain target in-state-territory answer rates for current and projected call, text, and chat volume, (4) support crisis centers in meeting Lifeline's operational standards, requirements, and performance metrics, (5) convene a coalition of key stakeholders to advise on 9-8-8 planning and implementation, (6) maintain a comprehensive, updated listing of resources, referrals, and linkages and plan for expanded services, (7) ensure all state/territory centers can provide best practice follow-up to 9-8-8 callers/texters/chatters, and (8) plan and implement marketing for 9-8-8 in the state/territory.

¹ NCSL article entitled "Legislatures Prepare for New National Suicide Prevention Lifeline," published on October 12, 2021.

² OhioMHAS [Grant Award Press Release](https://mha.ohio.gov/about-us), which can be accessed on OhioMHAS's website: <https://mha.ohio.gov/about-us>.

OhioMHAS plan – potential fiscal and funding impacts

There is some infrastructure in place in Ohio currently to support this transition due to the existing National Suicide Prevention Lifeline system and the Lifeline centers operating in Ohio (county alcohol, drug addiction, and mental health services (ADAMHS) boards provide some support to these centers through a mix of state and federal funds that they receive and possibly any available local funds). However, even with this, a number of areas or issues would need to be addressed to implement the 9-8-8 transition including: expanding call center capacity for anticipated higher call volumes (this includes chat and text providers); upgrading technology systems and equipment; ensuring the availability of backup providers; training call center staff; developing a web-based, statewide directory resource; and providing for marketing activities. There could also be costs to ensure crisis response and other services are available to meet projected additional needs. In addition, there could be other direct or indirect impacts associated with this legislation. For instance, the availability of a 9-8-8 Hotline could divert calls from the 9-1-1 system, which could reduce associated responses. If this occurs, it is possible that having call center staff trained to deal with behavioral health issues could result in individuals receiving needed treatment and might possibly result in fewer individuals entering the judicial system or receiving services in an emergency department.

As part of the implementation process, OhioMHAS contracted with an actuary to determine projected costs. OhioMHAS estimates that the costs through FY 2027 would total \$131.3 million, which includes a baseline assumption for contact volume and cost per type of contact, anticipated call volume growth rates, and a projection of cost inflation. This breaks down as follows: \$6.2 million for the first six months before operation (FY 2022), \$14.8 million for year one (FY 2023), \$20.7 million for year two (FY 2024), \$25.8 million in year three (FY 2025), \$29.7 million in year four (FY 2026), and \$34.1 million in year five (FY 2027).³ However, some decisions regarding a national technology platform or national marketing plan have not been made, so some estimates could vary. It is also possible that there could be adjustments as experience with implementation grows. OhioMHAS has identified \$21 million in federal funds that could be used for costs through the end of FY 2023. After FY 2023, the plan highlighted potential funding streams for the 9-8-8 Hotline. It is anticipated that funding could include a mix of federal, state, local, and private sources. Local dollars can include pass through from federal or state funds or local levy dollars.

Other states' legislation

A few states have enacted legislation that provides for some funding for 9-8-8 systems in their states. For instance, the state of Washington enacted legislation that beginning on October 1, 2021, established a new tax on telephone lines and prepaid wireless retail transactions to fund the 9-8-8 Hotline and related activities. Telephone users will pay the monthly tax to their telephone service provider while prepaid wireless users will pay the tax to the retailer they buy their services from. Between October 1, 2021, and December 31, 2022, the tax will be 24¢ per line or retail sale of prepaid wireless services and on January 1, 2023 and after, the tax

³ According to OhioMHAS testimony presented on February 17, 2022, to the House Behavioral Health and Recovery Supports Committee.

will increase to 40¢.⁴ In Virginia, legislation created a 12¢ surcharge on postpaid wireless charges and 8¢ surcharge on prepaid wireless charges, which will be used to establish and administer the call center. The bill also increases the wireless E-911 surcharge from 75¢ to 82¢ and the prepaid wireless E-911 surcharge charge from 50¢ to 55¢, which will be used for public safety answering points.⁵ Nebraska legislation created a Mental Health Crisis Hotline Task Force, which is tasked with developing a plan for 9-8-8 implementation. The legislation also required the Task Force to conduct a cost analysis to determine how telecommunication fees could be designed to cover implementation costs.⁶

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⁴ See the Washington Department of Revenue’s [Statewide 988 Behavioral Health Crisis Response & Suicide Prevention Line Tax](#), which can be accessed on the Department’s website by searching under the “Taxes & rates” tab and selecting “Other taxes”: <https://dor.wa.gov/>.

⁵ See the [Virginia 9-8-8 legislation](#), which can be accessed by filtering for 2021 Special Session 1 and then doing a keyword search on “crisis call” on Virginia’s Legislative Information System website: <https://lis.virginia.gov/>.

⁶ See the [Nebraska 9-8-8 legislation \(PDF\)](#), which can be accessed by doing a keyword search on “LB 247” in the search current bills box on the Nebraska Legislature’s website: <https://nebraskalegislature.gov/>.