

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

DEFLECTION PROGRAMS: SUMMARY OF STATE LAWS

JULY 2021



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SUMMARY

There is a growing realization in communities that “local jails are filled with people who need medical care and social services, [but] many of whom cycle in and out of jail without ever receiving the help they need.”¹ For instance, according to an August 2019 report:

- The vast majority (88 percent) of individuals arrested and jailed two or more times during a calendar year (2017, in this case) were not serious violent offenders;
- Over half (52 percent) of the individuals arrested two or more times in 2017 reported a substance use disorder in the past year, which is a substantially higher percentage than individuals not arrested during the year (seven percent); and
- Individuals with multiple arrests in 2017 reported having serious mental illness much more often than individuals not arrested (25 percent versus nine percent).²

One emerging and increasingly popular model to combat this problem is deflection, which seeks to prevent individuals who have low to moderate criminogenic risk, but significant unmet social, economic, and health needs, from entering the criminal justice system.³ In a typical public agency-sponsored program using one or more deflection methods,⁴ police or other first responders, such as emergency medical service providers, paramedics, and firefighters, collaborate with community treatment partners to better serve the acute needs of the individual.⁵ The goal of deflection programs is to lessen the burden on the criminal justice system by connecting those individuals—before they enter the criminal justice system—to treatment and social services to which they might not otherwise have access.

Experts currently recognize five deflection methods (or pathways), connecting individuals to behavioral health treatment, recovery, housing, case management, and/or other services. These pathways are:

- Self-referral deflection, where an individual voluntarily contacts a first responder seeking access to services;
- Active outreach deflection, where a first responder identifies or seeks out one or more individuals likely in need of services;
- Post-overdose deflection (also known as “naloxone plus” deflection), where a first responder, typically as part of a team with community responders, such as a social worker

¹ Alexi Jones and Wendy Sawyer, “Arrest, Release, Repeat: How police and jails are misused to respond to social problems,” *Prison Policy Initiative*, August 2019, <https://www.prisonpolicy.org/reports/repeatarrests.html>.

² Jones, “Arrest, Release, Repeat,” at <https://www.prisonpolicy.org/reports/repeatarrests.html#multiplearrests2> (citing to 2017 data in the National Survey on Drug Use and Health (NSDUH)).

³ Jac Charlier, “Deflection: A Powerful Crime-fighting Tool that Improves Community Relations,” *Police Chief Magazine*, last accessed May 5, 2021, <https://www.policechiefmagazine.org/deflection-a-powerful-crime-fighting-tool-that-improves-community-relations/>.

⁴ Throughout this document, a public agency-sponsored program using one or more deflection methods is called a “deflection program.”

⁵ Throughout this document, the term “first responder” includes both law enforcement and the “other first responders” identified in the paragraph above.

or a peer support worker, contacts an individual shortly after suffering a non-fatal overdose;

- Prevention deflection, where a law enforcement officer, while on patrol, either alone or as a member of a team, engages an individual who is not subject (or even potentially subject) to criminal charges; and
- Intervention deflection, where a law enforcement officer, while on patrol, either alone or as a member of a team, engages an individual who could face criminal charges, but those charges are held in abeyance while treatment or other services are pursued.⁶

Many stakeholders refer to deflection methods or deflection programs by a host of other names, including pre-arrest diversion, pre-bookings diversion, law enforcement diversion, co-responder teams, crisis intervention teams (CITs), and mobile crisis teams. The Treatment Alternatives for Safe Communities (TASC)⁷ Center for Health and Justice coined the term “deflection” in 2014, in part to differentiate pre-arrest programs from traditional “diversion,” which generally involves prosecutors, courts, probation, and/or parole offering post-arrest alternative programming or services to individuals in lieu of conviction, traditional sentencing, or violations of supervision conditions.⁸

While there is no complete list of all active deflection programs in the United States, as of early 2020, TASC and the Illinois Criminal Justice Information Authority estimate that 850 or so separate sites across the country operate law enforcement-based deflection programs.⁹ Of those 850 sites, the most common deflection programs include the Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) (which uses the self-referral deflection and active outreach deflection pathways) in 550 sites,¹⁰ the Quick Response Team (QRT) (which uses the post-overdose deflection pathway) in 161 sites,¹¹ the Civil Citation Network (which uses the intervention deflection pathway) in 86 sites, and Law Enforcement Assisted Diversion (LEAD) (which uses the prevention deflection and intervention deflection pathways) in 38 sites.¹²

Although the genesis of most deflection programs is from grassroots interest rather than statutory directive, there is a growing body of enacted legislation across the country that encourages the development of deflection programs. Accordingly, the Legislative Analysis and Public Policy Association (LAPPA) undertook this research project to identify both currently-in-force statutes and recently proposed legislation, throughout all 50 states and the District of

⁶ Jac A. Charlier and Jessica Reichert, “Introduction: Deflection—Police-Led Responses to Behavioral Health Challenges,” *Journal for Advancing Justice*, III (2020): 2-3 (defining terms and providing examples).

⁷ For information about TASC and the Center for Health and Justice, see <https://www.tasc.org/tascweb/home.aspx>.

⁸ Charlier and Reichert, “Introduction: Deflection,” 8 n.1 (referencing Jac Charlier, “Want to Reduce Drugs in Your Community? Why Not Deflect Instead of Arrest?,” *Police Chief Magazine*, September 2015, https://www.policechiefmagazine.org/wp-content/uploads/Policyreform_September2015.pdf).

⁹ Charlier and Reichert, “Introduction: Deflection,” 4.

¹⁰ See <https://paariususa.org/>.

¹¹ See, e.g., <https://cover2.org/programs/quick-response-teams/>.

¹² See <https://www.leadbureau.org/>.

Columbia. As of June 2021, 25 states and the District of Columbia have some form of a law addressing deflection programs, which vary significantly by state.¹³

The results of this research project are presented in this document. Starting on page 12, LAPPa provides jurisdiction-by-jurisdiction tables describing aspects of each law currently in effect, including:

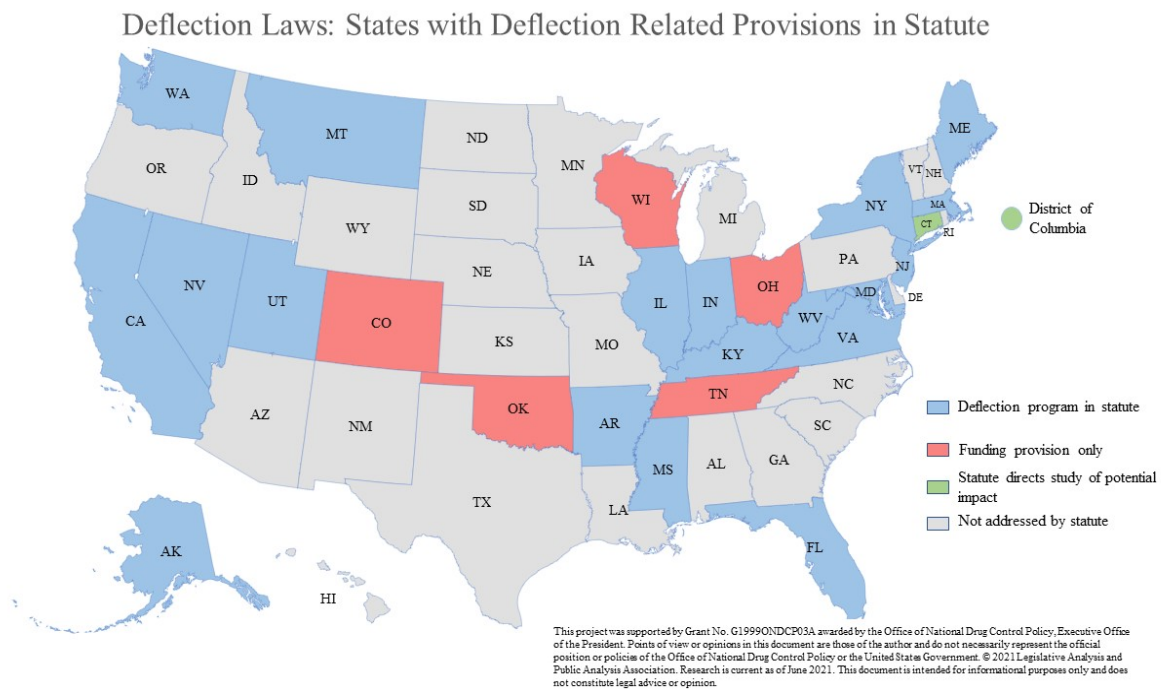
- Statutory citation(s) and effective date(s);
- The applicable issue addressed by the program if described (*i.e.*, whether the program covers mental health disorders, substance use disorders, or both);
- Specific program details;
- Liability protection for responders;
- Potential or mandated funding sources; and
- Recently proposed, but not yet enacted, legislation.

LAPPa designed this document to: (1) provide a singular resource for each jurisdiction's laws; (2) allow for a comparison of these laws between jurisdictions; and (3) identify and highlight interesting provisions. The primary conclusions from the research and analysis are set forth below, followed by several maps showing many of the results in graphic form.¹⁴

¹³ Not surprisingly, very few of these statutes or bills contain the term “deflection.” In many cases, the state law references a particular type of deflection program, most commonly law enforcement assisted diversion (LEAD) or crisis intervention teams (CITs).

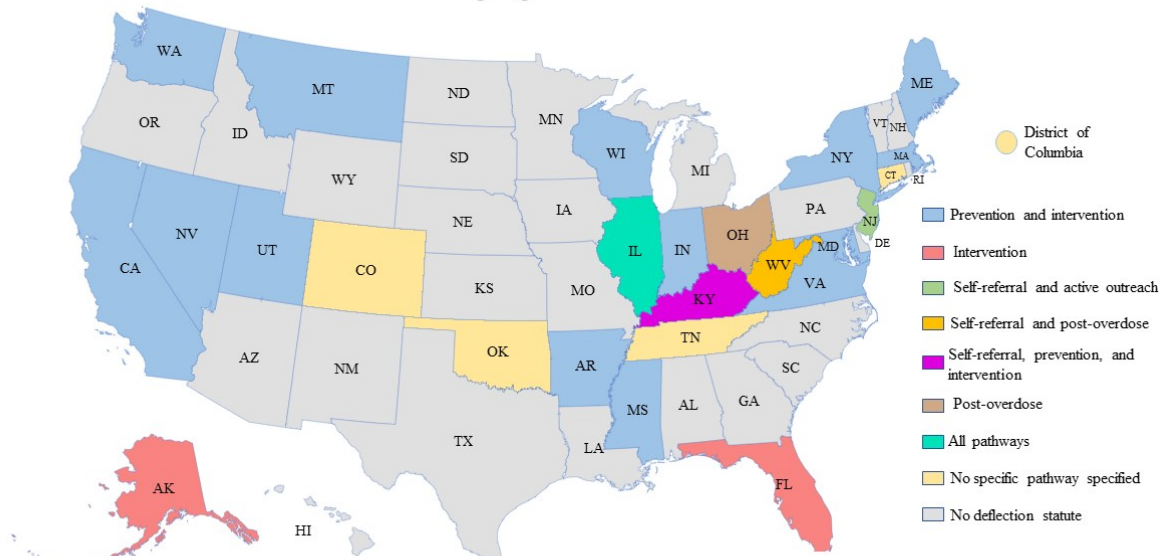
¹⁴ The goal of this research document is to provide accurate and complete information that is free of omissions or errors. If you believe that this document contains misinformation, omissions, or errors, please email LAPPa at info@thelappa.org.

- As of June 2021, 25 states and the District of Columbia have some form of a deflection law in place. Nineteen of these states have statutory descriptions of deflection programs. Five states—Colorado, Ohio, Oklahoma, Tennessee, and Wisconsin—do not have statutorily-described deflection programs but do address funding for potential programs. In the remaining two jurisdictions, Connecticut and the District of Columbia, the enacted legislation directs either municipal police departments or a police reform commission to study and evaluate the potential impact of instituting deflection programs. It should be noted that the lack of law in a jurisdiction does not prevent deflection programs from operating there.



- Most state laws uncovered in the research describe one or more types of deflection programs, such as CITs or LEAD, rather than deflection pathways. However, when viewed in the context of the deflection pathway(s) used by these programs, the most referenced pathways are prevention deflection and intervention deflection. At least one of these two types of deflection is referenced or described in 18 state laws.¹⁵ Only Illinois law references all five deflection pathways. Including Illinois, laws in four states describe self-referral deflection, laws in three states describe post-overdose deflection, and laws in two states describe active outreach deflection. There is no specific type of deflection pathway described in Colorado, Connecticut, District of Columbia, Oklahoma, or Tennessee law; as noted on the prior page, these five jurisdictions either have funding-only laws or direct that evaluations about feasibility be conducted.

Deflection Laws: Deflection Pathway(s) Described in Statutory Language

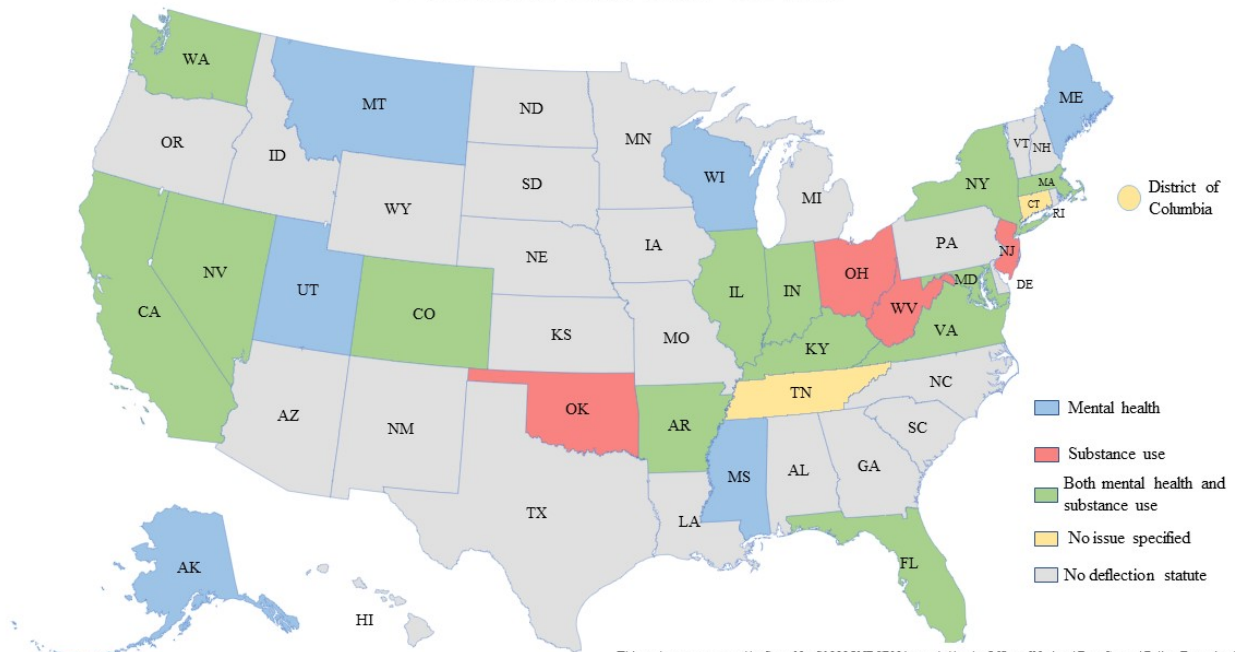


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¹⁵ Primarily, this is because 16 states’ laws refer to CITs, LEAD, or both. Both of these deflection programs use the prevention deflection and intervention deflection pathways.

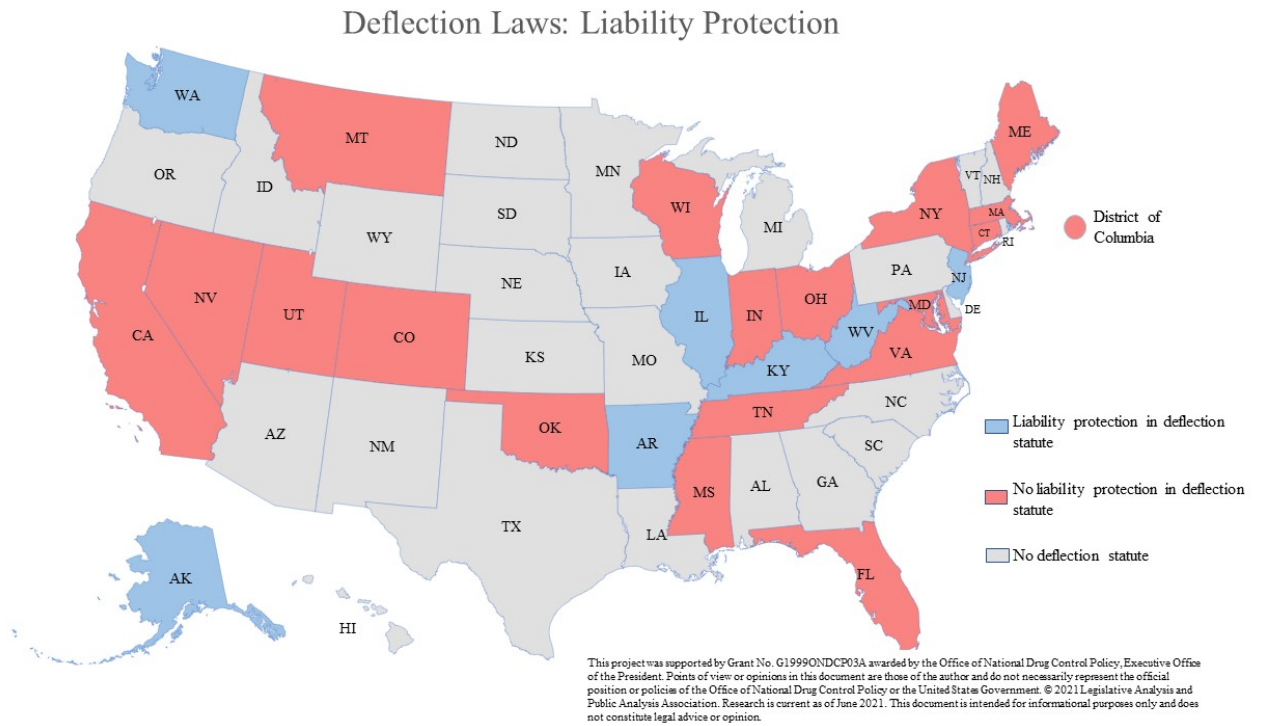
- State deflection laws vary regarding the primary medical condition which the law addresses. The laws in 13 states address both mental health and substance use disorders. Mental health is cited as the applicable issue for the deflection program in six states, while substance use is the applicable issue in four states. In three jurisdictions, Connecticut, Tennessee and the District of Columbia, the laws do not specify an issue of focus.

Deflection Laws: Issue of Focus

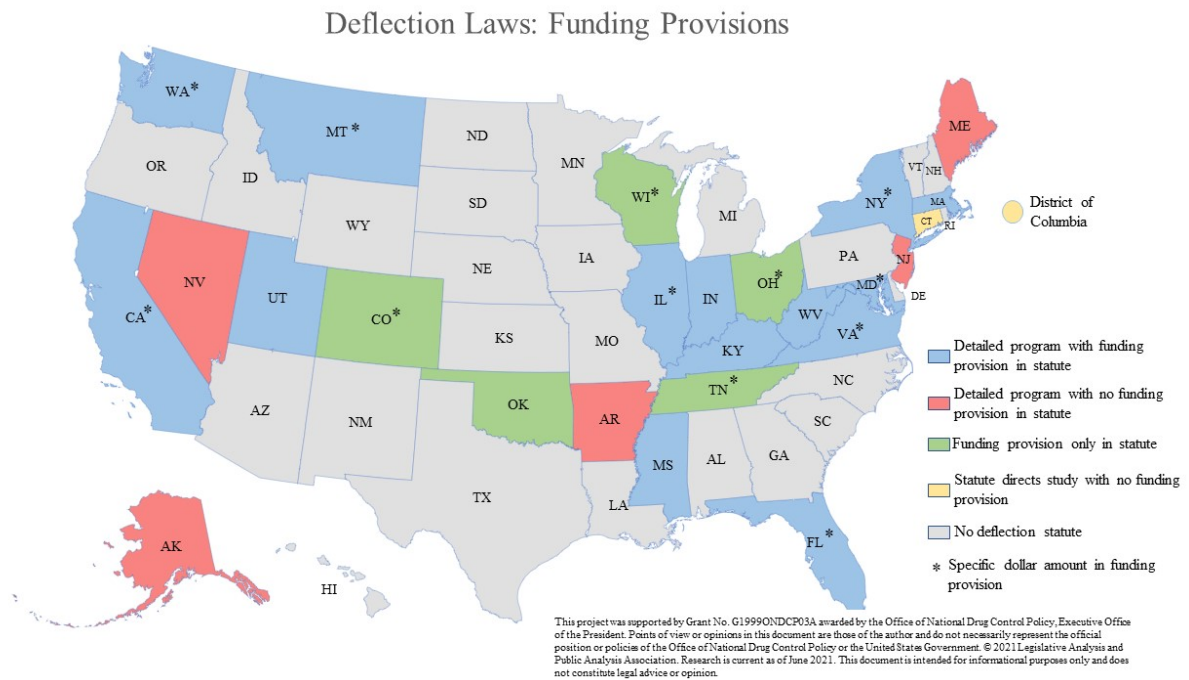


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- In seven of the 26 jurisdictions, deflection laws include a liability protection provision for the police and other first responders participating in the program. In general, the liability protection provisions protect a first responder from civil and/or criminal liability if he or she acts in good faith when connecting individuals to behavioral health treatment, recovery, housing, case management, and/or other services.

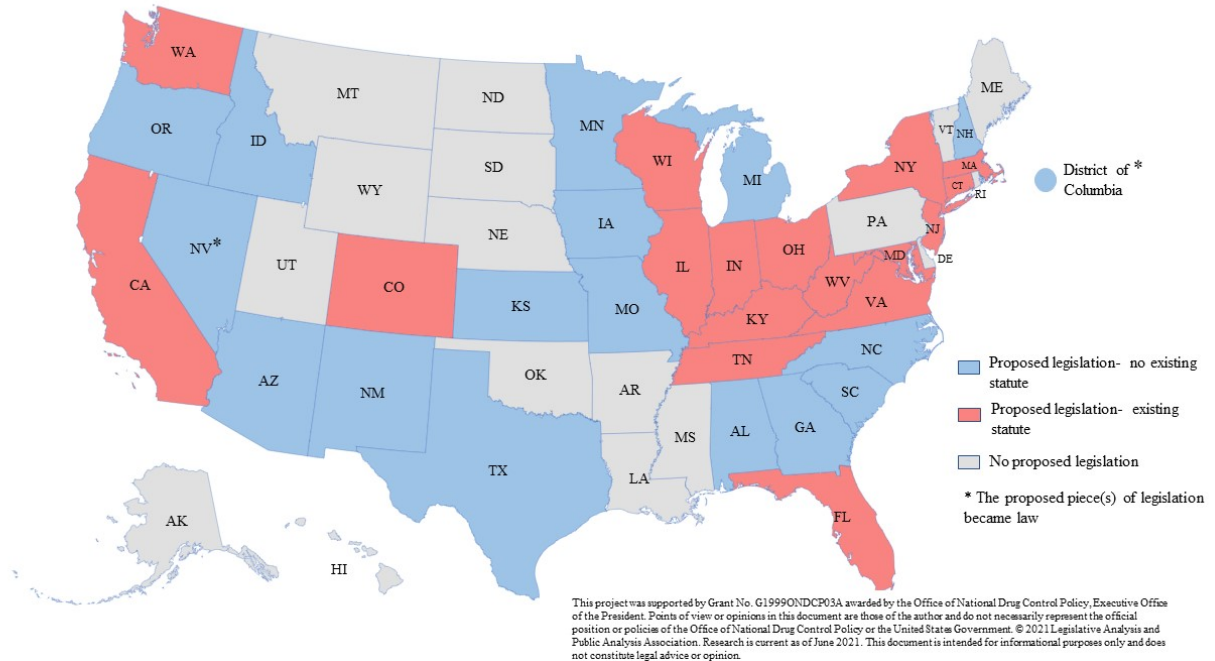


- Funding provisions vary among the deflection laws. In five states, Colorado, Ohio, Oklahoma, Tennessee, and Wisconsin, statutory law does not enact a deflection program, but does detail funding for such programs. Out of the 21 other jurisdictions, seven do not address funding for the program in statute. Accordingly, the laws of 19 states contain funding provisions for deflection programs. In 12 states, the statutory provision or recent budget legislation, specifies a dollar amount. In the remaining seven states, funding provisions do not specify a dollar amount but instead establish grant programs and/or detail acceptable uses of funding.



- The growing interest in deflection programs is evident by the amount of proposed legislation related to it. LAPPa found that since 2019, legislatures in 33 states and the District of Columbia introduced bills related to deflection programs or the funding of them. In 17 states, deflection-related laws existed at the time of introduction and the proposed legislation seeks (or sought) to expand, amend, or provide funding sources for the programs. In the remaining 16 states and the District of Columbia, there was no existing deflection-related statute at the time of introduction.¹⁶ Among those 17 jurisdictions without laws, the deflection program(s) or deflection pathway(s) described in the proposed legislation varies. In two states, Arizona and South Carolina, the legislation mirrors Illinois’ detailed law that describes all five deflection pathways. CITs (or mobile crisis teams) are the focus of legislation in several states, while LEAD, QRT, self-referral deflection, and programs designed to divert offenders with mental health disorders from jail are also identified in proposed legislation.

Deflection Laws: States with Proposed Deflection Legislation



¹⁶ In two jurisdictions, Nevada and the District of Columbia, the pieces of legislation introduced at a time with no existing statute eventually became law.

<u>ALABAMA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	H.B. 75, 2021 Leg., Reg. Sess. (Ala. 2021) (“Relating to law enforcement officers”) (died in House committee). The bill requires the Alabama Peace Officers’ Standards and Training Commission to provide mandatory CIT programs for trainees in 18 commission-approved academies. Additionally, a certified law enforcement officer must complete a continuing education course related to crisis intervention.

<u>ALASKA</u>	
Statute(s) and effective date(s)	ALASKA STAT. ANN. § 12.25.031 (West 2020) (“Alternative to arrest”); effective July 28, 2020.
Applicable disorder(s)	Mental health.
Program details	<p>As an alternative to arrest, a peace officer may, at the officer’s discretion, deliver a person to a crisis stabilization center (as defined), an evaluation facility, or decline to arrest the person if: (1) the officer believes in good faith that the person is suffering from an acute behavioral health crisis; and (2) the person voluntarily agrees to be taken to one of the facilities or promptly seek outpatient mental health treatment.</p> <p>An individual’s agreement to participate: (1) does not require the person to stipulate to any facts about alleged criminal activity; (2) is inadmissible in any criminal or civil proceeding; but (3) does not create immunity from prosecution</p>
Liability protection	Peace officer is not liable for civil damages arising from an act or omission done with reasonable care and in good faith.
Funding	Not addressed.
Recently proposed legislation	None.

<u>ARIZONA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>H.B. 2638, 54th Legis., 2nd Reg. Sess. (Ariz. 2020) (“prearrest deflection program; procedures”) (died in House committee). Bill allows an Arizona county, city, town, or other political subdivision, or a law enforcement agency, to establish a “prearrest deflection program within a law enforcement agency” that partners with at least one of the following entities: (1) treatment provider; (2) case management provider; (3) community member; or (4) organization or another key stakeholder. The prearrest deflection program must include at least one of the following deflection responses:</p> <ul style="list-style-type: none"> • Post-overdose deflection; • Self-referral deflection; • Active outreach deflection; • Officer prevention deflection; or • Officer intervention deflection.

<u>ARKANSAS</u>	
Statute(s) and effective date(s)	ARK. CODE. ANN. §§ 20-47-801 to 47-813 (West 2020) (“Behavioral Health Crisis Intervention Protocol Act of 2017”); effective August 1, 2017.
Applicable disorder(s)	<p>Mental health and substance use.</p> <p>The Act uses the phrase “behavioral health impairment,” which is defined to include a temporary behavioral health or mental impairment that results when an individual is under the influence of alcohol or a controlled substance, if the impairment is sufficiently substantial to meet the definition of “behavioral health impairment” and is “a manifestation of a mental health condition or a substance abuse disorder.”</p>
Program details	<p>Law enforcement agency or community mental health center, as a participating partner, may establish a CIT or multiple CITs to provide psychiatric emergency services and triage and referral services for individuals with a behavioral health impairment who demonstrate substantial likelihood of committing bodily harm against themselves or against another person as a more humane alternative to confinement in a jail.</p> <p>CIT means a community partnership among law enforcement agencies and jail personnel, healthcare providers, and mental health professionals, and may also include consumers and family members serving in an advisory capacity.</p>
Liability protection	<p>Person acting in good faith in connection with the detention of an individual with a behavioral health impairment under the crisis intervention protocol is immune from civil or criminal liability for those acts.</p> <p>Non-law enforcement participating partner that is part of a collaborative agreement must indemnify a participating law enforcement agency against all acts of negligence that may occur in the course and scope of the application of a crisis intervention protocol.</p>
Funding	Not addressed.
Recently proposed legislation	None.

<u>CALIFORNIA</u>	
Statute(s) and effective date(s)	<p>CAL. PENAL CODE §§ 1001.85 to 1001.88 (West 2021) (“Law enforcement assisted diversion pilot program”); first effective June 26, 2016.</p> <p>CAL. WELF. & INST. CODE § 5848.7 (West 2021) (“Law enforcement collaboration; supervision”); effective January 1, 2021.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Under CAL. PENAL CODE §§ 1001.85 to 1001.88, the Board of State and Community Corrections administers funding for LEAD pilot programs that implement a strategy of intervention for eligible participants using one of two gateways to services: (1) prebooking referral; or (2) social contact referral.</p> <p>In a prebooking referral, as an alternative to arrest, a law enforcement officer may take or refer a person for whom the officer has probable cause for arrest for certain offenses (largely related to controlled substances or prostitution) to a case manager to be screened for immediate crisis services and to schedule a complete assessment intake interview. Criminal charges based on the conduct for which a person is diverted to LEAD may not be filed so long as the person finishes the complete assessment intake interview within a period set by the local jurisdictional partners, but not to exceed 30 days after the referral.</p> <p>In a social contact referral, a law enforcement officer may refer an individual to LEAD whom he or she believes is at high risk of arrest in the future for certain crimes and who expresses interest in voluntarily participating in the program.</p> <p>Services provided by the LEAD program may include case management, housing, medical care, mental health care, treatment for alcohol or substance use disorders, nutritional counseling and treatment, psychological counseling, employment, employment training and education, civil legal services, and system navigation.</p> <p>Under CAL. WELF. & INST. CODE § 5848.7, any program or pilot program in which mental health professionals respond in collaboration with law enforcement personnel, or in place of law enforcement personnel, to emergency calls related to mental health crises must ensure that the program is supervised by a licensed mental health professional.</p>
Liability protection	Not addressed.

<u>CALIFORNIA</u>	
Funding	<p>California Board of State and Community Corrections may award grants to up to three jurisdictions. Grant funding may be used for: (1) project management and community engagement; (2) temporary services and treatment necessary to stabilize program participants; (3) outreach and direct service costs; (4) civil legal services; (5) dedicated prosecutorial resources; (6) dedicated law enforcement resources, including for overtime; (7) training and technical assistance from experts; and (8) collecting and maintaining data for program evaluation.</p> <p>\$15 million dollars is appropriated from the General Fund for the LEAD pilot program.</p>
Recently proposed legislation	<p>A.B. 270, 2020-21 Reg. Sess. (Cal. 2021) (“Core Behavioral Health Crisis Services System”) (pending in Assembly committee). The bill would create the Core Behavioral Health Crisis Services System, using the digits “988” for the 988 Suicide Prevention and Behavioral Health Crisis Hotline. The bill would also require local jurisdictions, in collaboration with the California Department of Public Health, to create mobile crisis teams to provide onsite response services to crisis calls made through the hotline.</p> <p>A.B. 653, 2020-21 Reg. Sess. (Cal. 2021) (“Medication-Assisted Treatment Grant Program”) (pending in Senate committee). The bill would establish the Medication-Assisted Treatment (MAT) Grant Program. MAT grant funds can be used for mobile crisis teams of behavioral health professionals.</p> <p>A.B. 662, 2020-21 Reg. Sess. (Cal. 2021) (“Mental health: dispatch and response protocols: working group”) (placed in inactive file per legislator request). The bill would require the California Health and Human Services Agency to convene a working group to examine the existing dispatch and response protocols when providing emergency medical services to an individual who may require evaluation and treatment for a mental health disorder. This group shall develop recommendation for, among other things, the efficacy of innovative local models, including crisis intervention teams, for providing services to people experiencing mental health or substance use crises.</p>

<u>CALIFORNIA</u>	
Recently proposed legislation (continued)	<p>A.B. 785, 2020-21 Reg. Sess. (Cal. 2021) (“Mental health”) (pending in Assembly committee). This bill would, upon appropriation, establish the Mental Health Response and Treatment Challenge Grant Program with the purpose of providing funds and flexibility to cities, counties, cities and counties jointly, or other local governmental agencies to improve services in the following three programmatic areas:</p> <ul style="list-style-type: none"> • Response capacity and ability of mental health crisis responders and mental health crisis assistance centers; • Quality of mental health diversion programs; and • Mental health treatment that serves people in the justice system. <p>A.B. 988, 2020-21 Reg. Sess. (Cal. 2021) (“Mental health: mobile crisis support teams: 988 crisis hotline”) (pending in Senate committee). Similar to A.B. 270.</p> <p>A.B. 1065, 2020-21 Reg. Sess. (Cal. 2021) (“Personal income taxes: voluntary contributions: Mental Health Crisis Prevention Voluntary Tax Contribution Fund”) (pending in Senate committee). This bill creates the Mental Health Crisis Prevention Voluntary Tax Contribution Fund. A portion of the funds proceeds can go towards funding the CIT training.</p>

<u>COLORADO</u>	
Statute(s) and effective date(s)	COLO. REV. STAT. ANN. § 25-20.5-1101 (West 2021) (“Harm reduction grant program--creation--application--permissible uses--department duties”); first effective August 2, 2019.
Applicable disorder(s)	Mental health and substance use.
Program details	Not addressed.
Liability protection	Not addressed.
Funding	<p>The Department of Public Health and Environment (Department) is required to develop and implement a harm reduction grant program to reduce the health risks associated with substance use and improve coordination between law enforcement agencies, public health agencies, and community-based organization. The Department may contract with an independent entity for the administration of the grant program. In order to be eligible to receive grant funding, an entity must be a nonprofit organization and registered with the federal internal revenue service and the Colorado Secretary of State’s office, a local public health agency, or a law enforcement agency.</p> <p>Permissible uses of harm reduction funding provided pursuant to this grant program include, but are not limited to: (1) harm reduction trainings, which may include how to administer naloxone; (2) purchasing and providing sterile equipment and syringe disposal equipment; (3) providing direct services (such as accessing treatment and health care services, overdose prevention activities, and recovery support services) to persons who have come into contact with or who are at risk of coming into contact with the criminal justice system; (4) outreach and engagement with people who come into contact with or who are at risk of coming into contact with the criminal justice system and who are in need of mental health or substance use disorder services; (5) facilitating communication, training, and technical assistance among law enforcement agencies, public health agencies, and community-based harm reduction agencies; (6) coordinating local efforts regarding co-responder and diversion programs; and (7) acupuncture training and services.</p> <p>Legislation that took effect in May 2021 extends the deadline for spending money from the Federal CARES Act until December 31, 2021. This includes \$3.8 million for a subset of services including “co-responder programs” and “Colorado crisis system services.”¹⁷</p>

¹⁷ 2021 Colo. Legis. Serv. Ch. 21-178, § 9 (West).

<u>COLORADO</u>	
Recently proposed legislation	<p>H.B. 21-1030, 73rd Gen. Assemb., 1st Reg. Sess. (Colo. 2021) (“Expanding Peace Officers Mental Health Grant Program”) (bill enrolled). The bill expands the peace officers mental health support grant program to include funding for on-scene response services to enhance law enforcement's handling of calls for services related to persons with mental health disorders and social service needs, including calls that do not require the presence of a peace officer.</p> <p>H.B. 21-1085, 73rd Gen. Assemb., 1st Reg. Sess. (Colo. 2021) (“Secure Transportation Behavioral Health Crisis”) (enrolled; sent to Governor’s desk). The bill creates a regulatory and service system to provide secure transportation services, with different requirements from traditional ambulance services, for individuals experiencing a behavioral health crisis.</p> <p>S.B. 21-137, 73rd Gen. Assemb., 1st Reg. Sess. (Colo. 2021) (“Behavioral Health Recovery Act of 2021”) (Senate concurred with House amendments). Among other things, the bill continues, and continuously appropriates money to, the harm reduction grant program.</p> <p>S.B. 21-154, 73rd Gen. Assemb., 1st Reg. Sess. (Colo. 2021) (“988 Suicide Prevention Lifeline Network”) (bill enrolled). The bill implements 988 as the 3-digit number for crisis response services in Colorado by creating the 988 crisis hotline enterprise in the department of human services to fund the 988 crisis hotline and provide crisis outreach, stabilization, and acute care to individuals calling the hotline.</p>

<u>CONNECTICUT</u>	
Statute(s) and effective date(s)	2020 Conn. Legis. Serv. July Sp. Sess. P.A. 20-1, § 18 (West) (“An Act Concerning Police Accountability”); effective July 21, 2020. ¹⁸
Applicable disorder(s)	Not specified.
Program details	The Connecticut Department of Emergency Services and Public Protection (Department) and each municipal police department are required to complete an evaluation of the feasibility and potential impact of using social workers for the purpose of remotely responding to calls for assistance, responding in person to such calls, or accompanying a police officer on calls where the experience and training of a social worker could provide assistance. The evaluation must consider whether responses to certain calls and community interactions could be managed entirely by a social worker or benefit from the assistance of a social worker. Municipal police departments shall additionally consider whether the municipality that the police department serves would benefit from employing, contracting with, or otherwise engaging social workers to assist the municipal police department. Municipal police departments may consider the use of mobile crisis teams or implementing a regional approach with other municipalities as part of any process to engage or further engage social workers to assist municipal police departments.
Liability protection	Not addressed.
Funding	Not addressed.
Recently proposed legislation	<p>H.B. 5586, 2021 Gen. Assemb., Jan. Sess. (Conn. 2021) (“Concerning the Expansion of the CRISIS Initiative Pilot Program Throughout the State”) (pending in House upon adjournment). The bill requires the Connecticut Division of State Police, in conjunction with the Connecticut Department of Mental Health and Addiction Services, to expand the CRISIS pilot program (Connection to Recovery through Intervention, Support, and Initiating Services).</p> <p>S.B. 572, 2021 Gen. Assemb., Jan. Sess. (Conn. 2021) (“Community crisis response teams and reentry centers”) (pending in Senate committee upon adjournment). This bill requires the Connecticut Office of Policy and Management to administer grants to each municipality that establishes community response teams to work in conjunction with mobile crisis teams. The community response teams are to be comprised of law enforcement officers and mental health professionals and respond to emergency and nonemergency calls for assistance with welfare checks, acute mental health emergencies, substance use emergencies, or homelessness.</p>

¹⁸ Section 18 of Public Act 20-1 does not appear in Connecticut’s statutes. The Act, however, does require the Connecticut Department of Emergency Services and Public Protection and each municipal police department to perform an evaluation.

<u>DELAWARE</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>DISTRICT OF COLUMBIA</u>	
Statute(s) and effective date(s)	2021 District of Columbia Laws Act 24-0076, § 122 (West) (“Comprehensive Policing and Justice Reform Emergency Amendment Act of 2021”); effective May 3 to August 1, 2021.
Applicable disorder(s)	Not-specified.
Program details	Act 24-006 establishes a Police Reform Commission (“Commission”) to examine policing practices in the District and provide evidence-based recommendations for reforming and revisioning such policing. The Commission is to prepare a report containing recommendations about a number of issues, including “alternatives to police responses to incidents, such as community-based, behavioral health, or social services co-responders.”
Liability protection	Not addressed.
Funding	Not addressed.
Recently proposed legislation	None.

<u>FLORIDA</u>	
Statute(s) and effective date(s)	<p>FLA. STAT. ANN. § 985.12 (West 2020) (“Civil citation or similar prearrest diversion programs” (for juveniles)); first effective in 1990.</p> <p>FLA. STAT. ANN. § 985.125 (West 2020) (“Prearrest or post arrest diversion programs” (for juveniles); first effective July 1, 1999.</p> <p>FLA. STAT. ANN. § 394.658 (West 2020) (“Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program requirements”); first effective July 1, 2007.</p> <p>FLA. STAT. ANN. § 901.41 (West 2020) (“Prearrest diversion programs”); first effective July 1, 2018.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Under FLA. STAT. ANN. § 901.41, local communities and public or private educational institutions may adopt a prearrest diversion program in which law enforcement officers, at their sole discretion, may issue a civil citation or similar prearrest diversion program notice to adults who commit a qualifying misdemeanor offense. The citation or notice may be issued if the adult who commits the offense: (1) admits or does not contest the offense; and (2) has not previously been arrested or received an adult civil citation or prearrest diversion program notice, unless the terms of the local adult prearrest diversion program allow otherwise. The qualifying misdemeanor offenses are determined by the representatives that develop the program but cannot include violent misdemeanors or misdemeanors related to domestic violence. An adult who participates in a program must be provided appropriate assessment, intervention, education, and behavioral health care services.</p> <p>FLA. STAT. ANN. §§ 985.12 and 985.125 apply to juveniles. Section 985.12 requires a civil citation or similar prearrest diversion program for misdemeanor offenses to be established in each judicial circuit in the state. If a juvenile does not successfully complete the civil citation or similar prearrest diversion program, the arresting law enforcement officer shall determine if there is good cause to arrest the juvenile for the original misdemeanor offense and refer the case to the state attorney to determine if prosecution is appropriate. Section 985.125 allows a law enforcement agency or school district, in cooperation with the state attorney, to establish a prearrest or post arrest diversion program. As part of the prearrest or post arrest diversion program, a child who is alleged to have committed a delinquent act may be required to surrender his or her driver license.</p>

<u>FLORIDA</u>	
Liability protection	Not addressed.
Funding	<p>Under FLA. STAT. ANN. § 394.658, the Florida Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, in collaboration with the Department of Children and Families, the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, and the Office of the State Courts Administrator, must establish criteria to review applications and to select the county to be awarded a 1-year planning grant or a 3-year implementation or expansion grant. The implementation or expansion grants may support programs and diversion initiatives that include, but need not be limited to, diversion programs and CITs.</p> <p>Pursuant to legislation enacted in June 2021, for the fiscal year covering July 2021 to June 2022, \$1.5 million will be appropriated from the General Fund to the Law Enforcement Co-Responder Program in Marion County.¹⁹</p>
Recently proposed legislation	<p>H.B. 3715, 2021 Reg. Sess. (Fla. 2021) (“Law Enforcement Co-Responder Program in Marion County”) (died in House committee). The bill would appropriate \$514,378 from the General Revenue Fund to the Florida Department of Children and Families to fund the Law Enforcement Co-Responder Program in Marion County.</p>

¹⁹ 2021 Fla. Sess. Law. Serv. Ch. 2021-36 (West).

<u>GEORGIA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	H.B. 590, 156 th Gen. Assemb., 2021-22 Reg. Sess. (Ga. 2021) (“Mental health; grant program to establish assisted outpatient treatment programs”) (pending in House committee upon adjournment). The bill provides for a grant program to establish assisted outpatient treatment programs for persons with mental illness. “Assisted outpatient treatment programs” means involuntary outpatient care, provided in the context of a formalized, systematic effort led by a community service board in collaboration with other community partners, endeavoring to, among other things, “partner with law enforcement agencies to provide an alternative to arrest, incarceration, and prosecution for individuals suspected or accused of criminal conduct who appear to qualify as outpatients.”

<u>HAWAII</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>IDAHO</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	S. 1125, 66th Leg., 1st Reg. Sess. (Idaho 2021) (“To provide for mobile response teams”) (died in Senate committee). The bill provides that the state of Idaho, through the Idaho Department of Health and Welfare, or through agreements with other organizations, government or otherwise, must provide on-site response services to crisis calls utilizing mobile response teams. Mobile response teams are to: (1) collaborate with local law enforcement agencies; and (2) include police as co-responders in behavioral health teams only as needed to respond in high-risk situations that cannot be managed without law enforcement. The bill would also establish the Suicide and Mental Health Crisis Access fund in the state treasury.

<u>ILLINOIS</u>	
Statute(s) and effective date(s)	<p>50 ILL. COMP. STAT. ANN. 705/10.17 (West 2021) (“Crisis intervention team training; mental health awareness training”); first effective January 1, 2016.</p> <p>50 ILL. COMP. STAT. ANN. 705/10.17-5 (West 2021) (“Training policy; persons arrested while under the influence of alcohol or drugs”); first effective June 1, 2018.</p> <p>5 ILL. COMP. STAT. ANN. 820/1 through 35 (West 2021) (“Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act”); first effective January 1, 2019.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>The Illinois Law Enforcement Training Standards Board (Board) is required to develop and approve a standard curriculum for certified training programs in crisis intervention addressing specialized policing responses to people with mental health disorders. The Board must conduct CIT training programs that train officers to identify signs and symptoms of mental health crises and to de-escalate situations involving individuals who appear to have a mental health disorder and connect that person in crisis to treatment.</p> <p>The Board must also create a model policy to train law enforcement officers how to respond to a person who is under the influence of alcohol or drugs and the eventual release of that person from custody. Additionally, the Board must create a separate model policy for the release of persons arrested while under the influence of alcohol or drugs who are under the age of 21 years.</p> <p>Under the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act, any law enforcement agency may establish a deflection program in partnership with one or more licensed providers of substance use disorder treatment services and one or more community members or organizations. The deflection program may involve one or more of the following deflection responses:</p> <ul style="list-style-type: none"> • Post-overdose deflection; • Self-referral deflection; • Active outreach deflection; • Officer prevention deflection; or • Officer intervention deflection response.

<u>ILLINOIS</u>	
Program details (continued)	Legislation enacted in 2021 adds “other first responders” to the Community–Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act. ²⁰ “Other first responder” is defined as including “emergency medical services providers that are public units of government, fire departments and districts, and officials and responders representing and employed by these entities.” The Act also adds a training component to the deflection program.
Liability protection	A law enforcement agency or peace officer acting in good faith will not, as the result of acts or omissions in providing services under the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act, be liable for civil damages, unless the acts or omissions constitute willful and wanton misconduct.
Funding	<p>The General Assembly may appropriate funds to the Illinois Criminal Justice Information Authority (Authority) for the purpose of funding law enforcement agencies for services provided by deflection program partners as part of deflection programs subject to the Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act.</p> <p>The Authority may adopt guidelines and requirements to direct the distribution of funds for expenses related to deflection programs. Funding must support both new and existing deflection programs in urban, suburban, and rural communities. Activities eligible for funding include: (1) program administration, coordination, or management; (2) case management; (3) peer recovery or recovery support services; (4) transportation to a licensed treatment provider or other program partner location; and (5) program evaluation activities.</p> <p>Although not in statute, in fall 2018, the Authority posted a grant solicitation for individual deflection program funding. According to the solicitation, the Authority made \$500,000 available over a six-month period for individual grants ranging between \$20,000 and \$80,000.²¹</p>

²⁰ 2020 Ill. Legis. Serv. P.A. 101-652 (West).

²¹ “SFY19 Community-Law Enforcement Partnership for Deflection & Substance Use Disorder Treatment Act,” Illinois Criminal Justice Information Authority, accessed June 24, 2021, <https://legacy-grants.icjia.cloud/grants/20180911clep>.

<u>ILLINOIS</u>	
Recently proposed legislation	<p>H.B. 28, 102nd Gen. Assemb., 1st Reg. Sess. (Ill. 2021) (“Crisis Intervention Training”) (pending in House committee). Amends the requirements of the standard curriculum for CIT training programs.</p> <p>S.B. 347, 102nd Gen. Assemb., 1st Reg. Sess. (Ill. 2021) (“Mind Strong Act”) (pending in House committee). This bill would amend the requirements of the standard curriculum for CIT training programs.</p> <p>S.B. 418, 102nd Gen. Assemb., 1st Reg. Sess. (Ill. 2021) (“FY22 CJIA OCE”) (pending in Senate committee). This bill would appropriate \$500,000 from the General Revenue Fund to the Illinois Criminal Justice Information Authority for grants to local law enforcement agencies for training pursuant to the Community-Law Enforcement Partnership for Deflection and Addiction Treatment Act.</p>

<u>INDIANA</u>	
Statute(s) and effective date(s)	<p>IND. CODE ANN. §§ 5-2-21.2-1 to 21.2-6 (West 2021) (“Indiana technical assistance center for crisis intervention teams”); first effective July 1, 2015.</p> <p>IND. CODE ANN. § 12-21-8 (West 2021) (“9-8-8 Crisis Hotline Centers and Mobile Crisis Teams”); first effective July 1, 2021.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Under IND. CODE ANN. §§ 5-2-21.2-1 to 21.2-6, the Indiana Law Enforcement Training Board in conjunction with the Indiana Commission to Combat Drug Abuse and the Division of Mental Health and Addiction must develop a technical assistance center to support the development and sustainability of local CITs. The purpose of the technical assistance center is: (1) identifying grants and other funds that may be used to fund local CITs; (2) creating and supporting a statewide CIT advisory committee; (3) assisting rural counties in creating CITs and CIT training; (4) providing CITs with appropriate training, information, and technical assistance; (5) communicating and disseminating existing standard protocols; (6) recognizing local CITs and law enforcement officers trained in CITs; and (7) reporting on the status of CITs.</p> <p>Under newly-enacted IND. CODE ANN. § 12-21-8 the Indiana Division of Mental Health and Addiction has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 988 crisis hotline centers. These centers may deploy crisis and outgoing services, including mobile crisis teams. Mobile crisis teams must include: (1) jurisdiction based behavioral health teams; (2) licensed emergency medical services personnel; and (3) law enforcement based co-responder behavioral health teams.</p>
Liability protection	Not addressed.
Funding	Grants identified by the technical assistance center.

<u>INDIANA</u>	
Recently proposed legislation	<p>H.B. 1499, 122nd Gen. Assemb., 1st Reg. Sess. (Ind. 2021) (“Mental health and law enforcement”) (died in House committee). The bill requires the Indiana Division of Mental Health and Addiction, upon request, to issue a bracelet, an identification card, or both, indicating that an individual has been medically diagnosed with mental health disorder, substance use disorder, or both. Additionally, if a person presents the bracelet or identification card to a law enforcement officer, then the law enforcement officer shall use all reasonable means necessary to ensure that: (1) a CIT trained officer assists in the investigation that the law enforcement officer is conducting; and (2) the person is placed in a mental health facility before being confined in a county jail, if applicable.</p> <p>H.B. 1526, 122nd Gen. Assemb., 1st Reg. Sess. (Ind. 2021) (“Mental health professionals”) (died in House committee). The bill allows a political subdivision, in consultation with the technical assistance center, to contract with mental health providers for the purpose of supplementing existing CITs with mental health professionals. In addition, the bill allows a mental health professional part of a CIT to accompany law enforcement officers to a call. The bill also provides that a law enforcement officer may not be held liable for damages, including punitive damages, for any act or omission related to a mental health professional’s contribution to a CIT team or a CIT response.</p>

<u>IOWA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	H.F. 62, 89th Gen. Assemb., Reg. Sess. (Iowa 2021) (“An Act providing for a study regarding the possible establishment of a jail diversion program for offenders with a mental illness”) (pending in House committee upon adjournment). This bill directs the Division of Criminal and Juvenile Justice Planning (Division) of the Department of Human Rights to conduct a study regarding establishment of a jail diversion program for offenders with a mental health disorder. The bill requires the Division to work with interested stakeholders including the Department of Human Services, the Department of Corrections and other members of the criminal justice system, certain specially trained law enforcement personnel, and mental health providers. The study must consider and review social, clinical, housing, welfare services, regulatory, liability, and funding. The Division must submit a report with recommendations to the Governor and the General Assembly by December 15, 2022.

<u>KANSAS</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	H.B. 2281, 89th Leg., 2021 Reg. Sess. (Kan. 2021) (“Establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas”) (pending in House committee upon adjournment). The bill requires the Kansas Department for Aging and Disability Services (Department) to designate a hotline center to provide crisis intervention services and care coordination to individuals accessing the hotline. The bill also requires the Department to convene mobile crisis teams and develop guidelines for deploying services, coordinating access to crisis-receiving and stabilization services or other local resources as appropriate, and providing referrals and follow-ups. Additionally, a 988 suicide prevention and mental health crisis hotline fund would be established to provide mobile crisis responses services to individuals with needs.

<u>KENTUCKY</u>	
Statute(s) and effective date(s)	<p>KY. REV. STAT. ANN. § 210.365 (West 2021) (“Crisis intervention team (CIT) training; curriculum; individual and aggregate reports; telephonic behavioral health jail triage system”); first effective July 13, 2004.</p> <p>KY. REV. STAT. ANN. § 15.525 (West 2021) (“Referral program for substance abuse treatment; information exempt from disclosure under KRS 61.878(1)(a); limitation of liability”); first effective June 29, 2017.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Under KY. REV. STAT. ANN. § 210.365, the Department for Behavioral Health, Developmental and Intellectual Disabilities (Department) shall, in collaboration with the Justice and Public Safety Cabinet, the regional community boards for mental health or individuals with an intellectual disability, and representatives of the Kentucky statewide affiliate of the National Alliance on Mental Illness, coordinate the development of CIT training designed to train law enforcement officers to effectively respond to individuals who may have a mental health disorder, substance use disorder, or both. Legislation enacted in 2021 (2021 Ky. Acts 114 (West 2021)) will make firefighters eligible for CIT training in addition to law enforcement as of June 28, 2021.</p> <p>Under KY. REV. STAT. ANN. § 15.525, a law enforcement agency may create a program to refer persons to treatment for substance use disorder who voluntarily seek assistance from the law enforcement agency. A person seeking assistance: (1) will not be arrested; (2) will not be prosecuted for the possession of any controlled substance or drug paraphernalia surrendered to the law enforcement agency; and (3) will be promptly referred to a community mental health center, medical provider, or other entity for substance use treatment. A person is ineligible for placement if the person: (1) has an outstanding arrest warrant from Kentucky or an extraditable arrest warrant from another state; (2) places law enforcement in reasonable apprehension of physical injury; or (3) is under the age of 18 and does not have the consent of a parent or guardian.</p>
Liability protection	Except for intentional misconduct, any law enforcement agency or person that provides referrals or services in accordance with KY. REV. STAT. ANN. § 15.525 is immune from criminal and civil liability.

<u>KENTUCKY</u>	
Funding	To implement the CIT training, the Department may use public or private funds as available and may develop a contract with a nonprofit entity that is a Kentucky statewide mental health advocacy organization that has a minimum of five years of experience in implementation of the CIT training program in Kentucky.
Recently proposed legislation	<p>H.B. 403, 2021 Gen. Assemb., Reg. Sess. (Ky. 2021) (“Mental Health Services”) (died in House committee). The bill requires the Cabinet for Health and Family Services (Cabinet) to establish a crisis hotline center to provide crisis intervention services and crisis care coordination to individuals accessing the 988 hotline from any jurisdiction in Kentucky. The crisis hotline center shall deploy crisis and outgoing services, including mobile crisis teams, and coordinate access to crisis receiving and stabilization services or other local resources as appropriate. The Cabinet is also required to create mobile crisis teams that: (1) are jurisdiction-based behavioral health teams including licensed behavioral health professionals and peers or behavioral health teams embedded in the emergency medical agencies; (2) collaborate with local law enforcement agencies and include law enforcement as co-responders with behavioral health teams, including licensed behavioral health professionals, law enforcement, and peers; (3) partner with community members, including people with lived experience utilizing crisis services; (4) employ personnel who reflect the demographics of the community served; and (5) collect customer service data from individuals served by demographic requirements, including race and ethnicity.</p> <p>H.B. 546, 2021 Gen. Assemb., Reg. Sess. (Ky. 2021) (“An Act relating to mental health and making an appropriation therefor.”) (died in House committee). Similar to H.B. 403, but does not contain a detailed description of what mobile crisis teams must do.</p> <p>H.C.R. 7, 2021 Gen. Assemb., Reg. Sess. (Ky. 2021) (“Concurrent resolution establishing the Severe Mental Illness Task Force”) (died in Senate committee). The bill would create a Severe Mental Illness Task Force that, among other things, would evaluate the effectiveness of CITs.</p>

<u>LOUISIANA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>MAINE</u>	
Statute(s) and effective date(s)	ME. REV. STAT. ANN. tit. 34, § 3621-22 (West 2019) (“Crisis Intervention Program”); first effective June 18, 1987.
Applicable disorder(s)	Mental health.
Program details	The Department of Health and Human Services is required to establish a crisis intervention program comprised of emergency room services, outreach services, and a hotline, to serve Penobscot, Hancock, Piscataquis, and Washington Counties. This is a community-based program that provides counseling, consultation, evaluation, treatment and referral, education and training services. A community-based CIT shall be established to provide crisis intervention on a 24-hour, 7-days-a-week basis to individuals with a mental health disorder and to provide crisis intervention training for emergency room personnel. The team must be comprised of qualified mental health professionals with training and experience in assessment and intervention with individuals experiencing a mental health crisis.
Liability protection	Not addressed.
Funding	Not addressed.
Recently proposed legislation	None.

<u>MARYLAND</u>	
Statute(s) and effective date(s)	<p>MD. CODE ANN., HEALTH-GEN. §§ 10-1401 to 10-1405 (West 2021) (“Maryland Behavioral Health Crisis Response System”); first effective October 1, 2015.</p> <p>MD. CODE ANN., PUB. SAFETY § 4-1001 (West 2021) (“Funds for an operating grant for the Law Enforcement Assisted Diversion Program in Baltimore City”); first effective July 1, 2018.</p> <p>MD. CODE ANN., HEALTH-GEN. § 7.5-208 (West 2021) (“Behavioral Health Crisis Response Grant Program”); first effective July 1, 2018.</p> <p>MD. CODE ANN., PUB. SAFETY § 3-522 (West 2021) (“Crisis Intervention Team Center of Excellence”); first effective October 1, 2020.</p> <p>MD. CODE ANN., HEALTH-GEN. §§ 13-4201 to 13-4206 (West 2021) (“Behavioral Health Public Safety Center of Excellence”); first effective July 1, 2021.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Under MD. CODE ANN., HEALTH-GEN. §§ 10-1401 to 10-1405, the Maryland Behavioral Health Crisis Response System is tasked with: (1) operating a statewide network utilizing existing resources and coordinating interjurisdictional services to develop efficient and effective crisis response systems to serve all individuals in Maryland; (2) providing skilled clinical intervention to help prevent suicides, homicides, unnecessary hospitalizations, and arrests or detention, and to reduce dangerous or threatening situations involving individuals in need of behavioral health services; and (3) responding quickly and effectively to community crisis situations.</p> <p>Pursuant to MD. CODE ANN., PUB. SAFETY § 3-522, there is a CIT Center of Excellence (CIT Center) within the Governor’s Office of Crime Prevention, Youth, and Victim Services. The purpose of the CIT Center is to provide technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and to develop and implement a crisis intervention model program. The CIT Center may: (1) on request, assist a law enforcement agency or local government in implementing a crisis intervention model program; (2) provide educational resources to law enforcement to promote CIT programs; and (3) monitor statewide progress for implementation of crisis intervention model programs.</p>

<u>MARYLAND</u>	
Program details (continued)	Newly enacted MD. CODE ANN., HEALTH-GEN. §§ 13-4201 to 13-4206 establishes the Maryland Behavioral Health and Public Safety Center of Excellence (BHPS Center). The purposes of the BHPS Center include to: (1) act as the statewide information repository for behavioral health treatment and diversion; (2) lead the development of a strategic plan to increase treatment and reduced the detention of individuals with behavioral health disorders; (3) provide technical assistance to local governments; and (4) coordinate with the Department of Health and the Behavioral Health Administration to implement and track the progress of creating an effective behavioral health system of care in the state.
Liability protection	Not addressed.
Funding	<p>The Center is supported by: (1) appropriations provided in the State budget; (2) grants or other assistance from federal, state, or local government; and (3) any other money made available to the Center from any other source.</p> <p>Under MD. CODE ANN., PUB. SAFETY § 4-1001, for the fiscal years 2020 through 2023, the Governor will appropriate \$425,000 in the yearly state budget for Baltimore City to use for the LEAD Program in Baltimore City.</p> <p>Under MD. CODE ANN., HEALTH-GEN. § 7.5-208, there is a Behavioral Health Crisis Response Grant Program (Program) in the Maryland Department of Health. The purpose of the Program is to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems. The Funds distributed to a local behavioral health authority under the Program may use to establish or expand services. Pursuant to legislation that will take effect in October 2021, beginning in fiscal year 2023, at least one-third of the appropriation required for the Program must be used to award competitive grants for mobile crisis teams”²² The crisis teams are a team established by the local behavioral health authority that: (1) operates 24 hours a day and 7 days a week to provide assessments, crisis intervention, stabilization, follow-up, and referral to urgent care and to arrange appointments for individuals to obtain behavioral health services; (2) incorporates nationally recognized standards and best practices; and (3) prioritizes connection to services and coordinating patient follow-up, including peer support and family support services after stabilization.</p>

²² 2021 Maryland Laws Ch. 755 (West).

<u>MARYLAND</u>	
Recently proposed legislation	H.B. 271, 2021 Leg., 442nd Sess. (Md. 2021) (“Public Safety”) (died in Senate committee). This bill authorizes law enforcement agencies to establish law enforcement diversion programs in partnership with the local behavioral health authority within the jurisdiction. A law enforcement diversion program established under this bill may include individuals referred to the program by a law enforcement officer: (1) after the administration of medication to reverse an overdose; (2) after the individual is detained or arrested by the officer; or (3) in lieu of issuing a citation or making an arrest.

<u>MASSACHUSETTS</u>	
Statute(s) and effective date(s)	MASS. GEN. LAWS ANN. ch. 19, § 25 (West 2021) (“Center for responsive training in crisis intervention”); first effective August 9, 2018.
Applicable disorder(s)	Mental health and substance use.
Program details	Within the Department of Mental Health, there is a Center for Police Training in Crisis Intervention (Center). The Center serves as a source for cost-effective, evidence-based mental health and substance use crisis response training programs for municipal police and other public safety personnel throughout the Commonwealth. The Center: (1) supports the establishment and availability of community policing and behavioral health training curricula for law enforcement personnel, particularly in interventions that provide alternatives to arrest and incarceration; (2) serves as a clearinghouse for best practices in police interactions with individuals suffering from mental illness and substance use disorders; (3) develops and implements crisis intervention training curricula for all veteran and new recruit officers; (4) provides technical assistance to cities and towns by establishing collaborative partnerships between law enforcement and human services providers that maximize referrals to treatment services; and (5) establishes metrics for success and evaluation of outcomes of these programs.
Liability protection	Not addressed.
Funding	The Center is funded with revenue from appropriations or other money authorized by the general court and specifically credited to the center, and revenue from private sources including, but not limited to, grants, both state and federal, gifts, and donations received by the Commonwealth that are specifically credited to the center.
Recently proposed legislation	H.B. 2081, 192 nd Gen. Court (Mass. 2021) (“An Act to better coordinate suicide prevention services”) (pending in joint committee). Provides that Secretary of the Executive Office of Health and Human Services must designate a crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988 suicide prevention and behavioral health crisis hotline 24 hours a day, seven days a week. Additionally, the designated hotline center(s) must have the authority to deploy crisis and outgoing services, including mobile behavioral health crisis responders, and coordinate access to crisis triage, evaluation, and counseling, and to community crisis stabilization programs or other local resources as appropriate.

<u>MASSACHUSETTS</u>	
Recently proposed legislation (continued)	<p>H.B. 2461, 192nd Gen. Court (Mass. 2021) (“An Act to enhance 911 operations for behavioral health crisis response”) (pending in joint committee). The bill provides that the state 911 Department shall within 180 days of passage of this Act update regulations to integrate training on behavioral health conditions, including CIT training for certified Enhanced 911 Telecommunicators and the appropriate diversion of people with behavioral health conditions away from law enforcement response into the certification standards for Enhanced 911 Telecommunicators. In addition, the bill would amend the behavioral health crisis response incentive grant to include a requirement that grantees work to integrate 988, co-responder programs, Emergency Service Providers, and other behavioral health crisis and emergency response programs that can serve as alternatives to law enforcement into their emergency communications plans.</p> <p>S.B. 1274, 192nd Gen. Court (Mass. 2021) (“An Act to better coordinate suicide prevention services”) (pending in joint committee). Similar to H.B. 2081.</p> <p>S.B. 1567, 192nd Gen. Court (Mass. 2021) (“An Act to enhance 911 operations for behavioral health crisis response”) (pending in joint committee). Similar to H.B. 2461.</p>

<u>MICHIGAN</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>S.B. 79, 101st Leg., 2021 Reg. Sess. (Mich. 2021) (“Appropriations”) (referred to conference committee). Bill includes provision that the mental health diversion council distribute grants to local entities for the purpose of establishing or expanding jail diversion programs in partnership with local law enforcement and private or public behavioral health service providers.</p> <p>H.B. 6539, 100th Leg., 2019 Reg. Sess. (Mich. 2019) (“Michigan commission on law enforcement standards act”) (died in committee). The bill would require an individual seeking to become certain types of licensed law enforcement to complete CIT training.</p>

<u>MINNESOTA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>H.F. 864, 92nd Leg., 1st Reg. Sess. (Minn. 2021) and S.F. 234, 92nd Leg., 1st Reg. Sess. (Minn. 2021 (“Law enforcement mental health unit data classified as private”) (pending in House/Senate committee upon adjournment). This bill would classify as “private” data maintained within a law enforcement agency’s “mental health unit.” A mental health unit includes a unit designed to provide long-term intervention strategies through specifically trained law enforcement officers and mental health co-responders.</p> <p>H.F. 922, 92nd Leg., 1st Reg. Sess. (Minn. 2021) and S.F. 898, 92nd Leg., 1st Reg. Sess. (Minn. 2021) (“A bill for an Act relating to corrections”) and S.F. 1124, 92nd Leg., 1st Reg. Sess. (Minn. 2021) (“A bill for an act relating to public safety”) (pending in House/Senate committee upon adjournment). The bill provides that a peace officer with probable cause to believe that a child is a petty offender or delinquent child may refer the child to a program that the law enforcement agency with jurisdiction over the child deems appropriate.</p> <p>H.F. 1078, 92nd Leg., 1st Reg. Sess. (Minn. 2021) (“Omnibus public safety bill”) (indefinitely postponed). The bill provides for innovation in public safety grants, which can include grants for the establishment or maintenance of mobile mental health crisis teams.</p> <p>H.F. 1686, 92nd Leg., 1st Reg. Sess. (Minn. 2021) and S.F. 1924, 92nd Leg., 1st Reg. Sess. (Minn. 2021) (“Mental health crisis team referrals required via 911 system”) (pending in House/Senate committee upon adjournment). The bill requires the 911 system to make referrals to mental health crisis teams when appropriate.</p>

<u>MISSISSIPPI</u>	
Statute(s) and effective date(s)	MISS. CODE ANN. § 41-21-131 to 21-151 (West 2021) (“Crisis Intervention Mental Health Fund”); first effective July 1, 2010.
Applicable disorder(s)	Mental health.
Program details	Any law enforcement agency or community mental health center, as a participating partner, is authorized to establish CITs to provide for psychiatric emergency services and triage and referral services for persons who are with substantial likelihood of bodily harm as a more humane alternative to confinement in a jail.
Liability protection	Not addressed.
Funding	There is a special interest fund known as the Crisis Intervention Mental Health Fund. The purpose of the fund is to provide funding for the seven mental health crisis centers in the state and the Special Treatment Facility located in Harrison County.
Recently proposed legislation	None.

<u>MISSOURI</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	H.B. 565, 101st Gen. Assemb., 1st Reg. Sess. (Mo. 2021) (“law enforcement agency improvement plans”) (died in House committee). The bill requires political subdivisions to review certain law enforcement policies, procedures, and practices, and develop plans for improvement. The plans must consider evidence-based policing strategies including, but not limited to, law enforcement-assisted diversion programs.

<u>MONTANA</u>	
Statute(s) and effective date(s)	MONT. CODE ANN. § 44-7-110 (West 2021) (“Crisis intervention team training program”; first effective October 1, 2017.
Applicable disorder(s)	Mental health.
Program details	The Board of Crime Control (Board) administers a CIT training program to increase the number of law enforcement officers, behavioral health providers, and community stakeholders who are trained to respond safely and effectively to incidents involving an individual who is experiencing a behavioral health crisis.
Liability protection	Not addressed.
Funding	<p>As of July 1, 2021, local governments, including tribal governments, and nonprofit law enforcement organizations, are eligible to receive grant funding to help law enforcement, advocacy, mental health, and community providers: (1) provide specialized training to law enforcement officers to help officers recognize and properly respond to individuals with a mental health disorder or behavioral health problem; and (2) best utilize or establish collaborative programs that enhance coordination with community-based service providers to address the behavioral health problems typically encountered by law enforcement officers in the line of duty.</p> <p>Funds available for the CITs training program consist of state appropriations and federal funds received by the Board. The Board may also accept gifts, grants, and donations from other public or private sources. Pursuant to marijuana-related legislation taking effect July 1, 2021, \$150,000 from the newly created “dedicated marijuana compensation state special revenue account” will be transferred each year to the Board to fund CIT training.²³</p>
Recently proposed legislation	H.B. 315, 67 th Leg., 2021 Reg. Sess. (Mont. 2021) (“Implement 988 suicide prevention lifeline”) (died in House committee). This bill provides for the implementation of crisis centers whose services may include dispatch of a mobile crisis team, including CITs.

²³ 2021 Montana Laws Ch. 576 (West).

<u>NEBRASKA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>NEVADA</u>	
Statute(s) and effective date(s)	2021 Nevada Laws Ch. 446 (West); first effective June 4, 2021. 2021 Nevada Laws Ch. 447 (West); first effective June 4, 2021. ²⁴
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Chapter 433 of the Nevada Code is amended to require the Department of Health and Human Services to establish: (1) a hotline for persons in a mental health crisis; and (2) at least one support center. Among other things, a support center must coordinate and deploy necessary services, including, without limitation, crisis stabilization services and mobile crisis teams. Mobile crisis teams are teams: (1) based in the jurisdiction that it serves which includes persons professionally qualified in the field of psychiatric mental health and providers of peer support services; (2) established by a provider of emergency medical services that includes providers of peer support services; or (3) established by a law enforcement agency that includes individuals qualified in psychiatric mental health and providers of peer support services.</p> <p>Under different legislation enacted in June 2021, Chapter 458 of the Nevada Code is amended to create the Statewide Substance Use Response Working Group (Group). Among other responsibilities, the Group must “work to understand how [Nevada] residents who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.”</p>
Liability protection	Not addressed.
Funding	Not addressed.
Recently proposed legislation	None.

²⁴ As of June 2021, official code citations for newly-enacted bills are not available.

<u>NEW HAMPSHIRE</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	H.B. 2, 167 th Sess. of Gen. Court (N.H. 2021) (“An act relative to state fees, funds, revenues, and expenditures”) (pending in Senate committee). The bill originally appropriated \$210,000 for the biennium ending June 30, 2023, to the police standards and training council for the purposes of funding CIT training programs.

<u>NEW JERSEY</u>	
Statute(s) and effective date(s)	N.J. STAT. ANN. §§ 30:6C-12 to 6C-16 (West 2021) (“Law enforcement assisted addiction and recovery referral programs”); first effective February 1, 2017.
Applicable disorder(s)	Substance use.
Program details	The Director of the Division of Mental Health and Addiction Services in the Department of Human Services, in consultation with the Attorney General, is to provide for the establishment of a law enforcement assisted addiction and recovery referral program. Upon approval by the governing body of the county or municipality, a county or municipal police department or force may participate in a law enforcement assisted addiction and recovery referral program. Law enforcement officers participating in the program may refer or transport program participants to a program volunteer for support, guidance, and assistance, and may transport program participants to a treatment provider for substance use disorder recovery services or health care services but cannot otherwise be involved in the provision of such services. An individual is ineligible to participate in the program if: (1) the individual is required to register as a sex offender; (2) the individual has an outstanding arrest warrant or pending criminal charges; (3) the individual is under 18 years of age and does not have the consent of a parent or guardian; or (4) the chief law enforcement officer or a designee expresses the reasonable belief that the officer, personnel, or others could be seriously harmed by the individual.
Liability protection	<p>A county or municipal entity, official, or employee that approves participation in a law enforcement assisted addiction and recovery referral program, is not, as a result of any acts or omissions, subject to any criminal or civil liability related to approval of participation in the law enforcement assisted addiction and recovery referral program.</p> <p>A county or municipal law enforcement department, chief law enforcement officer, officer or personnel, volunteer or treatment provider, that participates in good faith in a law enforcement assisted addiction and recovery referral program, is not, as a result of any acts or omissions, subject to any criminal or civil liability related to participation in the law enforcement assisted addiction and recovery referral program.</p>
Funding	Not addressed.

<u>NEW JERSEY</u>	
Recently proposed legislation	<p>A. 3679, 219th Leg., Reg. Sess. (N.J. 2020) (“diversion from criminal prosecution for persons with mental illness”) (pending in Assembly committee); S. 416, 219th Leg., Reg. Sess. (N.J. 2020) (pending in Senate committee). These bills require the Police Training Commission in the Department of Law and Public Safety to adopt a one-day in-service basic training course to provide law enforcement officers with the skills and knowledge necessary to recognize, respond to, and divert from the criminal justice system, when appropriate, a person experiencing a mental health crisis. A law enforcement officer who is assigned to uniformed patrol duty is required to complete an in-service refresher course at least once every five years.</p> <p>A. 5496, 219th Leg., Reg. Sess. (N.J. 2021) (pending in Assembly committee); S. 3500, 219th Leg., Reg. Sess. (N.J. 2021) (“preventing suicidality and addressing mental health and substance use disorder crises”) (pending in Senate committee). These bills require the Commissioner of Human Services to provide onsite response services for crisis calls utilizing state or local mobile crisis teams. A mobile crisis team must: (1) include a behavioral health team, licensed behavioral health professionals, and peers, or a behavioral health team and peers embedded within an emergency medical services entity; (2) collaborate on data and crisis response protocols with local law enforcement agencies and include police as co-responders as needed to respond to high-risk situations that are unmanageable without law enforcement; and (3) be designed in partnership with community members, including people with experience utilizing crisis services.</p>

<u>NEW MEXICO</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	S.B. 105, 55th Leg., 1st Reg. Sess. (N.M. 2021) (“Law enforcement assisted diversion”) (dies in Senate committee). This bill appropriates \$1 million from the general fund to the local government division of the Department of Finance and Administration for expenditure in fiscal year 2022 for support for LEAD in the City of Santa Fe, Santa Fe County, Rio Arriba County, Bernalillo County, and Dona Ana County.

<u>NEW YORK</u>	
Statute(s) and effective date(s)	<p>N.Y. STATE FIN. LAW § 97-w (McKinney 2021) (“Chemical dependence service fund”); first effective in 1983. Language on law enforcement assisted diversion added on August 24, 2018.</p> <p>N.Y. MENTAL HYG. §§ 36.01 to 36.02 (McKinney 2021) (“Addiction and mental health service supports”); first effective October 1, 2021.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>Legislation taking effect in October 2021 amends the Mental Hygiene Law by adding a new article 36 related to crisis stabilization centers and referrals to crisis stabilization centers. A crisis stabilization center is to serve as a voluntary and urgent service provider for persons at risk of a mental health or substance use crisis or who are experiencing a crisis related to a psychiatric and/or substance use disorder that are in need of crisis stabilization services. Referrals to crisis stabilization centers may be made by many individuals, including: (1) walk-ins or self-referrals; (2) family members; (3) schools; (4) hospitals; (5) community-based providers; (6) mobile mental health crisis teams; (7) crisis call centers; (8) primary care doctors; (9) law enforcement; and (10) private practitioners.</p>
Liability protection	Not addressed.
Funding	<p>There is a special fund known as the chemical dependence service fund. Moneys of the fund, when allocated, are available to the Commissioner of the Office of Alcoholism and Substance Abuse Services and should be used to provide support for: (1) funded agencies approved by the New York state Office of Alcoholism and Substance Abuse Services; (2) local school-based and community programs which provide chemical dependence prevention and education services; and (3) law enforcement assisted diversion of individuals with substance use disorders. Consideration shall be given to innovative approaches to providing chemical dependence services.</p> <p>Pursuant to recently enacted legislation, \$10,000,000 is appropriated for services and expenses related to the expansion of statewide crisis intervention services and programs, including: (1) crisis intervention training and mental health first aid for law enforcement, first responders, or local entities; (2) mobile crisis teams; and (3) other alternative or innovative approaches in relation to a community-based public safety crisis response.²⁵</p>

²⁵ 2021 Sess. Law News of N.Y. Ch. 53 (S. 2503C) (McKinney’s).

<u>NEW YORK</u>	
Recently proposed legislation	<p>S. 5599, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“establishing a crisis intervention team program”) (pending in Senate committee upon adjournment); A. 2190, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (pending in Assembly committee upon adjournment). This bill requires the Commissioner of the Office of Mental Health to establish a crisis intervention demonstration program in any city having a population of one million or more for the purpose of assisting law enforcement officers in responding to crisis situations involving persons with mental health disorder and/or substance use disorder. The goals of the CIT program are to: (1) provide immediate response by specifically trained law enforcement officers; (2) reduce the amount of time police officers spend out of service awaiting assessment and disposition; (3) afford persons with mental health disorder and/or substance use disorder a sense of dignity in crisis situations; (4) reduce the likelihood of physical confrontation; (5) identify underserved populations with mental health disorder and/or substance use disorder and refer them to appropriate care; (6) decrease the use of arrest and detention of persons experiencing mental health and/or substance use crises by providing better access to timely treatment; (7) provide therapeutic locations or protocol for officers to bring individuals in crisis for assessment that is not a law enforcement or jail facility; and (8) decrease injuries to law enforcement officers during crisis events. The bill also establishes the CIT training program advisory committee and the CIT training fund grant program.</p> <p>S. 561, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“establishing a crisis intervention team program”) (referred to Mental Health Committee); A. 4288, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (referred to Mental Health Committee). S. 4679, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (referred to Mental Health Committee). Similar to S. 5599 and A. 2190.</p>

<u>NEW YORK</u>	
Recently proposed legislation (continued)	<p>S. 6194, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“mental health crisis hotline”) (passed House); A. 7177, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (passed Senate). Establishes a 9-8-8 suicide and mental health crisis hotline. The commissioner of the Office of Mental Health and the commissioner of the Office of Addiction Services and Supports is to provide onsite response services for crisis calls utilizing state or local mobile crisis teams. A mobile crisis team is to include, but not be limited to, mental health professionals, family advocates and peers, and will collaborate on data and crisis response protocols with local law enforcement agencies as co-responders, only as needed, to respond to high-risk situations that are unmanageable without law enforcement. A. 7686, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“CIT training”) (passed Assembly); S. 7144, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“CIT training”) (pending in Senate committee upon adjournment). Provides addiction and mental health services training, including crisis intervention team training, mental health first aid, implicit bias training and naloxone training, to firefighters and emergency medical services personnel.</p> <p>S. 2982, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“Council on mental health emergency and crisis response”) (pending in Senate committee upon adjournment). Creates a state advisory council on mental health emergency and crisis response. The council is to make recommendations on topics including but not limited to: (1) identifying best practices; (2) initiatives to increase training opportunities and participation of mental health professionals, and other qualified individuals as members of mobile crisis outreach teams; (3) identify training needs and methods to improve diversion from hospitalization after response from a mobile crisis outreach team; (4) identify the need for establishing mobile crisis outreach teams in each region of the state and accessing alternatives to hospitalization; (5) public education and outreach on the benefit of mobile crisis outreach teams and how to access their services.</p>

<u>NEW YORK</u>	
Recently proposed legislation (continued)	<p>S. 3375, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“crisis intervention training for police officers”) (advanced to third reading in Senate prior to adjournment). The bill amends N.Y. EXEC. LAW § 840 to add a new subsection that requires the Municipal Police Training Council to develop, maintain and disseminate, in consultation with the commissioner of mental hygiene and the commissioner of the Office of Alcoholism and Substance Abuse Services, written policies and procedures regarding protocols for response to crisis situations involving persons with mental illness and/or substance abuse problems.</p> <p>S. 5978, 2021-2022 Leg., Reg. Sess. (N.Y. 2021) (“State Emergency Mental Health Unit Council”) (pending in Senate committee upon adjournment). This bill creates the state Emergency Mental Health Unit Council (Council). The Council will have the power to enact, amend, and repeal, rules and regulations establishing minimum standards for emergency mental health units, emergency mental health unit certification, the provision of prehospital emergency mental health care, public education, the development of a statewide emergency mental health unit system, and the training, examination, and certification of certified emergency mental health responders.</p>

<u>NORTH CAROLINA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>H.B. 17, 2021 Gen. Assemb., Reg. Sess. (N.C. 2021) (“Pilot Project to Treat Opioid Overdose”) (pending in House committee). This bill requires the Department of Public Safety, in conjunction with the City of Wilmington, to continue to develop and implement the pilot project known as the Quick Response Team to address the needs of opiate and heroin overdose victims who are not getting follow-up treatment.</p> <p>H.B. 370, 2021 Gen. Assemb., Reg. Sess. (N.C. 2021) (“No Veteran Left Behind Act”) (pending in Senate committee). This bill would provide a \$1 million grant to a non-profit organization that is dedicated to improving the lives of veterans to establish and implement a pilot program to expand the Veterans Justice Intervention Program, which works to avoid the unnecessary criminalization of mental illness and extended incarceration among veterans. The grantee is to: (1) partner with other nonprofits, State and local governments, and federal agencies to develop and assess each county's initial response to veterans in crises; and (2) educate first responders, local community support employees, and others on veteran-specific crisis intervention, suicide prevention, and Veteran’s Affairs resources available.</p>

<u>NORTH CAROLINA</u>	
Recently proposed legislation (continued)	<p>H.B. 786, 2021 Gen. Assemb., Reg. Sess. (N.C. 2021) (“Grants to local law enforcement”) (pending in House committee). The municipal police departments and county sheriffs' offices grants funded by this bill are for one or more of the following purposes: (1) to establish nonpolice units to address nonviolent, noncriminal 911 calls regarding mental health, homelessness, substance use, or other behavioral health crises; (2) to establish co-responder response models; and (3) to establish a mental health division or to bolster existing mental health services within a police department or sheriff's office and to increase the amount of law enforcement personnel and 911 communications personnel that have received crisis intervention training. The bill would appropriate from the General Fund to the Department of Public Safety \$2 million dollars in nonrecurring funds in the 2021-2022 fiscal year to be distributed as grants as follows: (1) \$800,000 to establish eight nonpolice response units with a grant of \$100,000 each; (2) \$700,000 to establish seven co-responder response models with a grant of \$100,000 each; and (3) \$500,000 to increase the amount of law enforcement officers and 911 communications personnel that have received crisis intervention training.</p> <p>S.B. 566, 2021 Gen. Assemb., Reg. Sess. (N.C. 2021) (“crisis intervention team requirement”) (pending in Senate committee). This bill requires all law enforcement agencies in the State to designate specially trained law enforcement officers to be a part of an agency crisis intervention team. Each crisis intervention team member is to be trained in how to determine whether a person is experiencing a mental or behavioral health crisis and what methods are available to de-escalate or otherwise safely engage in interactions with a person experiencing a mental or behavioral health crisis. In order to be eligible for Governor's Crime Commission grants, all law enforcement agencies in the State must establish a crisis intervention team no later than December 1, 2023. This bill also appropriates \$250 million dollars to the Department of Justice to provide grant funds to law enforcement agencies for crisis intervention team training.</p> <p>S. 692, 2021 Gen. Assemb., Reg. Sess. (N.C. 2021) (“opioid abatement fund”) (pending in Senate committee). The bill allows moneys in the state's opioid abatement fund to be used to establish or expand pre- and post-arrest diversion programs. This includes pre-arrest diversion, post-arrest diversion, and court-based diversion through treatment or recovery courts.</p>

<u>NORTH DAKOTA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>OHIO</u>	
Statute(s) and effective date(s)	None, but see details about grant program funded through fiscal appropriation bills.
Applicable disorder(s)	Substance use.
Program details	Not addressed.
Liability protection	Not addressed.
Funding	Legislation establishing Ohio’s fiscal year 2018-2019 operating budget provides that the Attorney General must establish the Drug Abuse Response Team Grant Program (Grant Program) for the purpose of replicating or expanding successful law enforcement programs similar to the Drug Abuse Response Team established by the Lucas County Sheriff’s Department, and the Quick Response Teams established in Colerain Township’s Department of Public Safety in Hamilton County and Summit County. ²⁶ Initially, the legislature appropriated \$1.5 million to the Grant Program. Each recipient of a grant must, within six months of the end date of the grant, submit a written report describing the outcomes that resulted from the grant to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Minority Leader of the Senate, and the Minority Leader of the House of Representatives.
Recently proposed legislation	H.B. 110, 134 th Gen. Assemb., Reg. Sess. (Ohio 2021) (“Creates appropriations for FY 2022-2023”) (in conference committee to reach agreement on House and Senate versions). This bill continues the Grant Program and proposes a \$1.5 million appropriation to it.

²⁶ 2017 Ohio Laws File 14 §§ 221.10 and 221.20 (Am. Sub. H.B. 49) (West).

<u>OKLAHOMA</u>	
Statute(s) and effective date(s)	OKLA. STAT. ANN. tit. 74, §§ 30.3 to 30.8 (West 2021) (“Political Subdivisions Opioid Abatement Grants Act”); first effective August 28, 2020.
Applicable disorder(s)	Substance use.
Program details	Not addressed.
Liability protection	Not addressed.
Funding	<p>The Political Subdivisions Opioid Abatement Grants Act uses monetary grants to abate the opioid crisis in a comprehensive manner that includes cooperation and collaboration with political subdivisions. Grants can be used to address the needs of individuals who are involved, or who are at risk of becoming involved, in the criminal justice system due to opioid use, abuse, or disorder through programs or services in municipal and county criminal judicial systems, including prearrest and post-arrest diversion programs, pretrial services and drug or recovery courts.</p> <p>The Oklahoma Opioid Abatement Revolving Fund consists of all opioid funds obtained through a settlement or judgment by the Attorney General on behalf of the State of Oklahoma related to opioid litigation involving pharmaceutical supply chain participants. The monies in this fund may be budgeted and expended by the Attorney General for the purpose of funding political subdivisions opioid abatement grants.</p>
Recently proposed legislation	None.

<u>OREGON</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>H.B. 2417, 81st Leg., Reg. Sess. (Or. 2021) (“Crisis intervention resources”) (pending in House). This bill requires the Oregon Health Authority to provide grants to cities or funding to county community mental health programs to operate mobile crisis intervention teams and provide other behavioral health supports.</p> <p>H.B. 3069, 81st Leg., Reg. Sess. (Or. 2021) (“statewide coordinated crisis services system”) (pending in House committee). This bill would establish a statewide coordinated crisis services system. The Oregon Health Authority is to, in consultation with local community mental health programs or authorities, require that each community mental health program or authority provide community-based rapid crisis response services for individuals contacting the 9-8-8 suicide prevention and behavioral health crisis hotline who need crisis stabilization services in the community by enhancing and expanding the use of mobile crisis intervention teams.</p>

<u>PENNSYLVANIA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>RHODE ISLAND</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>SOUTH CAROLINA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>H.B. 3370, 2021 Gen. Assemb., 124th Sess. (S.C. 2021) (“Community-Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment Act”) (pending in House committee). This bill allows any law enforcement agency to establish a deflection program in partnership with one or more treatment facilities and one or more community members or organizations. The deflection program may involve one or more of the following deflection responses:</p> <ul style="list-style-type: none"> • Post-overdose deflection; • Self-referral deflection; • Active outreach deflection; • Officer prevention deflection; or • Officer intervention deflection.

<u>SOUTH DAKOTA</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>TENNESSEE</u>	
Statute(s) and effective date(s)	None, but see details regarding appropriation for pre-arrest diversion programs.
Applicable disorder(s)	Not specified.
Program details	
Liability protection	
Funding	Pursuant to legislation enacted in 2021, funds for the fiscal year starting July 1, 2021 are appropriated to the Department of Mental Health and Substance Abuse Services for pre-arrest diversion programs. ²⁷
Recently proposed legislation	H.B. 138, 2019 Gen. Assemb., 111th Reg. Sess. (Tenn. 2019) (“Alternatives to arrest”) (bill withdrawn). This bill allows and encourages a law enforcement agency to create a program to refer individuals to treatment for substance use disorder who voluntarily seek assistance from the agency as an alternative to arrest.

²⁷ 2021 Tennessee Laws Pub. Ch. 454 (West). The legislation does not provide a specific amount; rather, it references an “unspent balance” of a \$15 million appropriation to the Department of Mental Health and Substance Abuse Services.

<u>TEXAS</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	<p>H.B. 78, 87th Leg., Reg. Sess. (Tex. 2021) (“Incarceration diversion pilot program”) (bill died in House committee). This bill requires the Health and Human Services Commission, in cooperation with the Fort Bend County Commissioners Court, to establish a pilot program to be implemented by the Commissioners Court for the purpose of reducing recidivism and the frequency of arrests and incarceration of persons with mental health disorder in that county. In implementing the pilot program, the court must ensure the program has the resources to provide mental health treatment for incarceration diversion services to not fewer than 10 individuals.</p> <p>H.B. 3621, 87th Leg., Reg. Sess. (Tex. 2021) (“Mental Health Jail Diversion Pilot Program”) (bill died in House). The bill requires the Health and Human Services Commission, in cooperation with the local mental health authority that serves Bexar County, to establish a pilot program in Bexar County for the purpose of reducing recidivism and the frequency of arrests, incarceration, and emergency detentions among persons with mental illness in that county.</p> <p>S.B. 1390, 87th Leg., Reg. Sess. (Tex. 2021). (“Grant program for mental health crisis response team programs”) (bill died in Senate committee). The bill requires the Health and Human Services Commission to establish and administer a grant program to grant money to municipalities and counties for the purpose of operating a mental health crisis response team program.</p>

<u>UTAH</u>	
Statute(s) and effective date(s)	<p>UTAH CODE ANN. §§ 62A-15-115 to 15-116 (West 2020) (“Mental Health crisis response training”); first effective March 22, 2018.</p> <p>UTAH CODE ANN. §§ 62A-15-1401 to 15-1402 (West 2020) (“Utah Mobile Crisis Outreach Team Act”); first effective May 8, 2018.</p> <p>UTAH CODE ANN. §§ 62A-15-1901 to 15-1903 (West 2020); first effective May 4, 2021.</p>
Applicable disorder(s)	Mental health.
Program details	<p>To promote the availability of comprehensive mental health crisis services throughout the state, the Division of Substance Abuse and Mental Health (Division) is required to make rules that create a certificate for mobile crisis outreach team (MCOT) personnel and MCOTs, including guidelines for credit for training and experience and the coordination of: (1) emergency medical services and mental health crisis services; (2) law enforcement, emergency medical service personnel, and mobile crisis outreach teams; and (3) temporary commitment.</p> <p>Newly created within the Division is the Mental Health Crisis Intervention Council (Council). The purpose of the Council is to develop a program to train CITs throughout the state and establish standards for CITs, including coordination within and between teams. The program should: (1) include required curriculum and required practice standards based on best practices for crisis intervention; (2) establish standards for completion of initial CITs training and annual continuing education training; and (3) prioritize crisis intervention efforts by collaborating with law enforcement and statewide mental health advocacy efforts.</p>
Liability protection	Not addressed.
Funding	The Division is required to award grants to communities to conduct mental health crisis response training. Additionally, in consultation with the Behavioral Health Crisis Response Commission, the Division is to award grants for the development of mobile crisis outreach teams. The Division is to prioritize the award of a grant to entities based on: (1) the number of individuals the proposed mobile crisis outreach team will serve; and (2) the percentage of matching funds the entity will provide to develop the proposed mobile crisis outreach team.
Recently proposed legislation	None.

<u>VERMONT</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

<u>VIRGINIA</u>	
Statute(s) and effective date(s)	<p>VA. CODE ANN. § 9.1-187 to 9.1-190 (West 2021) (“Crisis Intervention Teams”); first effective July 1, 2009.</p> <p>2021 Va. Legis. Serv., 1st Sp. Sess. Ch. 248 (West); effective July 1, 2021.</p>
Applicable disorder(s)	Mental health and substance use.
Program details	<p>The Department of Criminal Justice Services (Criminal Justice) and the Department of Behavioral Health and Developmental Services (Behavioral Health), utilizing federal or state funding as available are required to support the development and establishment of CIT programs. The CITs shall assist law-enforcement officers in responding to crisis situations involving persons with mental health disorder, substance use disorder, or both.</p> <p>Criminal Justice, in consultation with Behavioral Health, the Department for Aging and Rehabilitative Services, and law-enforcement, brain injury, and mental health stakeholders, must develop a crisis intervention training program divided into three categories: (1) a module of principles-based training to be included as a part of the compulsory minimum training standards for all law enforcement officers; (2) a module of principles-based training to be included as a part of the basic training of and recertification requirements for law enforcement officers; and (3) a comprehensive advanced training course for all persons involved in the program.</p> <p>Pursuant to newly enacted legislation, Behavioral Health must develop a comprehensive crisis system based on national best practice models and composed of a crisis call center, community care and mobile crisis teams, crisis stabilization centers, and MHARCUS alert system (mental health awareness response and community understanding services alert system). MHARCUS is a set of protocols to: (1) initiate a behavioral health response to a behavioral health crisis; (2) divert such individuals to the behavioral health or developmental services system whenever feasible; and (3) facilitate a specialized response when diversion is not feasible. The legislation also includes the standards for community care teams and mobile crisis teams. Behavioral Health must ensure that mobile crisis teams and community care teams: (1) are designed in partnership with community members, including people with lived experience utilizing crisis services; (2) are staffed by personnel who reflect the demographics of the community served; and (3) collaborate with local law-enforcement agencies in use of the crisis call center.</p>

<u>VIRGINIA</u>	
Liability protection	Not addressed.
Funding	Recently enacted appropriations legislation grants the Department of Medical Assistance Services the authority to implement reimbursement rates for Medicaid for mobile crisis intervention services, 23-hour temporary observation services and residential crisis stabilization unit services. ²⁸ Additionally, the Department of Behavioral Health and Developmental Services must develop a plan to convert Crisis Intervention Team Assessment Centers (CITACs) to 24-hour, seven-day operations and moving toward regional CITAC sites. Also, \$10,475,000 the first year and \$10,475,000 the second year from the general fund is to be used to provide community crisis intervention services in each region for individuals with intellectual or developmental disabilities and co-occurring mental health or behavioral disorders. Finally, \$10,500,000 the first year and \$10,500,000 the second year from the general fund shall be used for up to 32 drop-off centers to provide an alternative to incarceration for people with serious mental illness and co-occurring brain injury and co-occurring serious mental health illness.
Recently proposed legislation	<p>H.B. 5127, 2020 Leg., 1st Spec. Sess. (Va. 2020) (“Crisis intervention teams”) (died in committee). This bill amends VA. CODE ANN. §§ 9.1-187 to 9.1-190 to require CITs include at least two individuals fluent in a language other than English that is commonly spoken.</p> <p>H.B. 5086, 2020 Leg., 1st Spec. Sess. (Va. 2020) (“mobile crisis co-response team programs”) (died in committee). This bill amends VA. CODE ANN. §§ 9.1-187 to 9.1-190 to add language about “mobile crisis co-response teams” in addition to CITs. The bill defines a “mobile crisis co-response team” as a group of mental health service providers working with law-enforcement officers as a team, to help stabilize individuals during law-enforcement encounters and crisis situations.</p> <p>H.B. 5060, 2020 Leg., 1st Spec. Sess. (Va. 2020) (“Crisis intervention team program”) (died in committee). This bill requires Criminal Justice and Behavioral Health to report annually by November 1 to the Virginia General Assembly about: (1) the status of CIT programs in the Commonwealth, including the number of programs and the criteria developed for each area in which a program has been established; and (2) the impact and effectiveness of CIT programs in meeting their goals and recommendations for improvement of the CIT program.</p>

²⁸ 2021 Virginia Laws Ch. 552 (West).

<u>WASHINGTON</u>	
Statute(s) and effective date(s)	<p>WASH. REV. CODE ANN. § 10.31.110 (West 2021) (“Alternatives to arrest--Individuals with mental disorders”); first effective July 22, 2007.</p> <p>WASH. REV. CODE ANN. § 36.28A.450 (West 2021) (“Grant program--Therapeutic interventions for certain criminal justice system involved persons--Report--Civil liability”); first effective July 28, 2019.</p> <p>WASH. REV. CODE ANN. § 71.24.589 (West 2021) (“Substance use disorders--Law enforcement assisted diversion--Pilot project”); first effective July 28, 2019.</p> <p>WASH. REV. CODE ANN. § 43.101.0001 (West 2021) (“Substance use disorders and mental health conditions--Law enforcement training”); first effective July 25, 2021.</p> <p>WASH. REV. CODE ANN. §§ 71.24.0001 to 71.24.0004 (West 2021) (“Crisis call center hubs”); first effective July 25, 2021.²⁹</p>
Applicable disorder(s)	Mental health and substance use.
Program details	Under WASH. REV. CODE ANN. § 71.24.589, the Washington State Health Care Authority (Authority) is to implement a pilot project for LEAD which must adhere to LEAD core principles recognized by LEAD’s national support bureau. Under the pilot project, the Authority must partner with the LEAD national support bureau to award a contract, subject to appropriation, for two or more geographic areas within the state. The pilot projects must provide for comprehensive technical assistance from LEAD implementation experts to develop and implement a LEAD program in the pilot project's geographic areas in a way that ensures fidelity to the research-based LEAD model.

²⁹ WASH. REV. CODE ANN. §§ 43.101.0001T and 71.24.0001 to 71.24.0004 are not final statutory citations for these newly enacted laws. These are placeholder entries created by West publishing.

<u>WASHINGTON</u>	
Program details (continued)	<p>Pursuant to WASH. REV. CODE ANN. § 10.31.110, when a police officer has reasonable cause to believe that an individual has committed acts constituting a crime, and the individual is known by history or consultation to suffer from a mental disorder, as an alternative to arrest, the arresting officer is authorized and encouraged to: (1) take the individual to a crisis stabilization unit; (2) take the individual to a triage facility; (3) refer the individual to a mental health professional for evaluation for initial detection; or (4) release the individual upon agreement to voluntary participation in outpatient treatment.</p> <p>Under newly-enacted legislation, each behavioral health administrative service organization must have community-based rapid crisis response services for individuals that contact a “988” crisis hotline in need of stabilization services, by enhancing and expanding mobile rapid response crisis teams. Specialized mobile rapid response crisis teams that can respond to the unique needs of community groups must be created.</p> <p>Additionally, beginning July 1, 2022, all law enforcement personnel required to complete basic law enforcement training must receive training on law enforcement interaction with persons with substance use disorders, including referral to treatment and recovery services, as part of the basic law enforcement training. The training should include conflict resolution and de-escalation techniques for potentially dangerous situations involving persons with a substance use disorder.</p>
Liability protection	<p>A police officer is immune from liability for any good faith conduct under WASH. REV. CODE ANN. § 10.31.110.</p>

<u>WASHINGTON</u>	
Funding	<p>Under WASH. REV. CODE ANN. § 36.28A.450, the Washington association of sheriffs and police chiefs, in consultation with the LEAD national support bureau, must develop and implement a grant program aimed at local initiatives to properly identify criminal justice system-involved persons with substance use disorders and other behavioral health needs and engage those persons with therapeutic interventions and other services, the efficacy of which have been demonstrated by experience, peer-reviewed research, or which are credible promising practices, prior to or at the time of jail booking, or while in custody. Grants must be awarded to local jurisdictions based on locally developed proposals to establish or expand existing programs.</p> <p>Pursuant to recently enacted appropriations legislation:³⁰</p> <ul style="list-style-type: none"> • \$500,000 of the general fund for fiscal years 2022 and 2023, as well as \$1,000,000 of the general fund (federal appropriation) are provided solely for the authority to maintain a memorandum of understanding with the criminal justice training commission to provide funding for community grants; • \$200,000 of the general fund—state appropriation for fiscal years 2022 and 2023 are provided solely to implement the grant program; • \$300,000 of the general fund—state appropriation for fiscal years 2022 and 2023 are provided solely for evaluation of grant-funded programs.
Recently proposed legislation	<p>H.B. 1182, 67th Leg., 2021 Reg. Sess. (Wash. 2021) (“crisis hotline”) (pending in House committee upon adjournment); S.B. 5209 67th Leg., 2021 Reg. Sess. (Wash. 2021) (pending in Senate committee upon adjournment). This bill requires the Department of Health, prior to July 16, 2022, to designate one or more crisis hotline centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988 crisis hotline from any jurisdiction within Washington 24 hours a day, seven days a week. The state enhanced 911 coordination office is to collaborate with the department to assure consistency and equity of care statewide for individuals in crisis, regardless of whether they dial 911 or 988. This will include, but is not limited to, utilizing proven de-escalation techniques and crisis intervention skills that meet national and state standards.</p>

³⁰ 2021 Wash. Legis. Serv. Ch. 334 (West).

<u>WEST VIRGINIA</u>	
Statute(s) and effective date(s)	<p>W. VA. CODE ANN. § 16-5T-6 (West 2021) (“Community Overdose Response Demonstration Pilot Project”); first effective June 5, 2018.</p> <p>W. VA. CODE ANN. § 15-9-7 (West 2021) (“Coordinated program for substance abuse treatment referral”); first effective June 5, 2020.</p>
Applicable disorder(s)	Substance use.
Program details	<p>The Director of the Office of Drug Control Policy established a Community Overdose Response Demonstration Pilot Project, to be continued for a period of four years (until July 2022). The purpose of the pilot project is to develop community programs that will focus and use existing resources of government agencies to create outreach programs to educate concerned family and community members and to immediately respond with life-saving measures and QRTs comprised of law enforcement, emergency medical personnel, and a trained opiate case manager to conduct an in-home visit within one week of an overdose. The goal for QRTs is to conduct an in-home visit within one week of an individual’s overdose. The QRTs work cooperatively to triage and assess overdose survivors and provide linkage to treatment and services for rehabilitation with the goal of reducing repeated overdoses.</p> <p>In addition, the Governor’s Committee on Crime, Delinquency, and Correction has a program coordinated between law enforcement, the Board of Medicine, the Board of Osteopathic Medicine, and the Board of Pharmacy to develop policies and protocols for law enforcement and medical professionals to create treatment referral programs for persons suffering from substance use disorder. The policies: (1) allow for the surrender of illegal controlled substances or unlawfully possessed controlled substances to law enforcement or medical professionals for destruction; and (2) establish a confidential treatment referral program. A person voluntarily seeking assistance: (1) may not be placed under arrest; (2) may not be prosecuted for the possession of any controlled substance or drug paraphernalia already ingested or surrendered; and (3) shall be promptly referred to a community-based mental health center, medical provider, or other treatment entity.</p>
Liability protection	Except for willful misconduct, any law enforcement officer or medical professional providing services or a referral under W. VA. CODE ANN. § 15-9-7 is immune from criminal or civil liability.
Funding	The Community Overdose Response Demonstration Pilot Project may receive funding and other committed resources from federal, state, or local government and community groups.

<u>WEST VIRGINIA</u>	
Recently proposed legislation	H.B. 2609, 85th Leg., 2021 Reg. Sess. (W. Va. 2021) (“establishing quick response teams”) (pending in House committee upon adjournment). This bill requires the Director of the Office of Drug Control Policy to establish a plan for creating QRTs to serve as a first responder unit in narcotic-related medical emergencies.

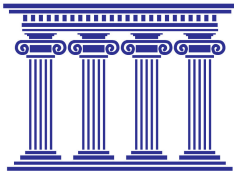
<u>WISCONSIN</u>	
Statute(s) and effective date(s)	Wis. STAT. ANN. § 46.535 (West 2020) (“Crisis intervention training grants”); first effective February 8, 2014.
Applicable disorder(s)	Mental health.
Program details	Not addressed.
Liability protection	Not addressed.
Funding	The Department of Health Services (DHS) is to award grants in the total amount of \$250,000 in each fiscal biennium for mental health CIT training for law enforcement agencies.
Recently proposed legislation	A.B. 68, 2021 Leg., Reg. Sess. (Wis. 2021) (“appropriations”) (pending in Assembly committee); S.B. 111 2021 Leg., Reg. Sess. (Wis. 2021) (“appropriations”) (pending in Senate committee). The bill instructs DHS to annually award at least \$1,250,000 to establish and enhance law enforcement and behavioral health services emergency response collaboration programs, and at least \$850,000 to Milwaukee County to enhance mobile crisis teams.

<u>WYOMING</u>	
Statute(s) and effective date(s)	None.
Applicable disorder(s)	
Program details	
Liability protection	
Funding	
Recently proposed legislation	None.

ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Based in Washington D.C., and led by and comprised of experienced attorneys, the Legislative Analysis and Public Policy Association is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces timely model laws and policies that can be used by national, state, and local public health, public safety, and substance use disorder practitioners who want the latest comprehensive information on law and policy as well as up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to fact sheets. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, law enforcement/community engagement, alternatives to incarceration for those with substance use disorders, medication-assisted treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.



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