



www.lsc.ohio.gov

# OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research  
and Drafting

Legislative Budget  
Office

H.B. 468  
134<sup>th</sup> General Assembly

## Bill Analysis

**Version:** As Introduced

**Primary Sponsor:** Rep. Pavliga

Amy L. Archer, Research Analyst

### 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;
  - 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.

#### Crisis centers

- Requires, no later than July 16, 2022, the 9-8-8 Administrator, 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.
- Requires the 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.

## 9-8-8 Fund

- Creates the 9-8-8 Fund in the State Treasury, to consist of all money from the following sources:
  - 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.
- Specifies that money in the 9-8-8 Fund is not subject to transfer to any other fund, 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.

## 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 laws governing agency reports;
  - 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.

---

## DETAILED ANALYSIS

### Background

In July 2020, the Federal Communications Commission (FCC) designated 9-8-8 as the three-digit number for the National Suicide Prevention Lifeline to aid rapid access to suicide prevention and mental health support services.<sup>1</sup>

### 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 Suicide Prevention and Mental Health Crisis Hotline System (9-8-8 Hotline) statewide.<sup>2</sup>

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, as established under the bill.
- “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.<sup>3</sup>

#### 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**”);
- Collect and maintain data and submit an annual report (see below, “**Annual report**”);

---

<sup>1</sup> FCC. “[Designating 988 for the National Suicide Prevention Lifeline](#),” July 17, 2020, last accessed on October 28, 2021.

<sup>2</sup> R.C. 5119.801(A).

<sup>3</sup> R.C. 5119.80(A), (B), and (F); 42 United States Code (U.S.C.) 290bb-36c and 47 U.S.C. 251(e), not in the bill.

- Oversee the collection and disbursement of money from the 9-8-8 Fund (see below, “**9-8-8 Fund**”);
- 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.<sup>4</sup>

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.<sup>5</sup>

## **Crisis centers**

### **Creation, administration, and operation**

The bill requires, no later than July 16, 2022, 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.<sup>6</sup>

### **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;
- 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 this state, such as 9-1-1, and the National Suicide Prevention Lifeline Program Administrator;

---

<sup>4</sup> R.C. 5119.801(B); 38 U.S.C. 1720F(h), not in the bill.

<sup>5</sup> R.C. 5119.80(E).

<sup>6</sup> R.C. 340.03(A)(15) and 5119.803(A) and (B).

- 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.
- 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;
  - 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.<sup>7</sup>

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.”

---

<sup>7</sup> R.C. 5119.803(C).

- “Community mental health center” is a facility that meets the criteria set for in the federal “Public Health Services Act.”<sup>8</sup>

## **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:

- 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. 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.<sup>9</sup>

## **Annual report**

Under the bill, 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;
  - 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 all of the following:
  - The General Assembly, in accordance with laws governing agency reports;<sup>10</sup>
  - Ohio’s congressional delegation;
  - The FCC.<sup>11</sup>

---

<sup>8</sup> R.C. 5119.80(C) and (D); 42 U.S.C. 1396a 300x-2, not in the bill.

<sup>9</sup> R.C. 5119.809.

<sup>10</sup> R.C. 101.68, not in the bill.

<sup>11</sup> R.C. 5119.807.

## 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:

- 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.<sup>12</sup>

---



---

## HISTORY

Action	Date
Introduced	10-27-21

H0468-I-134/ar

---

<sup>12</sup> R.C. 5119.8011; 47 U.S.C. 251, not in the bill. See also, FCC, <https://docs.fcc.gov/public/attachments/FCC-20-100A1.pdf> WC Docket No. 18-336, adopted July 16, 2020.