

As Introduced

134th General Assembly

Regular Session

2021-2022

H. B. No. 468

Representative Pavliga

**Cosponsors: Representatives Hillyer, Liston, Humphrey, Stephens, Schmidt,
White, Bird, Abrams, Click, Carruthers, John**

A BILL

To amend section 340.03 and to enact sections 1
5119.80, 5119.801, 5119.803, 5119.807, 5119.809, 2
and 5119.8011 of the Revised Code to establish a 3
9-8-8 suicide prevention and mental health 4
crisis telephone line. 5

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

Section 1. That section 340.03 be amended and sections 6
5119.80, 5119.801, 5119.803, 5119.807, 5119.809, and 5119.8011 7
of the Revised Code be enacted to read as follows: 8

Sec. 340.03. (A) Subject to rules issued by the director 9
of mental health and addiction services after consultation with 10
relevant constituencies as required by division (A)(10) of 11
section 5119.21 of the Revised Code, each board of alcohol, drug 12
addiction, and mental health services shall: 13

(1) Serve as the community addiction and mental health 14
planning agency for the county or counties under its 15
jurisdiction, and in so doing it shall: 16

(a) Evaluate the need for facility services, addiction 17

services, mental health services, and recovery supports; 18

(b) In cooperation with other local and regional planning 19
and funding bodies and with relevant ethnic organizations, 20
evaluate strengths and challenges and set priorities for 21
addiction services, mental health services, and recovery 22
supports. A board shall include treatment and prevention 23
services when setting priorities for addiction services and 24
mental health services. When a board sets priorities for 25
addiction services, the board shall consult with the county 26
commissioners of the counties in the board's service district 27
regarding the services described in section 340.15 of the 28
Revised Code and shall give priority to those services, except 29
that those services shall not have a priority over services 30
provided to pregnant women under programs developed in relation 31
to the mandate established in section 5119.17 of the Revised 32
Code. 33

(c) In accordance with guidelines issued by the director 34
of mental health and addiction services under division (F) of 35
section 5119.22 of the Revised Code, annually develop and submit 36
to the department of mental health and addiction services a 37
community addiction and mental health plan that addresses both 38
of the following: 39

(i) The needs of all residents of the district currently 40
receiving inpatient services in state-operated hospitals, the 41
needs of other populations as required by state or federal law 42
or programs, and the needs of all children subject to a 43
determination made pursuant to section 121.38 of the Revised 44
Code; 45

(ii) The department's priorities for facility services, 46
addiction services, mental health services, and recovery 47

supports during the period for which the plan will be in effect. 48
The department shall inform all of the boards of the 49
department's priorities in a timely manner that enables the 50
boards to know the department's priorities before the boards 51
develop and submit the plans. 52

In alcohol, drug addiction, and mental health service 53
districts that have separate alcohol and drug addiction services 54
and community mental health boards, the alcohol and drug 55
addiction services board shall submit a community addiction plan 56
and the community mental health board shall submit a community 57
mental health plan. Each board shall consult with its 58
counterpart in developing its plan and address the interaction 59
between the local addiction and mental health systems and 60
populations with regard to needs and priorities in developing 61
its plan. 62

The department shall approve or disapprove the plan, in 63
whole or in part, in accordance with division (G) of section 64
5119.22 of the Revised Code. Eligibility for state and federal 65
funding shall be contingent upon an approved plan or relevant 66
part of a plan. 67

If a board determines that it is necessary to amend an 68
approved plan, the board shall submit a proposed amendment to 69
the director. The director shall approve or disapprove all or 70
part of the amendment in accordance with division (H) of section 71
5119.22 of the Revised Code. 72

The board shall operate in accordance with the plan 73
approved by the department. 74

(d) Promote, arrange, and implement working agreements 75
with social agencies, both public and private, and with judicial 76

agencies. 77

(2) Investigate, or request another agency to investigate, 78
any complaint alleging abuse or neglect of any person receiving 79
addiction services, mental health services, or recovery supports 80
from a community addiction services provider or community mental 81
health services provider or alleging abuse or neglect of a 82
resident receiving addiction services or with mental illness or 83
severe mental disability residing in a residential facility 84
licensed under section 5119.34 of the Revised Code. If the 85
investigation substantiates the charge of abuse or neglect, the 86
board shall take whatever action it determines is necessary to 87
correct the situation, including notification of the appropriate 88
authorities. Upon request, the board shall provide information 89
about such investigations to the department. 90

(3) For the purpose of section 5119.36 of the Revised 91
Code, cooperate with the director of mental health and addiction 92
services in visiting and evaluating whether the certifiable 93
services and supports of a community addiction services provider 94
or community mental health services provider satisfy the 95
certification standards established by rules adopted under that 96
section; 97

(4) In accordance with criteria established under division 98
(D) of section 5119.22 of the Revised Code, conduct program 99
audits that review and evaluate the quality, effectiveness, and 100
efficiency of addiction services, mental health services, and 101
recovery supports provided by community addiction services 102
providers and community mental health services providers under 103
contract with the board and submit the board's findings and 104
recommendations to the department of mental health and addiction 105
services; 106

(5) In accordance with section 5119.34 of the Revised Code, review an application for a residential facility license and provide to the department of mental health and addiction services any information about the applicant or facility that the board would like the department to consider in reviewing the application;

(6) Audit, in accordance with rules adopted by the auditor of state pursuant to section 117.20 of the Revised Code, at least annually all programs, addiction services, mental health services, and recovery supports provided under contract with the board. In so doing, the board may contract for or employ the services of private auditors. A copy of the fiscal audit report shall be provided to the director of mental health and addiction services, the auditor of state, and the county auditor of each county in the board's district.

(7) Recruit and promote local financial support for addiction services, mental health services, and recovery supports from private and public sources;

(8) In accordance with guidelines issued by the department as necessary to comply with state and federal laws pertaining to financial assistance, approve fee schedules and related charges or adopt a unit cost schedule or other methods of payment for addiction services, mental health services, and recovery supports provided by community addiction services providers and community mental health services providers that have contracted with the board under section 340.036 of the Revised Code;

(9) Submit to the director and the county commissioners of the county or counties served by the board, and make available to the public, an annual report of the addiction services, mental health services, and recovery supports under the

jurisdiction of the board, including a fiscal accounting;	137
(10) Establish a method for evaluating referrals for	138
court-ordered treatment and affidavits filed pursuant to section	139
5122.11 of the Revised Code in order to assist the probate	140
division of the court of common pleas in determining whether	141
there is probable cause that a respondent is subject to court-	142
ordered treatment and whether alternatives to hospitalization	143
are available and appropriate;	144
(11) Designate the treatment services, provider, facility,	145
or other placement for each person involuntarily committed to	146
the board pursuant to Chapter 5122. of the Revised Code. The	147
board shall provide the least restrictive and most appropriate	148
alternative that is available for any person involuntarily	149
committed to it and shall assure that the list of addiction	150
services, mental health services, and recovery supports	151
submitted and approved in accordance with division (B) of	152
section 340.08 of the Revised Code are available to severely	153
mentally disabled persons residing within its service district.	154
The board shall establish the procedure for authorizing payment	155
for the services and supports, which may include prior	156
authorization in appropriate circumstances. In accordance with	157
section 340.037 of the Revised Code, the board may provide	158
addiction services and mental health services directly to a	159
severely mentally disabled person when life or safety is	160
endangered and when no community addiction services provider or	161
community mental health services provider is available to	162
provide the service.	163
(12) Ensure that housing built, subsidized, renovated,	164
rented, owned, or leased by the board or a community addiction	165
services provider or community mental health services provider	166

has been approved as meeting minimum fire safety standards and 167
that persons residing in the housing have access to appropriate 168
and necessary services, including culturally relevant services, 169
from a community addiction services provider or community mental 170
health services provider. This division does not apply to 171
residential facilities licensed pursuant to section 5119.34 of 172
the Revised Code. 173

(13) Establish a mechanism for obtaining advice and 174
involvement of persons receiving addiction services, mental 175
health services, or recovery supports on matters pertaining to 176
services and supports in the alcohol, drug addiction, and mental 177
health service district; 178

(14) Perform the duties required by rules adopted under 179
section 5119.22 of the Revised Code regarding referrals by the 180
board or community mental health services providers under 181
contract with the board of individuals with mental illness or 182
severe mental disability to class two residential facilities 183
licensed under section 5119.34 of the Revised Code and effective 184
arrangements for ongoing mental health services for the 185
individuals. The board is accountable in the manner specified in 186
the rules for ensuring that the ongoing mental health services 187
are effectively arranged for the individuals. 188

(15) Work in partnership with the 9-8-8 administrator to 189
oversee the operation of crisis centers pursuant to section 190
5119.803 of the Revised Code. 191

(B) Each board of alcohol, drug addiction, and mental 192
health services shall establish such rules, operating 193
procedures, standards, and bylaws, and perform such other duties 194
as may be necessary or proper to carry out the purposes of this 195
chapter. 196

(C) A board of alcohol, drug addiction, and mental health services may receive by gift, grant, devise, or bequest any moneys, lands, or property for the benefit of the purposes for which the board is established, and may hold and apply it according to the terms of the gift, grant, or bequest. All money received, including accrued interest, by gift, grant, or bequest shall be deposited in the treasury of the county, the treasurer of which is custodian of the alcohol, drug addiction, and mental health services funds to the credit of the board and shall be available for use by the board for purposes stated by the donor or grantor.

(D) No member or employee of a board of alcohol, drug addiction, and mental health services shall be liable for injury or damages caused by any action or inaction taken within the scope of the member's official duties or the employee's employment, whether or not such action or inaction is expressly authorized by this section or any other section of the Revised Code, unless such action or inaction constitutes willful or wanton misconduct. Chapter 2744. of the Revised Code applies to any action or inaction by a member or employee of a board taken within the scope of the member's official duties or employee's employment. For the purposes of this division, the conduct of a member or employee shall not be considered willful or wanton misconduct if the member or employee acted in good faith and in a manner that the member or employee reasonably believed was in or was not opposed to the best interests of the board and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct was unlawful.

(E) The meetings held by any committee established by a board of alcohol, drug addiction, and mental health services shall be considered to be meetings of a public body subject to

section 121.22 of the Revised Code.	228
(F) (1) A board of alcohol, drug addiction, and mental health services may establish a rule, operating procedure, standard, or bylaw to allow the executive director of the board to execute both of the following types of contracts valued at twenty-five thousand dollars or less, as determined by the board, on behalf of the board without the board's prior approval:	229 230 231 232 233 234 235
(a) Emergency contracts for clinical services or recovery support services;	236 237
(b) Standard service contracts pertaining to the board's operations.	238 239
(2) If a board establishes a rule, operating procedure, standard, or bylaw under division (F) (1) of this section, both of the following shall be the case:	240 241 242
(a) The board shall define the scope of contracts described in divisions (F) (1) (a) and (b) of this section in that rule, operating procedure, standard, or bylaw.	243 244 245
(b) The board shall disclose the existence of a contract executed pursuant to the rule, operating procedure, standard, or bylaw at the first board meeting that occurs after the contract was executed and ensure that a record of that disclosure is included in the written minutes of that meeting.	246 247 248 249 250
<u>Sec. 5119.80. As used in sections 5119.80 to 5119.8011 of the Revised Code:</u>	251 252
<u>(A) "9-8-8 administrator" means the administrator of the 9-8-8 suicide prevention and mental health crisis hotline system, as established in section 5119.801 of the Revised Code.</u>	253 254 255

(B) "9-8-8 suicide prevention and mental health crisis hotline" or "9-8-8 hotline" means the 9-8-8 universal telephone number in the United States, as established under 47 U.S.C. 251(e), for the national suicide prevention and mental health crisis hotline system operating through the national suicide prevention lifeline program. 256
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(C) "Certified community behavioral health clinics" means a facility meeting the criteria established under section 223 of the "Protecting Access to Medicare Act of 2014," 42 U.S.C. 1396a note. 262
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(D) "Community mental health center" means a facility meeting the criteria set forth in section 1913(c) of the "Public Health Service Act," 42 U.S.C. 300x-2." 266
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(E) "Local jurisdiction" means 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. 269
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(F) "National suicide prevention lifeline program" means the national suicide prevention lifeline program maintained by the assistant secretary for mental health in the substance abuse and mental health services administration of the United States department of health and human services under 42 U.S.C. 290bb-36c. 275
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Sec. 5119.801. (A) There is hereby established a 9-8-8 administrator within the department of mental health and addiction services to oversee the administration of the 9-8-8 suicide prevention and mental health crisis hotline system 281
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<u>statewide.</u>	285
<u>(B) The 9-8-8 administrator shall do all of the following:</u>	286
<u>(1) Work with local alcohol, drug addiction, and mental health services boards and local jurisdictions to designate and oversee crisis centers pursuant to section 5119.803 of the Revised Code;</u>	287 288 289 290
<u>(2) Collect and maintain data and submit an annual report pursuant to section 5119.807 of the Revised Code;</u>	291 292
<u>(3) Oversee the collection and disbursement of money from the 9-8-8 fund pursuant to section 5119.809 of the Revised Code;</u>	293 294
<u>(4) Coordinate with the veterans crisis line, maintained by the United States secretary of veterans affairs under 38 U.S.C. 1720F(h), and with the national suicide prevention lifeline program to ensure consistent public messaging about 9-8-8 services.</u>	295 296 297 298 299
Sec. 5119.803. <u>(A) Not later than July 16, 2022, the 9-8-8 administrator, in conjunction with the appropriate local jurisdictions, shall designate crisis centers to participate in the 9-8-8 suicide prevention and mental health crisis hotline to provide or coordinate crisis stabilization and intervention services and crisis care coordination to individuals accessing the 9-8-8 hotline in this state. The local jurisdiction shall 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 shall ensure that an adequate number of crisis centers are designated so that all residents of the state have access to a crisis center.</u>	300 301 302 303 304 305 306 307 308 309 310 311
<u>(B) Administration and operation of a crisis center shall be overseen by the local alcohol, drug addiction, and mental</u>	312 313

health services board whose jurisdiction covers the location of 314
the crisis center, in collaboration with the 9-8-8 315
administrator. 316

(C) A crisis center shall do all of the following: 317

(1) Provide crisis response and outgoing services to calls 318
twenty-four hours a day, seven days a week by personnel who 319
reflect the demographics of the served community and are trained 320
to serve at-risk communities, including culturally and 321
linguistically competent services for LGBTQ+, racially, 322
ethnically, and linguistically diverse communities; 323

(2) Provide follow-up services to individuals accessing 324
the 9-8-8 hotline; 325

(3) Utilize technology to allow real-time crisis care 326
coordination, including text and electronic chat, that enables 327
information sharing and communication between crisis and 328
emergency response systems throughout this state, such as 9-1-1, 329
and the national suicide prevention lifeline program 330
administrator; 331

(4) Coordinate and, where appropriate, establish formal 332
agreements and parameters for information sharing, with mental 333
health and substance use disorder treatment providers, including 334
all of the following, to provide individuals contacting the 9-8- 335
8 hotline access to the appropriate resources and services: 336

(a) Hospital emergency departments; 337

(b) Inpatient psychiatric settings; 338

(c) Community mental health services providers, including 339
certified community behavioral health clinics and community 340
mental health centers; 341

<u>(d) Crisis receiving and stabilization services</u>	342
<u>facilities.</u>	343
<u>(5) Maintain and disburse documents and resources for</u>	344
<u>individuals accessing the hotline in languages other than</u>	345
<u>English that are deemed appropriate for the area served;</u>	346
<u>(6) Maintain a partnership with the local alcohol, drug</u>	347
<u>abuse, and mental health services board whose jurisdiction</u>	348
<u>includes the location of the crisis center to ensure</u>	349
<u>coordination with, and access to, crisis receiving and</u>	350
<u>stabilization services for individuals accessing the 9-8-8</u>	351
<u>hotline, including guidelines for appropriate information</u>	352
<u>sharing about the availability of services and operational</u>	353
<u>processes;</u>	354
<u>(7) Maintain a valid agreement with the national suicide</u>	355
<u>prevention lifeline program administrator to participate in the</u>	356
<u>9-8-8 hotline;</u>	357
<u>(8) Meet all national suicide prevention lifeline program</u>	358
<u>requirements and guidelines for operational and clinical</u>	359
<u>standards and other relevant federal laws;</u>	360
<u>(9) Collect and submit to the 9-8-8 administrator on a</u>	361
<u>quarterly basis all of the following information:</u>	362
<u>(a) The total number of calls received by the crisis</u>	363
<u>center;</u>	364
<u>(b) Demographic information about the callers, including</u>	365
<u>age, sexual orientation or gender identity, and race and</u>	366
<u>ethnicity;</u>	367
<u>(c) Any other information that the 9-8-8 administrator</u>	368
<u>deems necessary to comply with federal law.</u>	369

<u>(10) Participate in evaluations and quality improvement</u>	370
<u>activities, as required by the 9-8-8 administrator.</u>	371
<u>Sec. 5119.807.</u> (A) <u>Not later than one year after the</u>	372
<u>effective date of this section and annually thereafter, the 9-8-</u>	373
<u>8 administrator shall compile an annual report regarding both of</u>	374
<u>the following:</u>	375
<u>(1) Data collected from local crisis centers pursuant to</u>	376
<u>division (C) (9) of section 5119.803 of the Revised Code;</u>	377
<u>(2) Deposits and expenditures from the 9-8-8 fund,</u>	378
<u>pursuant to section 5119.809 of the Revised Code.</u>	379
<u>(B) The 9-8-8 administrator shall submit the report to all</u>	380
<u>of the following:</u>	381
<u>(1) The general assembly, in accordance with section</u>	382
<u>101.68 of the Revised Code;</u>	383
<u>(2) The state's congressional delegation;</u>	384
<u>(3) The federal communications commission.</u>	385
<u>Sec. 5119.809.</u> (A) <u>There is hereby created in the state</u>	386
<u>treasury the 9-8-8 fund. The fund shall consist of all money</u>	387
<u>from the following sources:</u>	388
<u>(1) Appropriations made by the general assembly;</u>	389
<u>(2) Money awarded to the state by donation, gift, or</u>	390
<u>bequest, and other money received for purposes of this section;</u>	391
<u>(3) Interest or other earnings on the fund.</u>	392
<u>(B) Money in the 9-8-8 fund is not subject to transfer to</u>	393
<u>any other fund.</u>	394
<u>(C) Any money remaining in the fund, including interest</u>	395

thereon, at the end of each fiscal year shall not revert to the 396
general revenue fund but shall remain in the fund. 397

Sec. 5119.8011. Not later than ninety days after the 398
effective date of this section, the department of mental health 399
and addiction services shall adopt rules in accordance with 400
Chapter 119. of the Revised Code as necessary to develop and 401
implement the 9-8-8 hotline and carry out the requirements of 402
sections 5119.801 to 5119.8011 of the Revised Code. The rules 403
shall do all of the following: 404

(A) Establish qualifications and responsibilities for the 405
9-8-8 administrator within the department, which shall oversee 406
the administration of the 9-8-8 hotline in conjunction with 407
local alcohol, drug addiction, and mental health services 408
boards; 409

(B) Establish the scope of powers for the department of 410
mental health and addiction services and local alcohol, drug 411
addiction, and mental health services boards for overseeing the 412
9-8-8 hotline; 413

(C) Assign tasks to one or more new or existing agencies, 414
boards, commissions, or other entities to accomplish the 415
planning required to implement and oversee the requirements of 416
sections 5119.801 to 5119.8011 of the Revised Code, in 417
coordination with the department of mental health and addiction 418
services, 9-1-1 administrators, hospital emergency departments, 419
and the national suicide prevention lifeline program; 420

(D) Establish timeframes to accomplish the requirements of 421
sections 5119.801 to 5119.8011 of the Revised Code that are 422
consistent with the timeframes required by the "National Suicide 423
Hotline Designation Act of 2020," 47 U.S.C. 251 and rules 424

adopted by the United States federal communications commission 425
on July 16, 2020. 426

Section 2. That existing section 340.03 of the Revised 427
Code is hereby repealed. 428

Section 3. Section 340.03 of the Revised Code is presented 429
in this act as a composite of the section as amended by both 430
H.B. 49 and S.B. 71 of the 132nd General Assembly. The General 431
Assembly, applying the principle stated in division (B) of 432
section 1.52 of the Revised Code that amendments are to be 433
harmonized if reasonably capable of simultaneous operation, 434
finds that the composite is the resulting version of the section 435
in effect prior to the effective date of the section as 436
presented in this act. 437