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Bill Analysis

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Primary Sponsors: Reps. Pavliga and A. Miller

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SUMMARY

9-8-8 Suicide Prevention and Mental Health Crisis Hotline

- Establishes a 9-8-8 Administrator within the Department of Mental Health and Addiction Services (OhioMHAS) to oversee the administration of the 9-8-8 Suicide Prevention and Mental Health Crisis Hotline System (9-8-8 Hotline) statewide.
- Requires the 9-8-8 Administrator to do all of the following:
 - Work with local alcohol, drug addiction, and mental health services boards (ADAMHS boards) and local jurisdictions to designate and oversee crisis centers and mobile crisis teams;
 - Collect and maintain data and submit an annual report;
 - Oversee the collection and disbursement of money from the 9-8-8 Fund;
 - Coordinate with the Veterans Crisis Line and with the National Suicide Prevention Lifeline Program to ensure consistent public messaging about 9-8-8 services.
- Requires the 9-8-8 Hotline to provide crisis response and outgoing service to all callers at no cost.

Crisis centers

- Requires the 9-8-8 Administrator, alongside the appropriate local jurisdictions, to designate crisis centers to participate in the 9-8-8 Hotline to provide or coordinate crisis stabilization and intervention services and crisis care coordination to individuals accessing the 9-8-8 Hotline in Ohio.
- Requires crisis center administration and operation to be overseen by the local ADAMHS board whose jurisdiction covers the crisis center location, in collaboration with the 9-8-8 Administrator.

- Requires the crisis centers to carry out various duties, including, for example, providing crisis response and outgoing services to calls 24/7 by personnel who reflect the demographics of the served community and are trained to serve at-risk communities and provide follow-up services to individuals accessing the 9-8-8 Hotline.

Mobile crisis teams

- Requires a mobile crisis team to:
 - Include licensed community mental health services providers, community addiction services providers, and peer recovery supporters;
 - Be designed in partnership with community members, including individuals with lived experience using crisis response and stabilization services;
 - Be staffed by personnel that reflect the demographics of the community served;
- Requires the 9-8-8 Administrator, in conjunction with the appropriate local jurisdiction, to designate mobile crisis teams to deploy response services to the location of an individual accessing the 9-8-8 Hotline, as appropriate.
- Requires mobile crisis team administration and operation to be overseen by the local ADAMHS board whose jurisdiction covers the location of the mobile crisis team, in collaboration with the 9-8-8 Administrator.
- Requires the mobile crisis team to carry out various duties, including, for example, providing onsite, community-based intervention services, such as de-escalation and stabilization, for individuals who are experiencing a mental health crisis.

9-8-8 Fund

- Creates the 9-8-8 Fund in the state treasury, to consist of all money from the following sources:
 - The 9-8-8 charge;
 - Appropriations made by the General Assembly;
 - Money awarded to the state by donation, gift, or bequest, and other money received for purposes of the 9-8-8 Fund;
 - Interest or other earnings on the 9-8-8 Fund.
- Specifies that money in the 9-8-8 Fund is not subject to transfer to any other fund or for any other purpose than those allowed for the 9-8-8 charge, and any money remaining in the fund at the end of each fiscal year cannot revert to the General Revenue Fund, but must remain in the fund.
- Permits the Treasurer to disburse money from the 9-8-8 Fund only upon request of, and in consultation with, the 9-8-8 Administrator.

9-8-8 charge

- Creates a monthly 9-8-8 charge of ten cents to be imposed on:
 - Each subscriber of wireless service or voice over internet protocol service who has a billing address in Ohio;
 - Each wireline service customer;
 - Each retail sale of a prepaid wireless calling service occurring in Ohio.
- Requires the 9-8-8 Administrator to ensure that amounts collected for the 9-1-1 system are not used for the benefit of the 9-8-8 Hotline, and likewise that 9-8-8 charges deposited in the 9-8-8 Fund are not used for the benefit of the 9-1-1 system.

9-8-8 Fund and 9-8-8 charge uses

- Provides that revenue generated by the 9-8-8 charge can only be used for costs that are reasonably attributed to, and money held in the 9-8-8 Fund cannot be used for a purpose other than, any of the purposes provided by the bill, including, for example, ensuring the efficient and effective routing of calls made to the 9-8-8 Hotline to the appropriate crisis center.

Annual report

- Requires, no later than one year after the bill's effective date and annually thereafter, the 9-8-8 Administrator to compile an annual report regarding both of the following:
 - The data, specified under the bill, collected from local crisis centers on a quarterly basis;
 - Deposits and expenditures from the 9-8-8 Fund.
- Requires the 9-8-8 administrator to submit the report to all of the following:
 - The General Assembly, in accordance with the law governing agency reports to the General Assembly;
 - Ohio's congressional delegation;
 - The Federal Communications Commission (FCC).

Rulemaking

- Requires, no later than 90 days after the bill's effective date, OhioMHAS to adopt rules to develop and implement the 9-8-8 Hotline and carry out the bill's requirements.
- Requires the rules to do all of the following:
 - Establish qualifications and responsibilities for the 9-8-8 Administrator;
 - Establish the scope of powers for OhioMHAS and local ADAMHS boards for overseeing the 9-8-8 Hotline;

- Assign tasks to one or more new or existing agencies, boards, commissions, or other entities to accomplish the planning required to implement and oversee the bill’s requirements, in coordination with OhioMHAS, 9-1-1 administrators, hospital emergency departments, and the National Suicide Prevention Lifeline Program;
 - Establish timeframes to accomplish the bill’s requirements that are consistent with the timeframes required by federal law and FCC rules;
 - Provide for the collection and return of the 9-8-8 charge;
 - Provide for the information sharing and communication between crisis and emergency response systems to offer both (1) real-time coordination between crisis response and outgoing services, and (2) linked, flexible services specific to crisis response.
- Exempts rules required to be adopted by the bill from the regulatory restriction limitation in existing law.

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DETAILED ANALYSIS

Background

The National Suicide Hotline Designation Act of 2020 codified 9-8-8 as the universal telephone number for the National Suicide Prevention and Mental Health Crisis Hotline System (9-8-8 Hotline), and permitted states to implement a fee or charge for 9-8-8 related services if the fee or charge is held in a sequestered account to be obligated or expended only in support of 9-8-8 services.¹

9-8-8 Suicide Prevention and Mental Health Crisis Hotline

Creation

The bill establishes a 9-8-8 Administrator within the Department of Mental Health and Addiction Services (OhioMHAS) to oversee the administration of the 9-8-8 Hotline statewide.²

The bill defines the following terms relating to the 9-8-8 Hotline:

- “9-8-8 Administrator” is the administrator of the 9-8-8 Hotline system.
- “9-8-8 Suicide Prevention and Mental Health Crisis Hotline” or “9-8-8 Hotline” is the 9-8-8 universal telephone number in the United States, as established under federal law, for the National Suicide Prevention and Mental Health Crisis Hotline system operating through the National Suicide Prevention Lifeline Program.
- “National Suicide Prevention Lifeline Program” is the National Suicide Prevention Lifeline Program maintained by the Assistant Secretary for Mental Health in the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration under federal law.³

Duties

Under the bill, the 9-8-8 Administrator must do all of the following:

- Work with local alcohol, drug addiction, and mental health services boards (ADAMHS boards) and local jurisdictions to designate and oversee crisis centers (see below, “**Crisis centers**”) and mobile crisis teams (see below, “**Mobile crisis teams**”);
- Collect and maintain data and submit an annual report (see below, “**Annual report**”);
- Oversee the collection and disbursement of money from the 9-8-8 Fund (see below, “**9-8-8 Fund**”);

¹ 47 United States Code (U.S.C.) 251(e)(4) and 47 U.S.C. 251a(a)(1).

² R.C. 5119.801(A).

³ R.C. 5119.80(A), (B), and (G); 42 U.S.C. 290bb-36c and 47 U.S.C. 251(e).

- Coordinate with the Veterans Crisis Line, maintained by the U.S. Secretary of Veterans Affairs under federal law, and with the National Suicide Prevention Lifeline Program to ensure consistent public messaging about 9-8-8 services.⁴

The bill defines “local jurisdiction” as a county, municipal corporation, combination of two or more counties, combination of two or more municipal corporations, or combination of one or more counties and one or more municipal corporations, provided that a combination has been established by a memorandum of understanding.⁵

Hotline service

The bill requires the 9-8-8 Hotline to provide crisis response and outgoing services to all callers at no cost.⁶

Crisis centers

Creation, administration, and operation of crisis centers

The bill requires the 9-8-8 Administrator, in conjunction with the appropriate local jurisdictions, to designate crisis centers to participate in the 9-8-8 Hotline to provide or coordinate crisis stabilization and intervention services and crisis care coordination to individuals accessing the 9-8-8 Hotline in Ohio. The local jurisdiction must ensure that all residents within the jurisdiction have access to the services of a designated crisis center upon accessing the 9-8-8 Hotline. The 9-8-8 Administrator must ensure that an adequate number of crisis centers are designated so that all Ohio residents have access to a crisis center.

Crisis center administration and operation must be overseen by the local ADAMHS board whose jurisdiction covers the crisis center location, in collaboration with the 9-8-8 Administrator.⁷

Crisis center duties

The bill requires a crisis center to do all of the following:

- Provide crisis response and outgoing services to calls 24 hours a day, seven days a week, by personnel who reflect the demographics of the served community and are trained to serve at-risk communities, including culturally and linguistically competent services for LGBTQ, racially, ethnically, and linguistically diverse communities;

⁴ R.C. 5119.801(B); 38 U.S.C. 1720F(h).

⁵ R.C. 5119.80(F).

⁶ R.C. 5119.8015.

⁷ R.C. 340.03(A)(15), 5119.80(F), and 5119.803(A) and (B). The bill includes R.C. 340.03 as that section existed prior to its amendment by H.B. 33, 135th General Assembly. A technical amendment is necessary to update the section in the bill.

- Deploy mobile crisis teams to the location of an individual accessing the 9-8-8 Hotline, as appropriate;
- Provide follow-up services to individuals accessing the 9-8-8 Hotline;
- Utilize technology to allow real-time crisis care coordination, including text and electronic chat, that enables information sharing and communication between crisis and emergency response systems throughout Ohio, such as 9-1-1 and the National Suicide Prevention Lifeline Program Administrator;
- Coordinate and, where appropriate, establish formal agreements and parameters for information sharing, with mental health and substance use disorder treatment providers, including all of the following, to provide individuals contacting the 9-8-8 Hotline access to the appropriate resources and services:
 - Hospital emergency departments;
 - Inpatient psychiatric settings;
 - Community mental health services providers, including certified community behavioral health clinics and community mental health centers;
 - Crisis receiving and stabilization services facilities;
 - Mobile crisis teams.
- Maintain and disburse documents and resources for individuals accessing the Hotline in languages other than English that are deemed appropriate for the area served;
- Maintain a partnership with the local ADAMHS board whose jurisdiction includes the location of the crisis center to ensure coordination with, and access to, crisis receiving and stabilization services for individuals accessing the 9-8-8 Hotline, including guidelines for appropriate information sharing about the availability of services and operational processes;
- Maintain a valid agreement with the National Suicide Prevention Lifeline Program Administrator to participate in the 9-8-8 Hotline;
- Meet all National Suicide Prevention Lifeline Program requirements and guidelines for operational and clinical standards and other relevant federal laws;
- Collect and submit to the 9-8-8 Administrator on a quarterly basis all of the following information:
 - The total number of calls received by the crisis center;
 - Demographic information about the callers, including age, sexual orientation or gender identity, and race and ethnicity;
 - Details about the deployment of mobile crisis teams;
 - Any other information that the 9-8-8 Administrator deems necessary to comply with federal law.

- Participate in evaluations and quality improvement activities, as required by the 9-8-8 Administrator.⁸

For purposes of crisis center duties, the bill defines the following terms:

- “Certified community behavioral health clinics” are facilities that meet the criteria established under the federal “Protecting Access to Medicare Act of 2014.”
- “Community mental health center” is a facility that meets the criteria set for in the federal “Public Health Services Act.”
- “Crisis receiving and stabilization services facility” is a facility providing short-term (under 24-hour) care, with the capacity for diagnosis, initial management, observation, crisis stabilization, and follow-up referral services to individuals in a home-like environment.⁹

Mobile crisis teams

Description and requirements

The bill describes a mobile crisis team as a locally based professional mental health and behavioral health team that operates as a district entity within a crisis center or as a part of a local emergency medical services personnel department or other emergency response setting, such as a police department. The team must include licensed community mental health services providers, community addiction services providers, and peer recovery supporters.

A mobile crisis team must meet both of the following:

- Be designed in partnership with community members, including with lived experience using crisis response and stabilization services;
- Be staffed by personnel that reflect the demographics of the community served.

“Peer recovery supporter” is defined in the bill as an individual employed on the basis of personal lived experience of mental illness or addiction and recovery who is certified to provide mental health service or alcohol and drug addiction service under continuing law.¹⁰

Creation and operation of mobile crisis teams

The bill requires the 9-8-8 Administrator, in conjunction with the appropriate local jurisdictions, to designate mobile crisis teams to deploy response services to the location of an individual accessing the 9-8-8 Hotline, as appropriate. The local jurisdiction must ensure that all residents within the jurisdiction have access to the service of a designated mobile crisis team.

⁸ R.C. 5119.803(C).

⁹ R.C. 5119.80(C) to (E); 42 U.S.C. 1396a and 300x-2.

¹⁰ R.C. 5119.80(H), 5119.805(C) and (E); R.C. 5119.35 and 5119.36, not in the bill.

The 9-8-8 Administrator must ensure that an adequate number of mobile crisis teams are designated so that all Ohio residents have access to a mobile crisis team.

Administration and operation of a mobile crisis team is overseen by the local ADAMHS board whose jurisdiction covers the location of the mobile crisis team, in collaboration with the 9-8-8 Administrator.¹¹

Mobile crisis teams duties

The bill requires a mobile crisis team to do all of the following:

- Provide onsite, community-based intervention services, such as de-escalation and stabilization, for individuals who are experiencing a mental health crisis;
- Collaborate with local law enforcement agencies to establish policies and procedures regarding data sharing and response protocols under the 9-8-8 Hotline;
- Include local law enforcement officers as co-responders to 9-8-8 calls only as needed to respond to high-risk situations that cannot be managed without law enforcement present;
- Maintain and disburse documents and resources for individuals accessing the hotline in languages other than English that are deemed appropriate for the area served.¹²

9-8-8 Fund

The bill creates the 9-8-8 Fund in the state treasury. The fund is to consist of all money from the following sources:

- The 9-8-8 charge (see below “**9-8-8 charge**”);
- Appropriations made by the General Assembly;
- Money awarded to the state by donation, gift, or bequest, and other money received for purposes of the 9-8-8 Fund;
- Interest or other earnings on the fund.

Under the bill, money in the 9-8-8 Fund is not subject to transfer to any other fund or for any other purpose than those allowed by statute for the 9-8-8 charge (see below “**9-8-8 charge and fund uses**”). Any money remaining in the fund, including interest thereon, at the end of each fiscal year cannot revert to the General Revenue Fund but must remain in the fund. The Treasurer can disburse money from the 9-8-8 Fund only upon the request of, or consultation with, the 9-8-8 Administrator.¹³

¹¹ R.C. 340.03(A)(15) and 5119.805(A) and (B).

¹² R.C. 5119.805(D).

¹³ R.C. 5119.809 and 5119.8013(B).

9-8-8 charge

Terms

The bill uses the following terms as defined in continuing law regarding the 9-8-8 charge:

- “Prepaid wireless calling service” means a telecommunications service that provides the right to utilize mobile telecommunications service as well as other nontelecommunications services, including the download of digital products delivered electronically, and content and ancillary services, that must be paid for in advance and that is sold in predetermined units or dollars of which the number devices with use in a known amount.
- “Seller” means a person that sells a prepaid wireless calling service to another person by retail sale.
- “Reseller” means a nonfacilities-based provider of wireless service that provides wireless service under its own name to one or more end users in Ohio using the network of a wireless service provider.
- “Wireless service” means federally licensed commercial mobile service defined in federal law and further defined as commercial mobile radio service in federal rule, and includes service provided by any wireless, two-way communications device, including a radio-telephone communications line used in cellular telephone service or personal communications service, a network radio access line, or any functional or competitive equivalent of such a radio-telephone communications or network radio access line. However, paging or any service that cannot be used to call or contact 9-1-1 is excluded.
- “Wireless service provider” means a facilities-based provider, mobile virtual network operator, or mobile other licensed operator that provides wireless service to one or more end users in Ohio.
- “Wireline service” means basic local exchange service (defined by continuing law as residential-end-user access to and usage of telephone-company-provided services over a single line, or small-business-end-user access to and usage of telephone-company-provided services over the primary access line of service, that meets certain requirements) that is transmitted by means of interconnected wires or cables by a wireline service provider authorized by the Public Utilities Commission.
- “Wireline service provider” means a facilities-based provider of wireline services to one or more end users in Ohio.
- “Voice over internet protocol service” (VOIP service) means a service that enables real-time two-way, voice communications that originate or terminate from the user’s location using internet protocol or a successor protocol, including any such service that

permits an end user to receive calls from and terminate calls to the public switched network.¹⁴

Charge imposed

The bill creates a monthly 9-8-8 charge of ten cents to be imposed on the following:

- Each subscriber of wireless service or VOIP service who has a billing address in Ohio;
- Each wireline customer;
- Each retail sale of a prepaid wireless calling service occurring in Ohio under Ohio law.¹⁵

Separation from 9-1-1 charges

The bill requires the 9-8-8 Administrator to ensure both:

- That no 9-1-1 charges collected under Ohio law and that no other funds that are otherwise appropriated for the 9-1-1 system are used for the benefit of the 9-8-8 Hotline;
- That no 9-8-8 charges imposed by the bill and deposited in the 9-8-8 Fund are used for the benefit of the 9-1-1 system.¹⁶

9-8-8 charge and fund uses

The bill provides that the revenue generated by the 9-8-8 charge must only be used for costs that are reasonably attributed to, and that money held in the 9-8-8 Fund cannot be used for a purpose other than, any of the following:

- Ensuring the efficient and effective routing of calls made to the 9-8-8 Hotline to the appropriate crisis center, including technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices as established by the National Suicide Prevention Lifeline Program;
- Maintaining 9-8-8 Hotline personnel for crisis centers and mobile crisis teams throughout Ohio to provide crisis response and outgoing services to 9-8-8 Hotline callers, including recruiting personnel who reflect the demographics of the served community and providing specialized training to serve at-risk communities, including culturally and linguistically competent services for LGBTQ, racially, ethnically, and linguistically diverse communities;

¹⁴ R.C. 5119.80(I) to (K); 47 U.S.C. 332(d), 47 Code of Federal Regulations 20.3; R.C. 128.01(F), (G), (J), (K), (AA), and (CC), 4927.01(A)(1) and (17), 5739.01(AA)(5), not in the bill.

¹⁵ R.C. 5119.8011; R.C. 128.42, 5739.033(C), and 5739.034(E)(3), not in the bill.

¹⁶ R.C. 5119.8014.

- Operating costs related to serving at-risk communities, crisis centers, or comparable service providers and costs related to the provision of allowable behavioral health, crisis outreach, and stabilization services for individuals needing support;
- Hiring staff at local ADAMHS boards and OhioMHAS to oversee the 9-8-8 Hotline and assist the 9-8-8 Administrator;
- Provision of data, reporting, and participation in evaluations and related quality improvement activities as required by the 9-8-8 Administrator;
- Administration, oversight, and evaluation of the 9-8-8 Fund.¹⁷

Annual report

Not later than one year after the bill's effective date, and annually thereafter, the 9-8-8 Administrator must compile an annual report regarding both of the following:

- The following data collected from local crisis centers on a quarterly basis:
 - The total number of calls received by the crisis center;
 - Demographic information about the callers, including age, sexual orientation or gender identity, and race and ethnicity;
 - Details about the deployment of mobile crisis teams;
 - Any other information that the 9-8-8 administrator deems necessary to comply with federal law.
- Deposits and expenditures from the 9-8-8 Fund.

The 9-8-8 administrator must submit the report to:

- The General Assembly, in accordance with Ohio law governing reports to the General Assembly;
- Ohio's congressional delegation;
- The FCC.¹⁸

Rulemaking

The bill requires, not later than 90 days after the bill's effective date, OhioMHAS to adopt rules in accordance with the Administrative Procedure Act (R.C. Chapter 119) as necessary to develop and implement the 9-8-8 Hotline and carry out the bill's requirements. The rules must do all of the following:

¹⁷ R.C. 5119.809(B) and 5119.8013(A).

¹⁸ R.C. 5119.803(C)(10) and 5119.807; R.C. 101.68, not in the bill.

- Establish qualifications and responsibilities for the 9-8-8 Administrator within OhioMHAS, which must oversee the administration of the 9-8-8 Hotline in conjunction with local ADAMHS boards;
- Establish the scope of powers for OhioMHAS and local ADAMHS boards for overseeing the 9-8-8 Hotline;
- Assign tasks to one or more new or existing agencies, boards, commissions, or other entities to accomplish the planning required to implement and oversee the bill's requirements, in coordination with OhioMHAS, 9-1-1 administrators, hospital emergency departments, and the National Suicide Prevention Lifeline Program;
- Establish timeframes to accomplish the bill's requirements that are consistent with the timeframes required by the "National Suicide Hotline Designation Act of 2020," and rules adopted by the FCC on July 16, 2020;
- Provide for the collection and return of the 9-8-8 charge, including rules that:
 - Require each wireline service provider, wireless service provider, seller of prepaid wireless calling service, reseller, and VOIP service provider to remit the 9-8-8 charge amounts to the 9-8-8 Administrator;
 - Require the 9-8-8 Administrator to deposit 9-8-8 charge funds into the 9-8-8 Fund;
 - Specify how the providers, sellers, and resellers are to collect and remit the 9-8-8 charge and how the 9-8-8 Administrator is to deposit the charge amounts into the 9-8-8 Fund.
- Provide for information sharing and communication between crisis and emergency response systems to offer both of the following:
 - Real-time coordination between crisis response and outgoing services;
 - Linked, flexible services specific to crisis response, such as mobile crisis teams and crisis stabilization facilities.¹⁹

Regulatory restriction reduction exemption

The bill exempts all of the rules discussed immediately above from the regulatory restriction limitation in existing law. Current law, unchanged by the bill, prohibits state agencies from adopting a new regulatory restriction unless the agency simultaneously removes two or more existing regulatory restrictions until June 30, 2025. State agencies are also required to achieve a 30% total regulatory restriction reduction by June 30, 2025. Regulatory restrictions are state agency rules that include words such as "shall," "require," and "prohibit."²⁰

¹⁹ R.C. 5119.8017; 47 U.S.C. 251.

²⁰ R.C. 5119.8017(G); R.C. 121.95 to 121.952, not in the bill.

HISTORY

Action	Date
Introduced	06-29-23
