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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 Introduced

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 and to oversee crisis centers and ensure crisis center access. These costs will include: expanding center capacity, upgrading technology systems and equipment, creating a statewide centralized referral directory, and ensuring crisis response, follow-up services, and any other services are available to meet additional projected needs. 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.
- The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has held a number of stakeholder meetings regarding implementation of the 9-8-8 transition over the past year. OhioMHAS has contracted with an actuary to develop projected costs for the 9-8-8 transition. The report is anticipated to be released shortly.

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 statewide. The bill requires the 9-8-8 Administrator to: work with county alcohol, drug addiction, and mental health services (ADAMHS) boards and local jurisdictions to designate and oversee crisis centers; collect and maintain data and submit an annual report; oversee the 9-8-8 Fund, which is created by the bill; and coordinate with the Veterans Crisis Line and the National Suicide Prevention Lifeline Program to ensure consistent public messaging about 9-8-8 services. The 9-8-8 Fund will consist of appropriations made by the General Assembly, donations, gifts, and interest earned.

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 by July 16, 2022. The local jurisdiction must ensure that all of its residents have access to a designated crisis center, while the 9-8-8 Administrator must ensure an adequate number of crisis centers are designated so that all Ohio residents have access. Crisis center administration and operation must be overseen by the appropriate local ADAMHS board, in collaboration with the 9-8-8 Administrator. The bill establishes the duties for each crisis center, including providing crisis response and outgoing services to calls 24 hours a day seven days a week by specified personnel, providing follow-up services, utilizing technology to allow real-time crisis care coordination (e.g., text and chat), and coordinating and establishing formal agreements for information sharing to provide individuals access to appropriate resources and services.

The bill requires the 9-8-8 Administrator to produce an annual report with specified information. The first annual report will be due one year after the bill's effective date. Lastly, the bill requires OhioMHAS to adopt necessary rules.

OhioMHAS draft 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. The draft and other information can be accessed by

¹ NCSL article entitled "Legislatures Prepare for New National Suicide Prevention Lifeline," which can be accessed [here](#).

² OhioMHAS Grant Award press release can be accessed by clicking [here](#).

visiting [OhioMHAS's website](#) and will also be briefly discussed below. The final implementation plan is anticipated by January 31, 2022. The information below comes from OhioMHAS's plan draft and associated documents.

According to the plan, there are currently 13 National Suicide Prevention Lifeline centers in Ohio. Of the 13 Lifeline centers, two serve as backup providers. In addition, five additional centers have submitted applications to serve as providers with Vibrant.³ Centers receive funding from federal, state, local, and private sources. Between June 2020 and July 2021, the Lifeline received almost 55,000 contacts in Ohio, which included calls, chats, and texts. About 84% of these contacts were answered by a certified Lifeline provider in Ohio. Lifeline centers in Ohio provide 24/7 coverage to 45 counties and backup coverage is available for a number of these counties. Only one Lifeline center provided chat or text services at the time of the draft plan's submission (8% of Ohio's chat/text volume). Currently, communication and IT systems vary by provider. The stakeholder group is assessing current and future IT needs.

The draft 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.

OhioMHAS draft plan – potential fiscal and funding impacts

The draft plan also highlighted potential funding streams for the 9-8-8 Hotline. It is anticipated that funding for the Hotline and Lifeline centers will include a mix of federal, state, local, and private sources. A variety of funding streams were being explored. OhioMHAS is exploring the possibility of using some federal Mental Health Block Grant funds, Covid Relief funds, or American Rescue Plan Act funds it receives to help provide support to the 9-8-8 transition and implementation. Other sources mentioned in the draft include 9-8-8-related fees from telecommunication users, Medicaid reimbursements for eligible services, and direct funding from the next state operating budget or other legislation. However, it is assumed that the 9-8-8 system will be primarily funded by local support (similar to the 9-1-1 system, which is 50% local funding).

As part of the implementation process, OhioMHAS contracted with an actuary to determine projected costs. Unfortunately, the report has not yet been completed, so the magnitude of the projected costs is uncertain at this time. There is some infrastructure in place currently due to the existing National Suicide Prevention Lifeline system and the Lifeline centers

³ According to a telephone call with OhioMHAS on December 7, 2021, there are 15 centers as of December 7, 2021. Two more are anticipated to become centers in January 2022. So some of the five pending centers have transitioned to becoming centers.

currently operating in Ohio (county ADAMHS boards currently provide some support to these centers through a mix of state and federal funds they receive and possibly any available local funds). It is possible there is also some other infrastructure in place that may be utilized as well. However, even with this, a number of areas or issues would still 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 would also be costs to ensure crisis response, wraparound, and other treatment 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. These costs are applicable to OhioMHAS's plan draft. However, LBO assumes costs could be similar for this legislation. Again, H.B. 468 establishes the 9-8-8 Fund, which is to consist of appropriations made by the General Assembly, as well as donations, gifts, etc.

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 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 Washington Department of Revenue website describing tax, which can be accessed [here](#).

⁵ Virginia 9-8-8 legislation, which can be accessed [here](#).

⁶ Nebraska 9-8-8 legislation, which can be accessed [here](#).