As Introduced

136th General Assembly
Regular Session **H. B. No. 870**
2025-2026

Representatives Brewer, Sims

Cosponsors: Representatives Brennan, Lett, Cockley, Upchurch

To enact the Ohio Mental Health Systems Coordination and Crisis Prevention Commission Act. 1 2 3

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. (A) The Ohio Mental Health Systems Coordination and Crisis Prevention Commission is established to study gaps in mental health care, service coordination, and crisis interventions, and to make recommendations to improve statewide prevention, response, and accountability. In fulfilling its purpose, the Commission shall do all of the following: 4 5 6 7 8 9

(1) Study systemic gaps in Ohio's mental health care continuum, including the following: 10 11

(a) Failures in coordination between state agencies, county agencies, hospitals, community behavioral health providers, schools, and law enforcement; 12 13 14

(b) Barriers that prevent families, caregivers, and noncustodial parents from receiving critical information when a child or adult is at risk; 15 16 17

(c) Missed opportunities for early intervention in cases involving severe mental illness, postpartum disorders, 18 19

psychosis, or escalating behavioral health crises. 20

(2) Examine recent Ohio cases in which individuals sought mental health services and any of the following occurred: 21 22

(a) Services were fragmented or uncoordinated; 23

(b) Agencies failed to share information; 24

(c) Risk assessments were incomplete or not appropriately communicated; 25 26

(d) Children or vulnerable adults were left unprotected. 27

(3) Review the findings and recommendations of the RecoveryOhio initiative, including the RecoveryOhio Advisory Council, and evaluate statewide workforce development needs related to behavioral health; 28 29 30 31

(4) Hear testimony from families, providers, advocates, and impacted communities; 32 33

(5) Develop recommendations regarding all of the following: 34 35

(a) Statewide crisis prevention protocols, including mandatory cross-agency communication standards; 36 37

(b) Real-time information sharing systems between behavioral health providers, the Department of Children and Youth, public children services agencies, courts, and law enforcement; 38 39 40 41

(c) Standardized risk assessment tools for individuals presenting with violent ideation, psychosis, or severe mental health deterioration; 42 43 44

(d) Family notification and engagement requirements, including regarding noncustodial parents, when a child is at 45 46

risk or a caregiver is in crisis; 47

(e) Barriers to accessing mental health treatment, including insurance, transportation, wait lists, and provider shortages; 48 49 50

(f) Pilot programs to improve coordinated care, including the following: 51 52

(i) Co-located behavioral health and child welfare teams; 53

(ii) Shared case management models; 54

(iii) 24/7 crisis-coordination hubs; 55

(iv) Integrated data systems. 56

(g) Understanding and addressing workforce needs, including the following: 57 58

(i) Measuring current and projected demand for behavioral health professionals, including psychiatrists, psychologists, counselors, social workers, peer support specialists, crisis response personnel, mobile units, and care coordinators; 59 60 61 62

(ii) Correcting gaps in workforce data collection related to vacancy rates, turnover, credentialing barriers, and regional shortages; 63 64 65

(iii) Developing statewide recruitment strategies, including partnerships with career centers, community colleges, universities, and workforce development agencies; 66 67 68

(iv) Supporting career ladder development and credentialing pathways for behavioral health workers, including continuing education opportunities and tuition assistance models; 69 70 71 72

(v) Removing barriers to hiring and retaining behavioral 73

health workers and recommending strategies to improve job quality, compensation, and working conditions; 74 75

(vi) Developing pilot programs related to workforce recruitment, training pipelines, navigator programs, shared staffing models, and the use of assistive or digital technology to support crisis response and care coordination functions; 76 77 78 79

(vii) Collaborating with the Ohio Chamber of Commerce, OhioMeansJobs, and RecoveryOhio to assess the impact of mental health system failures on Ohio's workforce and economy. 80 81 82

(B) When fulfilling the requirements of division (A) of this section, the Commission shall take into consideration the work of all of the following: 83 84 85

(1) The OhioRISE Advisory Council; 86

(2) The Stepping Up Initiative; 87

(3) The Governor's Work Group on Competency Restoration and Diversion; 88 89

(4) Child fatality review boards and domestic violence fatality review boards. 90 91

(C) The Commission shall consist of the following twenty members: 92 93

(1) The following seven voting members appointed by the President of the Senate: 94 95

(a) Three members of the Senate, two from the majority party and one from the minority party who is appointed in consultation with the Minority Leader; 96 97 98

(b) A representative of a statewide behavioral health provider association; 99 100

(c) A representative of a statewide law enforcement or crisis intervention training organization; 101 102

(d) A representative of a statewide organization serving individuals with severe mental illness; 103 104

(e) A representative of OhioMeansJobs or the Governor's Office of Workforce Transformation. 105 106

(2) The following eight voting members appointed by the Speaker of the House of Representatives: 107 108

(a) Three members of the House of Representatives, two from the majority party and one from the minority party who is appointed in consultation with the Minority Leader; 109 110 111

(b) A representative of a county or regional service coordination agency responsible for coordinating services for multi-system youth or children with complex behavioral health needs, including family and children first councils, wraparound coordination agencies, or OhioRISE care management entities, appointed in consultation with the Director of Children and Youth; 112 113 114 115 116 117 118

(c) A representative of a statewide family advocacy or parent support organization; 119 120

(d) A representative of a statewide organization representing community mental health and addiction providers; 121 122

(e) A representative of a statewide organization representing consumers with lived mental health crises experience; 123 124 125

(f) A representative of the Ohio Chamber of Commerce. 126

(3) A voting member who is a representative of the 127

RecoveryOhio initiative, including the RecoveryOhio Advisory Council, appointed jointly by the Governor and the Director of RecoveryOhio;

(4) The following four nonvoting members:

(a) The Director of Children and Youth or the Director's designee;

(b) The Director of Behavioral Health or the Director's designee;

(c) The Medicaid Director or the Director's designee;

(d) The Director of Developmental Disabilities or the Director's designee.

The members shall be appointed not later than ninety days after the effective date of this section. Vacancies, including any vacancy due to the expiration of a member of the General Assembly's term of office, shall be filled not later than ninety days after the vacancy occurs in the same manner as the original appointment. The President of the Senate and the Speaker of the House of Representatives shall each appoint one member representing the majority party appointed under divisions (C)(1)(a) and (C)(2)(a), respectively, to serve as co-chairs.

(D) The Commission shall meet at the call of the co-chairs. Members may participate virtually. The Commission shall meet at least six times prior to submitting the report required under division (F) of this section.

(E) The General Assembly shall provide meeting space, virtual meeting technology, staff services, and other technical assistance required by the Commission in carrying out its duties.

(F) Not later than December 31, 2027, the Commission shall prepare and submit to the General Assembly a report of its findings regarding gaps in mental health care, service coordination, and crisis intervention failures and its recommendations to improve statewide prevention, response, and accountability. The report shall be submitted in accordance with section 101.68 of the Revised Code. 156 157 158 159 160 161 162

(G) The Commission ceases to exist on the submission of the report described in division (F) of this section. 163 164

Section 2. This act shall be known as the Ohio Mental Health Systems Coordination and Crisis Prevention Commission Act. 165 166 167