

# DEFLECTION INITIATIVES: SUMMARY OF STATE LAWS

DECEMBER 2025



© 2025 Legislative Analysis and  
Public Policy Association.

This document is intended for informational purposes only and does not constitute legal advice or opinion. For questions about this document or the information contained herein, please contact LAPPA via email at [info@thelappa.org](mailto:info@thelappa.org).

# DEFLECTION INITIATIVES: SUMMARY OF STATE LAWS

## *TABLE OF CONTENTS*

<u>STATE</u>	<u>PAGE</u>
SUMMARY .....	3
ALABAMA .....	16
ALASKA .....	18
ARIZONA .....	19
ARKANSAS .....	20
CALIFORNIA .....	23
COLORADO .....	28
CONNECTICUT .....	34
DELAWARE .....	36
DISTRICT OF COLUMBIA .....	38
FLORIDA .....	40
GEORGIA .....	44
HAWAII .....	48
IDAHO .....	50
ILLINOIS .....	51
INDIANA .....	57
IOWA .....	60
KANSAS .....	61
KENTUCKY .....	62
LOUISIANA .....	65
MAINE .....	67
MARYLAND .....	68
MASSACHUSETTS .....	72
MICHIGAN .....	75
MINNESOTA .....	78
MISSISSIPPI .....	79
MISSOURI .....	81
MONTANA .....	82
NEBRASKA .....	85

NEVADA.....	86
NEW HAMPSHIRE .....	89
NEW JERSEY.....	90
NEW MEXICO .....	96
NEW YORK.....	98
NORTH CAROLINA.....	101
NORTH DAKOTA.....	102
OHIO .....	104
OKLAHOMA.....	106
OREGON.....	108
PENNSYLVANIA.....	114
RHODE ISLAND.....	115
SOUTH CAROLINA.....	116
SOUTH DAKOTA .....	117
TENNESSEE .....	119
TEXAS.....	120
UTAH .....	125
VERMONT.....	129
VIRGINIA.....	131
WASHINGTON.....	136
WEST VIRGINIA .....	144
WISCONSIN.....	146
WYOMING .....	148
AMERICAN SAMOA.....	150
GUAM .....	151
NORTHERN MARIANA ISLANDS .....	152
PUERTO RICO.....	153
U.S. VIRGIN ISLANDS.....	154
RECENTLY PROPOSED LEGISLATION.....	156

## SUMMARY

Traditionally, law enforcement and other first responders, such as fire and emergency medical services (EMS) personnel, had few options when encountering someone believed to have substance use disorder (SUD), mental health disorder (MHD), or co-occurring disorders.<sup>1</sup> For law enforcement, these options involved arrest, issuing a warning, or doing nothing, that is leaving the individual in question in the same condition and circumstances that precipitated the encounter. For first responders, the options involved administering an overdose reversal agent when appropriate, taking the individual to an emergency department, or, again, doing nothing.

When first responders<sup>2</sup> rely only on traditional options when encountering someone believed to have SUD, MHD, or co-occurring disorders, it exacerbates two problematic issues in the United States. The first is the prevalence of untreated SUD and mental illness. According to the 2024 National Survey on Drug Use and Health, only 19 percent of U.S. individuals aged 12 or older who classified as needing substance use treatment in the past year received such treatment.<sup>3</sup> In addition, roughly half of adults aged 18 or older who lived with a mental illness during the past year received mental health services.<sup>4</sup> Many individuals with severe mental illness first connect with mental health treatment as part of an encounter with law enforcement.

Individuals with SUD, MHD, or co-occurring disorders are overrepresented in the criminal justice system. In nationwide data collected through inmate surveys, researchers found that 58 percent of state prisoners and 63 percent of sentenced jail inmates met the criteria for drug dependence or abuse, compared to approximately five percent of the general public age 18 or older.<sup>5</sup> These surveys also show that 14 percent of prisoners and 26 percent of jail inmates met the threshold for serious psychological distress in the previous 30 days, compared to only five percent of the public.<sup>6</sup>

Today, many public health and public safety leaders encourage first responders to use non-traditional approaches when encountering someone believed to have SUD, MHD, or co-occurring disorders. These new approaches include “deflection” to community-based SUD or MHD prevention, intervention, or treatment services before they enter the criminal justice system. Deflection is any collaborative intervention connecting first responders and community

---

<sup>1</sup> A co-occurring disorder is the coexistence of both MHD and SUD.

<sup>2</sup> From this point forwards, unless otherwise specified, the term “first responder” includes both law enforcement and the other first responders identified in the paragraph above.

<sup>3</sup> *Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*, SUBSTANCE ABUSE & MENTAL HEALTH SERVS. ADMIN. 43 (July 2025) <https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf>.

<sup>4</sup> *Id.* at 51.

<sup>5</sup> Jennifer Bronson et al., *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*, BUREAU OF JUSTICE STATISTICS, U.S. DEP’T OF JUSTICE (June 2017, revised Aug. 2020), <https://bjs.ojp.gov/content/pub/pdf/dudasprji0709.pdf>.

<sup>6</sup> Jennifer Bronson & Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12*, BUREAU OF JUSTICE STATISTICS, U.S. DEP’T OF JUSTICE (June 2017), <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>.

responders<sup>7</sup> with public health systems to create pathways to treatment and services for individuals—with low-to-moderate criminogenic risk—who have SUD, MHD, or co-occurring disorders and who often have other service needs.<sup>8</sup> These needs may include treatment, recovery support, housing, and case management. Importantly, deflection is not mandatory for the participant. Rather, deflection occurs when a first responder or community responder offers a path to services for an individual to choose voluntarily, without fear of arrest, that results in avoiding imminent or future entry into the criminal justice system.

The Chicago-based Treatment Alternatives for Safe Communities’ (TASC) Center for Health and Justice<sup>9</sup> coined the word, “deflection,” in 2014.<sup>10</sup> TASC created the new word to distinguish the emerging field from the more-established word, “diversion.” Traditional diversion programs involve prosecutors, courts, probation, or parole officers offering post-arrest alternative resources and services to individuals in lieu of conviction, traditional sentencing, or violations of supervision conditions.<sup>11</sup> Whereas diversion is part of the justice system, deflection, by contrast, applies to interactions with individuals before those individuals become involved with the justice system. Other than initial contact with law enforcement in some, but not all, deflection initiatives, an individual who successfully navigates such an initiative will not have another contact with the justice system.<sup>12</sup> Deflection initiatives formally came into existence in 2011, with the Law Enforcement Assisted Diversion (LEAD) program in Seattle, Washington.<sup>13</sup>

Support for deflection initiatives has grown in recent years. In 2018, the International Association of Chiefs of Police recommended that, for minor non-violent offenses and noncriminal behavior, “[l]aw enforcement agencies should empower police officers . . . to use alternative remedies such as drug and alcohol treatment, hospitalization, and other diversionary programs, when appropriate, as these outlets can simultaneously help citizens, save money and reduce recidivism.”<sup>14</sup> Likewise, the Office of National Drug Control Policy, Executive Office of

<sup>7</sup> Community response occurs where a team comprising community-based behavioral health professionals (e.g., crisis workers, clinicians, or peer specialists) engages with individuals without the presence of first responders. The individuals performing community response are called community responders.

<sup>8</sup> Jac Charlier, *Deflection: A Powerful Crime-fighting Tool that Improves Community Relations*, POLICE CHIEF MAGAZINE (2017), <https://www.policechiefmagazine.org/deflection-a-powerful-crime-fighting-tool-that-improves-community-relations/>.

<sup>9</sup> For information about TASC and the Center for Health and Justice, see [https://www.centerforhealthandjustice.org/chjweb/home\\_chj.aspx](https://www.centerforhealthandjustice.org/chjweb/home_chj.aspx).

<sup>10</sup> Jac A. Charlier & Jessica Reichert, *Introduction: Deflection—Police-Led Responses to Behavioral Health Challenges*, 3 J. FOR ADVANCING JUSTICE 8 n.1 (2020), [https://allrise.org/wp-content/uploads/2022/07/Journal-for-Advancing-Justice-Volume-III\\_final.pdf](https://allrise.org/wp-content/uploads/2022/07/Journal-for-Advancing-Justice-Volume-III_final.pdf) (citing to Jac Charlier, *Want to Reduce Drugs in Your Community? Why Not Deflect Instead of Arrest?*, THE POLICE CHIEF (Sept. 2015), [https://www.policechiefmagazine.org/wp-content/uploads/Policyreform\\_September2015.pdf](https://www.policechiefmagazine.org/wp-content/uploads/Policyreform_September2015.pdf)).

<sup>11</sup> *Id.*

<sup>12</sup> Additionally, using the term deflection avoids confusion with the phrase “drug diversion,” which is commonly used in the law enforcement context. Drug diversion refers to the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another individual for any illicit use.

<sup>13</sup> Charlier & Reichert, *supra* note 10, at 6.

<sup>14</sup> *Policing in Vulnerable Populations. Practices in Modern Policing*, INT’L ASS’N OF CHIEFS OF POLICE 20 (Nov. 2018), [https://www.theiacp.org/sites/default/files/2018-11/IACP\\_PMP\\_VulnerablePops.pdf](https://www.theiacp.org/sites/default/files/2018-11/IACP_PMP_VulnerablePops.pdf).



the President, specifically included deflection as part of its recently published National Drug Control Strategies.<sup>15</sup>

Initially, deflection encompassed only law enforcement-based initiatives—providing occasion for officers to turn the tens of millions of police encounters with individuals each year not resulting in arrest into opportunities for linking to treatment, recovery support services, housing, and other needed services via a “warm handoff” to community providers. More recently, however, deflection initiatives that involve non-law enforcement first responders (*e.g.*, EMS) or no first responders at all, such as community responders, are more common.

Currently, there are six deflection methods, or pathways, connecting individuals to behavioral health treatment, recovery support, housing, case management, and other services.<sup>16</sup> These pathways are:

- Self-referral, where, without fear of arrest, an individual voluntarily initiates contact with a first responder for a referral to treatment and services;
- Active outreach, where a first responder identifies or seeks out individuals with SUD to refer them to, or engage them in, treatment and services. A team involving a behavioral health professional and/or a peer with lived experience often conducts this outreach;
- Naloxone plus (also known as post-overdose deflection), where a first responder and one or more program partners (*e.g.*, a behavioral health professional or peer with lived experience) conduct outreach specifically to individuals who recently experienced an overdose to engage them in, and provide linkages to, treatment and services;
- First responder and officer referral, where, as a preventative approach during routine activities such as patrol or response to a service call, a first responder engages individuals and provides a referral to treatment, services, and/or a case manager (but if law enforcement is the first responder, the officer does not file charges or arrest the individual);
- Officer intervention (only applicable to law enforcement), where, during routine activities such as patrol or response to a service call during which charges otherwise would be filed, a law enforcement officer provides a referral to treatment, services, and/or a case manager, or issues a non-criminal citation to report to a program. Law enforcement holds

<sup>15</sup> *E.g.*, *Statement of Drug Policy Priorities*, THE WHITE HOUSE, EXEC. OFF. OF THE PRESIDENT, OFF. OF NAT’L DRUG CONTROL POL’Y 3 (Apr. 1, 2025), <https://www.whitehouse.gov/wp-content/uploads/2025/04/2025-Trump-Administration-Drug-Policy-Priorities.pdf>; *National Drug Control Strategy*, THE WHITE HOUSE, EXEC. OFF. OF THE PRESIDENT, OFF. OF NAT’L DRUG CONTROL POL’Y 22 (May 2024), <https://bidenwhitehouse.archives.gov/wp-content/uploads/2024/05/2024-National-Drug-Control-Strategy.pdf>.

<sup>16</sup> *The Six Pathways of Deflection and Pre-arrest Diversion*, POLICE, TREATMENT & COMMUNITY COLLABORATIVE (Mar. 30, 2022), <https://ptaccollaborative.org/wp-content/uploads/2023/01/PTACC-6-Pathways-of-Deflection-Onepager.pdf>.

the charges in abeyance until the individual completes a treatment or social service plan; and

- Community response, where a team of community-based behavioral health professionals (e.g., crisis and clinical health workers or peer support specialists) respond to a call for service by either the individual or a community member. The team attempts to mediate conflict or assist in de-escalation to avoid law enforcement engagement and to refer the individual to treatment and services.<sup>17</sup>

As of the date of this writing, a list of all active deflection initiatives in the United States does not exist. In 2020, TASC and the Illinois Criminal Justice Information Authority (ICJIA) estimated that approximately 850 separate sites across the country operated deflection initiatives that involved law enforcement.<sup>18</sup> At that time, TASC/ICJIA identified the most common law-enforcement-related deflection initiatives as the Police Assisted Addiction and Recovery Initiative (PAARI) (which uses several deflection pathways), quick response teams (QRTs) (which use naloxone plus deflection), the Civil Citation Diversion and Deflection Network (CCDDN) (which uses officer intervention deflection), and LEAD (which uses first responder/officer referral and officer intervention deflection).<sup>19</sup> As of December 2025: (1) PAARI reports that it has a “network of over 800 police and public safety department partners;”<sup>20</sup> (2) CCDDN identifies adult and/or juvenile “pre-arrest diversion programs” in all 50 states plus the District of Columbia;<sup>21</sup> and (3) LEAD identifies 73 sites in the U.S. and four sites overseas.<sup>22</sup>

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 initiatives.<sup>23</sup> Accordingly, in 2021, the Legislative Analysis and Public Policy Association (LAPPA) undertook a research project to identify statutes and proposed legislation throughout all 50 states and the District of Columbia. This document is an update to the original report that expands the covered area to include five U.S. territories and sets forth a summary as of November 2025. Starting on page 16, LAPPA provides jurisdiction-by-jurisdiction charts describing aspects of statute(s) currently in effect as well as relevant enacted legislation not found in statute (e.g., an appropriations bill) and proposed-but-not-enacted legislation.

<sup>17</sup> *Id.*

<sup>18</sup> Charlier & Reichert, *supra* note 10, at 4.

<sup>19</sup> *Id.* at 2-3.

<sup>20</sup> PAARI Announces Transformative Collaboration with International Co-Responder Alliance for 2026 National Co-Responder Conference, PAARI (Aug. 13, 2025), <https://paariususa.org/2025/08/13/paari-announces-transformative-collaboration-with-international-co-responder-alliance-for-2026-national-co-responder-conference/>.

<sup>21</sup> Pre-arrest Diversion Programs, CIVIL CITATION DIVERSION & DEFLECTION NETWORK, <https://civilcitation.com/> (last accessed Dec. 3, 2025).

<sup>22</sup> LEAD Sites, LEAD SUPPORT BUREAU, <https://leadbureau.org/lead-innovations/#lead-sites> (last accessed Dec. 3, 2025).

<sup>23</sup> This includes model legislation. *Model Law Enforcement and Other First Responder Deflection Act*, LEGIS. ANALYSIS & PUB. POL’Y ASS’N (Mar. 2022), <https://legislativeanalysis.org/model-law-enforcement-and-other-first-responder-deflection-act/>.



Researching deflection-related provisions has several challenges. One challenge is simply locating relevant statutes and proposed legislation. In general, state statutes/bills do not contain the word “deflection” or any of the deflection pathway labels. Instead, these sources refer to initiatives involving one or more deflection pathways by alternative (often diversion-based) terminology, such as pre-arrest diversion, pre-arrest diversion, and LEAD. In addition, there are statutes/bills that set forth activities designed to meet the key purpose of deflection, that is reducing the unnecessary involvement of individuals with SUD, MHD, or co-occurring disorders in the criminal justice system, without expressly labeling the promoted action with a term.

A second challenge is the fact that many states have statutory provisions related to initiatives that are close to, but not the same as, deflection. One such example is crisis intervention. Deflection is “distinct from, but complementary with, efforts like crisis intervention teams (CIT), which are focused primarily on officer safety and situation de-escalation (both legitimate goals) at crisis points.”<sup>24</sup> Instead, the goal of deflection is to refer individuals to help before such a crisis occurs.<sup>25</sup> Another example are the traditional (post-arrest) diversion initiatives referenced previously on page 4, the existence of which led to TASC coining the word “deflection.”

If LAPPa only identified statutes and proposed bills that expressly mention deflection, pre-arrest diversion, or LEAD, there would be relatively little to highlight, and this document would be short. As a result, LAPPa intentionally broadened what the jurisdiction-by-jurisdiction charts cover to include crisis intervention-related provisions. LAPPa decided, however, not to describe statutory provisions related to post-arrest diversion as those programs involve the criminal justice system. Note that the jurisdictional charts below contain only limited information about 9-8-8 crisis lifelines (that exclude school-related provisions) and do not address initiatives (either pre- or post-arrest) specifically aimed at juveniles, veterans, or already incarcerated individuals.

With these limitations in place, each jurisdictional table below contains:

- Citation(s) to relevant statute(s) and other (non-statutory) enacted legislation;
- Information about when substantive amendments occurred;
- The applicable issue addressed in state provisions (*i.e.*, mental health, substance use, or both);
- Whether there is a statute that expressly addresses the 9-8-8 crisis lifeline;
- Deflection/pre-arrest diversion-related components of state law, including identification of the deflection pathway involved;
- Crisis intervention-related components;
- Training/education-related components;
- Whether the statute(s) and other enacted legislation provide liability protection to first responders and/or community responders;
- Funding provisions; and
- At the very end of the document, recently proposed, but not yet enacted, legislation.

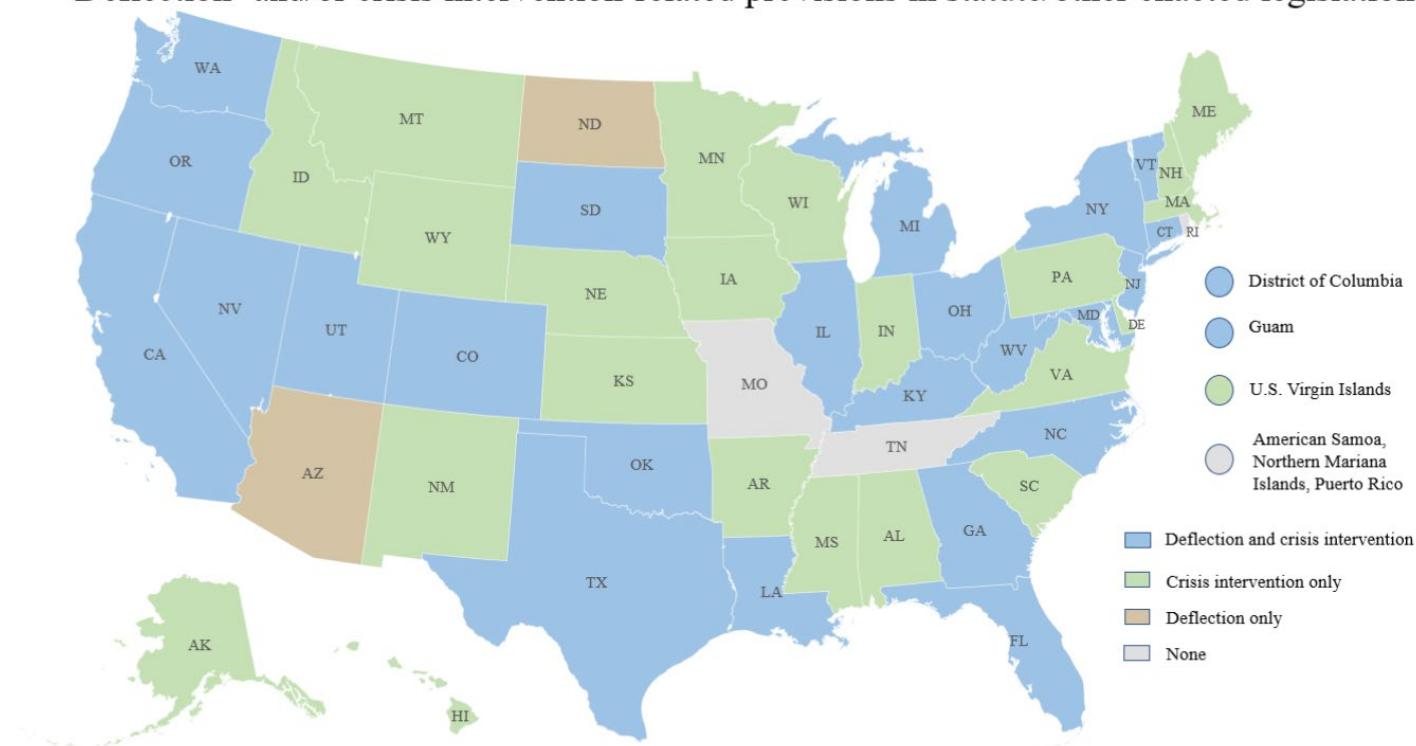
<sup>24</sup> Charlier, *supra* note 8.

<sup>25</sup> *Id.*

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.<sup>26</sup>

- As of November 2025, 50 jurisdictions (**47 states**, the **District of Columbia**, **Guam**, and the **U.S. Virgin Islands**) have at least one statute or piece of non-statutory enacted legislation that contains deflection-related provisions, crisis intervention-related provisions, or both. The exceptions are Missouri, Rhode Island, Tennessee, American Samoa, Northern Mariana Islands, and Puerto Rico. (It is important to note that the lack of a statute or other enacted legislation in these six jurisdictions does not prevent deflection- and/or crisis intervention initiatives from operating there.) In **22 states** and the **U.S. Virgin Islands**, the statutes/other enacted legislation contain crisis intervention-related provisions but no deflection-related ones. In **23 states**, the **District of Columbia**, and **Guam**, there are both deflection-related and crisis intervention-related provisions. In **Arizona** and **North Dakota**, the statutes/other enacted legislation contains only deflection-related provisions.

### Deflection- and/or crisis intervention-related provisions in statute/other enacted legislation

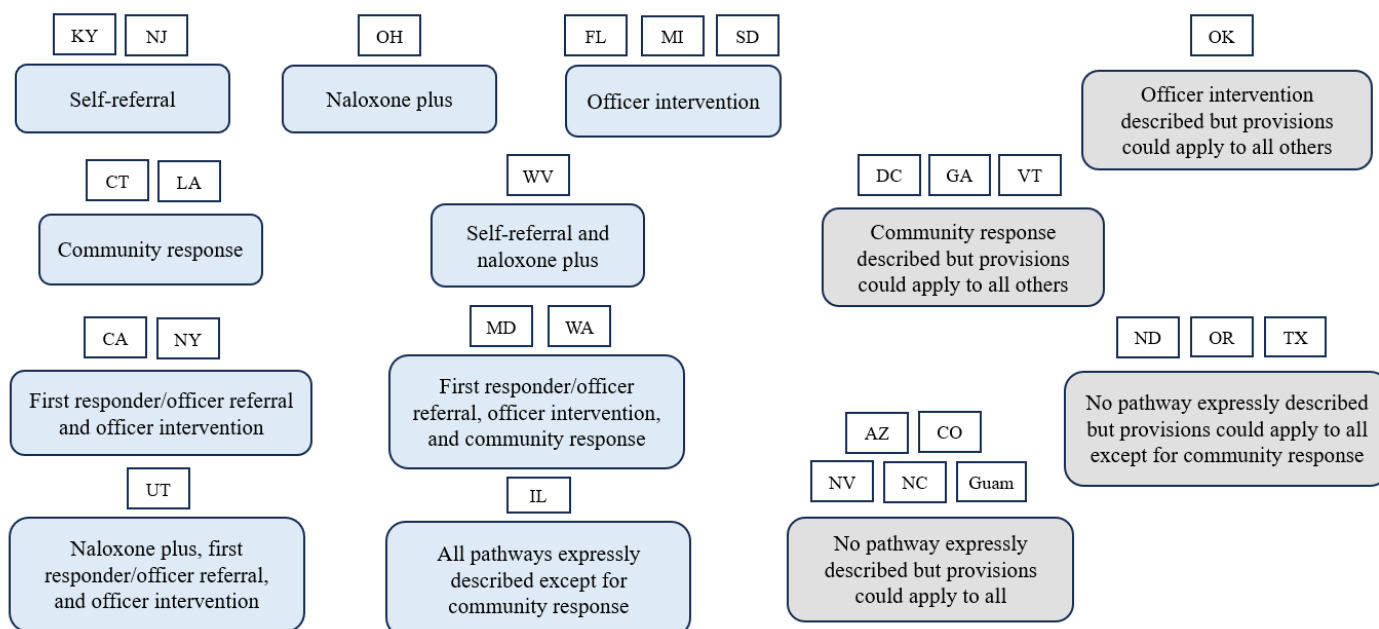


©2025 Legislative Analysis and Public Analysis Association. Research is current as of November 2025.

<sup>26</sup> 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](mailto:info@thelappa.org).

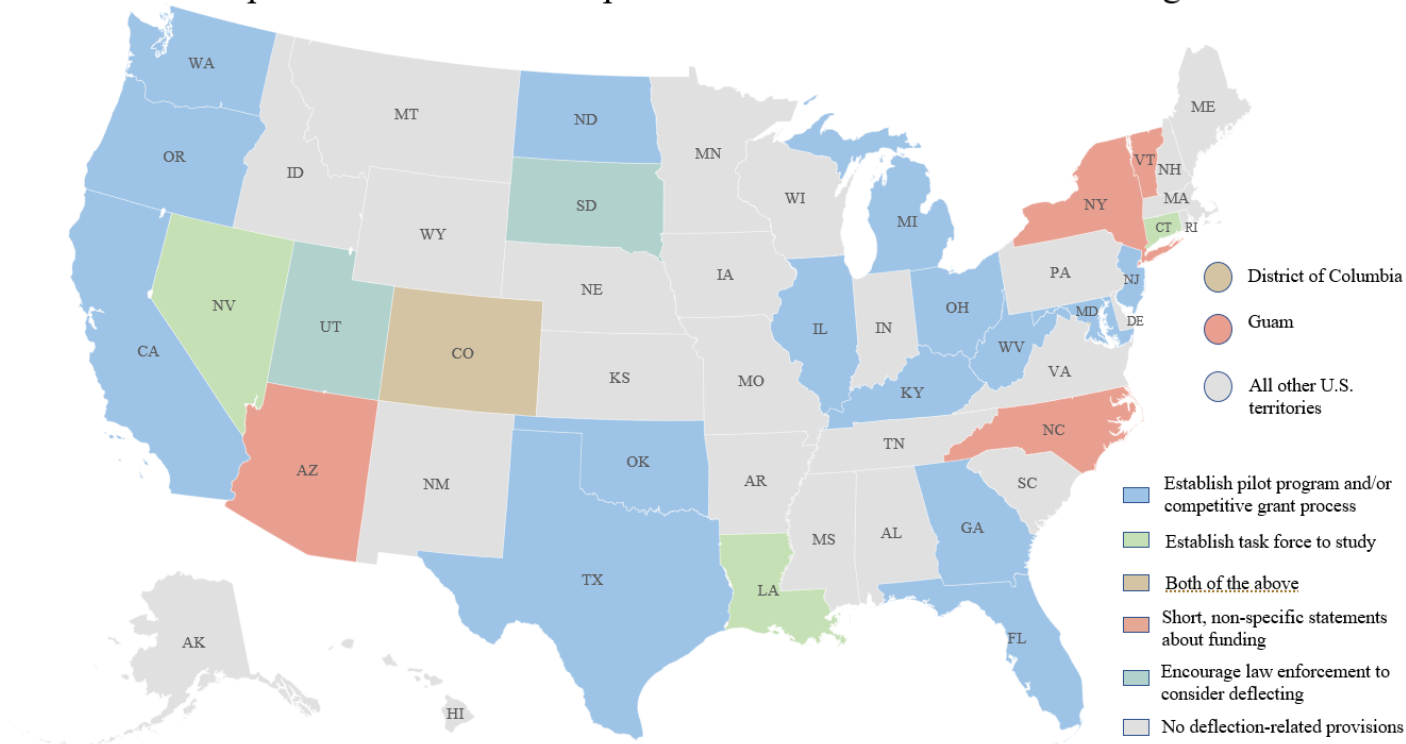
- The scope of the deflection-related provisions in the 27 jurisdictions that have them (**25 states**, the **District of Columbia**, and **Guam**) vary widely. One way to categorize jurisdictions' deflection-related provisions is by the deflection pathway(s) specified or described in the statute(s) or other enacted legislation. Demonstrating the wide variation, LAPP found **13 different combinations of pathways** among these 27 jurisdictions, as shown in the image below. In 12 jurisdictions (**10 states**, the **District of Columbia**, and **Guam**) although one or more pathways are specified or described, the language is broad enough to potentially apply to all, or nearly all, other pathways. This covers four of the 13 combinations. (In three of these 12 jurisdictions, the described deflection initiative(s) require first responder involvement, which therefore excludes the community response pathway.) In the remaining **15 states**, covering nine combinations, the statutory or other enacted language applies only to expressly specified or described pathways. Illinois is one of these 15 states and has the most comprehensive deflection-related provisions in the country. Illinois statutory language expressly specifies five deflection pathways, the most of any jurisdiction, using the pathway names. However, Illinois provisions do not expressly include the community response pathway as the statutes address only deflection initiatives with first responder involvement. Four of the 15 states (California, Maryland, New York, and Washington) have statutes that expressly apply to LEAD.

### Deflection pathway described in statute/other enacted legislation



- Another way to categorize the 27 jurisdictions with deflection-related provisions is by determining what the provisions allow. In **15 states**, there are statutes or other enacted legislation that describe one or more types of deflection initiative and establish a pilot program and/or a competitive grant process for those initiatives. In **Connecticut**, **Louisiana**, and **Nevada**, the laws provide for a study by a task force (or similar entity) into the involvement of individuals with SUD, MHD, or co-occurring disorders in the criminal justice system but do not set up a pilot program or grant process. The laws of **Colorado** and the **District of Columbia** set up a task force and address specific programs or grants. The laws in **Arizona**, **New York**, **North Carolina**, **Vermont**, and **Guam** contain short, non-specific statements about funding for initiatives that could include deflection pathways but do not provide additional details. Statutes in **South Dakota** and **Utah** briefly encourage law enforcement officers to consider deflecting individuals who may have SUD, MHD, or co-occurring disorders but do not require officers to do so or set up formal initiatives.

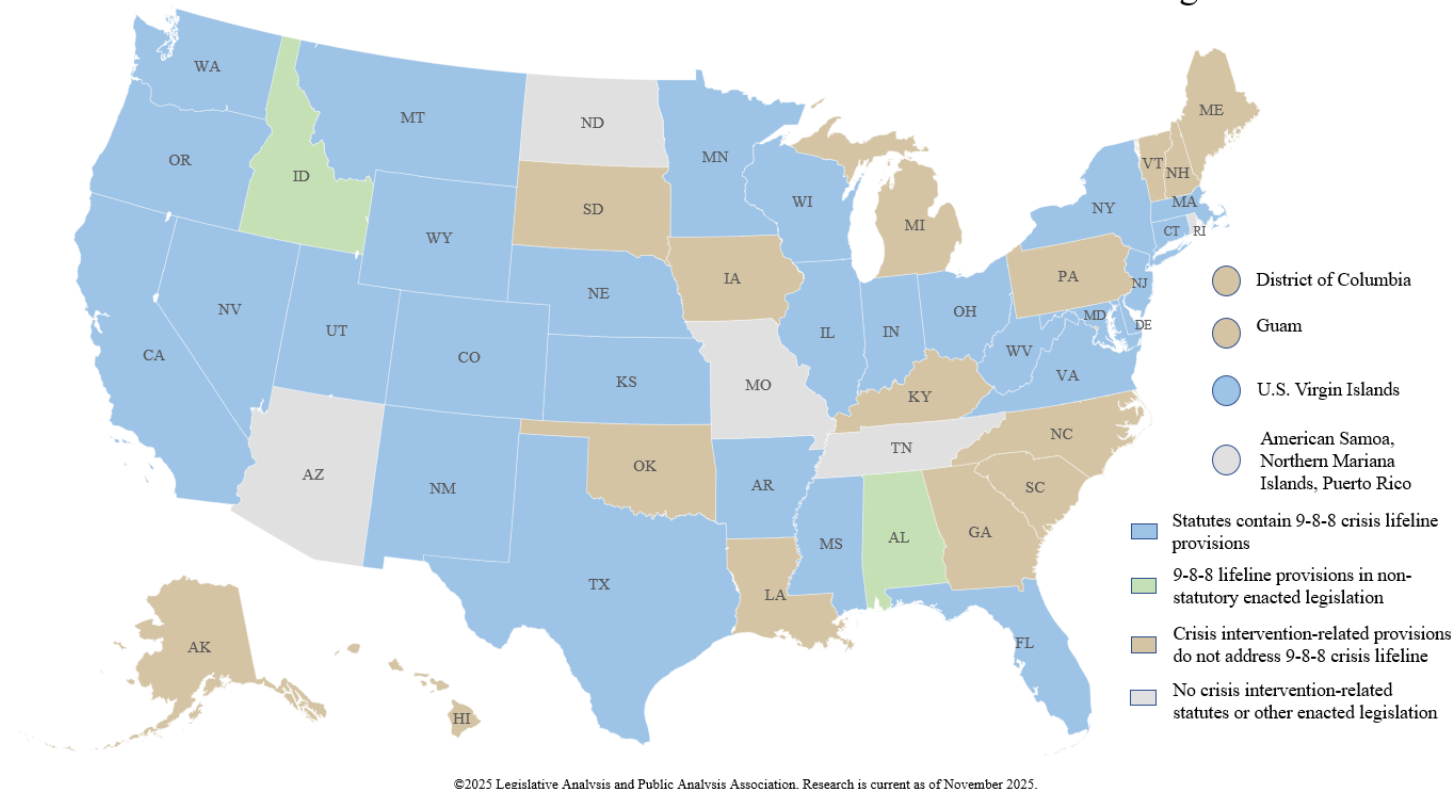
### Scope of deflection-related provisions in statutes/other enacted legislation



©2025 Legislative Analysis and Public Analysis Association. Research is current as of November 2025.

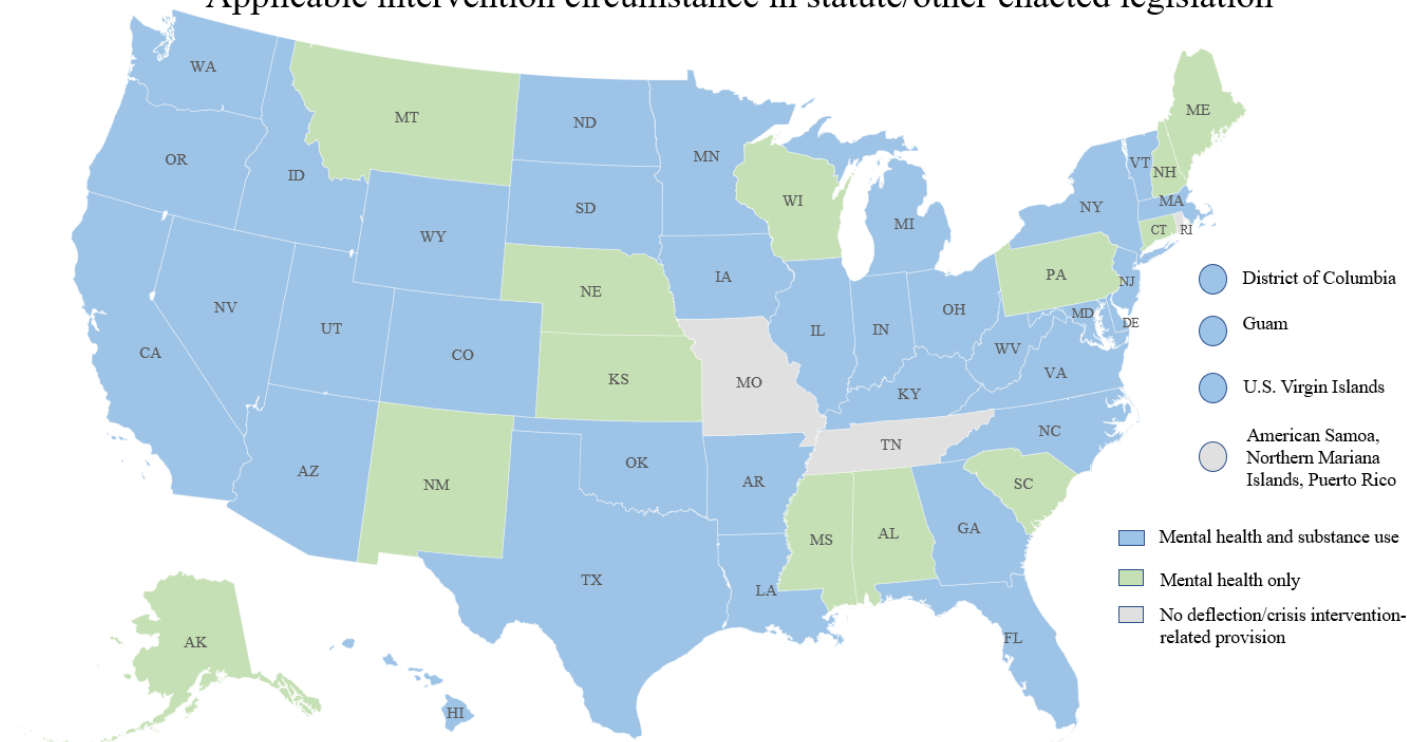
- There are 48 jurisdictions (**45 states**, the **District of Columbia**, **Guam**, and the **U.S. Virgin Islands**) that have crisis intervention-related provisions in statute or other non-statutory enacted legislation. Of these 48 jurisdictions, 29 jurisdictions (**28 states** and the **U.S. Virgin Islands**) have statutory provisions addressing the 9-8-8 crisis lifeline. **Alabama** and **Idaho** have enacted non-statutory legislation that addresses the 9-8-8 lifeline.

## Provisions related to 9-8-8 crisis lifeline in statute/other enacted legislation



- As described earlier, there are 50 jurisdictions (47 states, the District of Columbia, Guam, and the U.S. Virgin Islands) that have a statute and/or other enacted legislation (e.g., an appropriations bill) that contains deflection-related provisions, crisis intervention-related provisions, or both. In **34 states**, the **District of Columbia**, **Guam**, and the **U.S. Virgin Islands**, the applicable intervention circumstance addressed by the law includes an individual's mental health and/or substance use (either of which may, or may not, rise to the level of MHD or SUD). In the other **13 states**, the statutes/other enacted legislation only address an intervention for mental health purposes.

Applicable intervention circumstance in statute/other enacted legislation

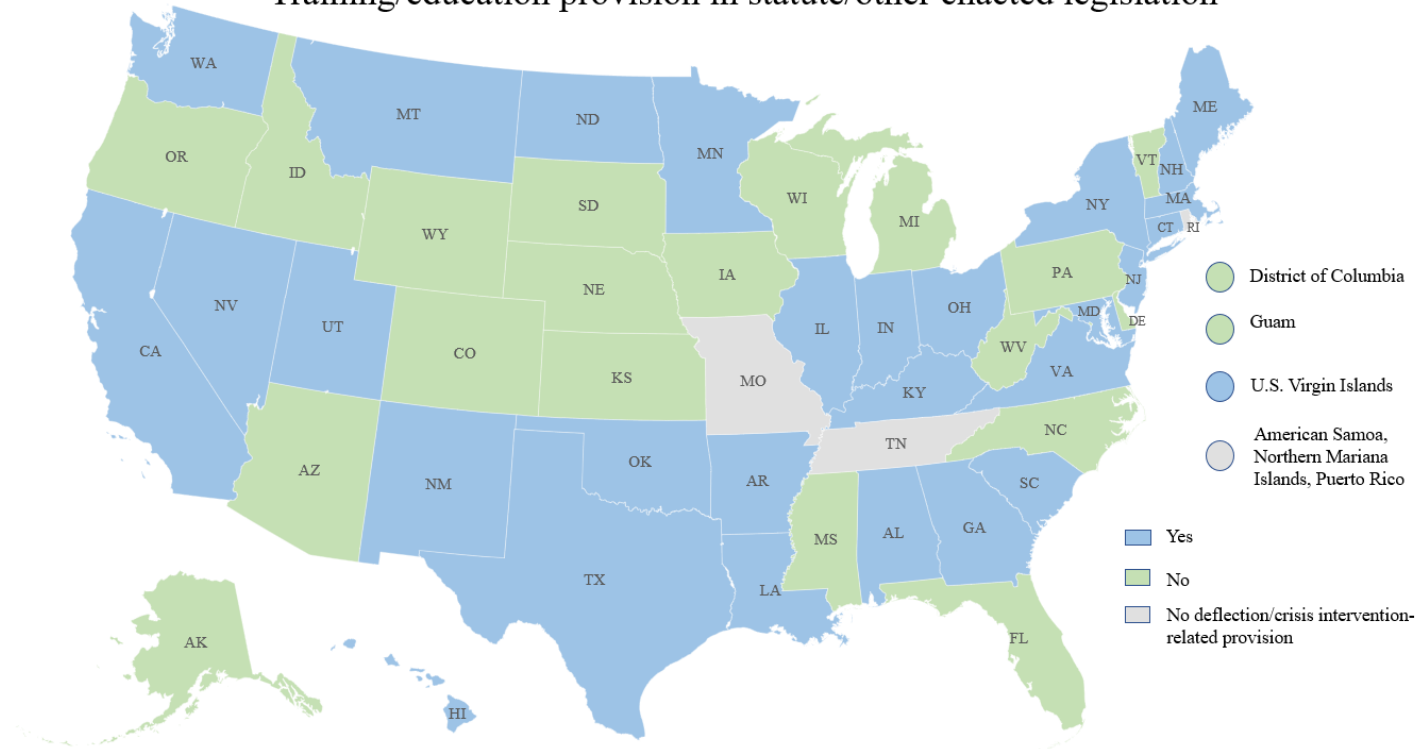


©2025 Legislative Analysis and Public Analysis Association. Research is current as of November 2025.



- The deflection- and/or crisis intervention-related statutes/other enacted legislation in **28 states** and the **U.S. Virgin Islands** contain a provision related to first responder and/or community responder training/education.

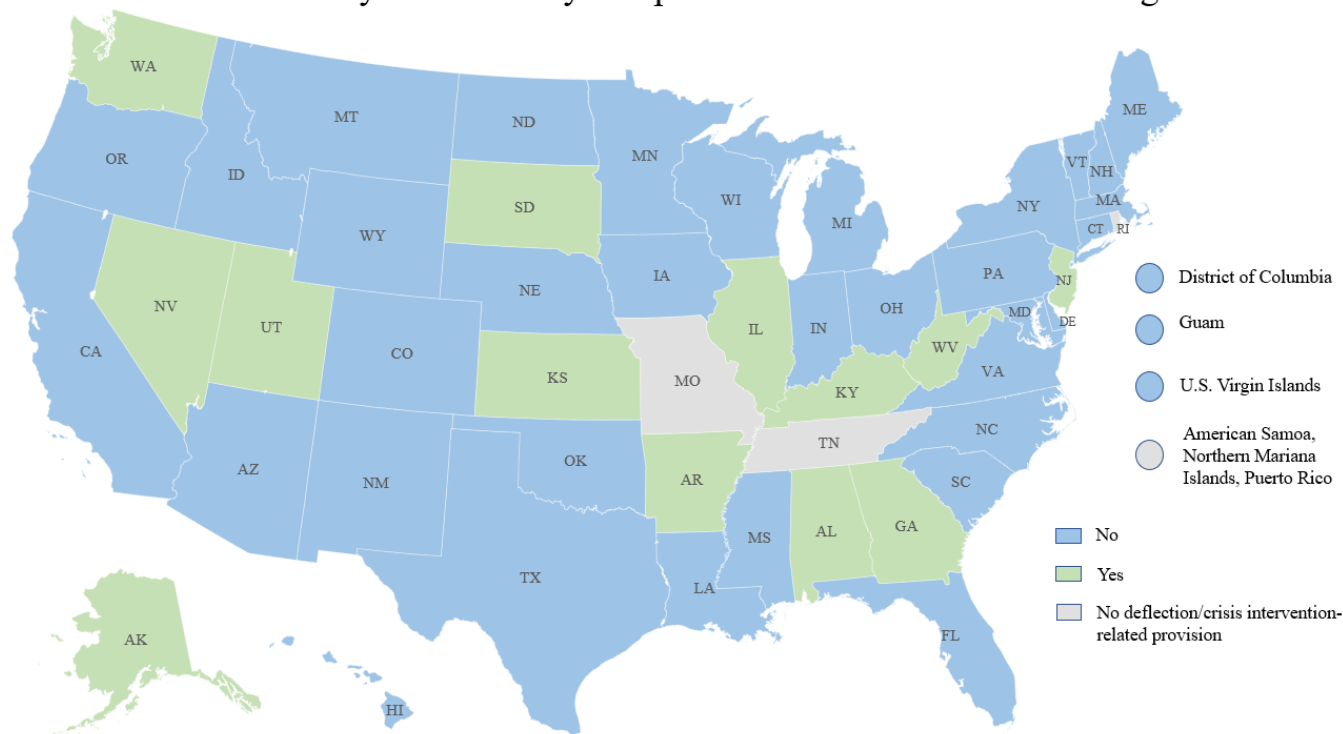
### Training/education provision in statute/other enacted legislation



©2025 Legislative Analysis and Public Analysis Association. Research is current as of November 2025.

- In **13 states** out of the 50 jurisdictions with a statute and/or other enacted legislation with deflection- and/or crisis intervention-related provisions, the provisions provide liability protection for at least some first responders or community responders who provide deflection or crisis intervention services. The extent of the protection and to whom it applies varies widely among these jurisdictions.

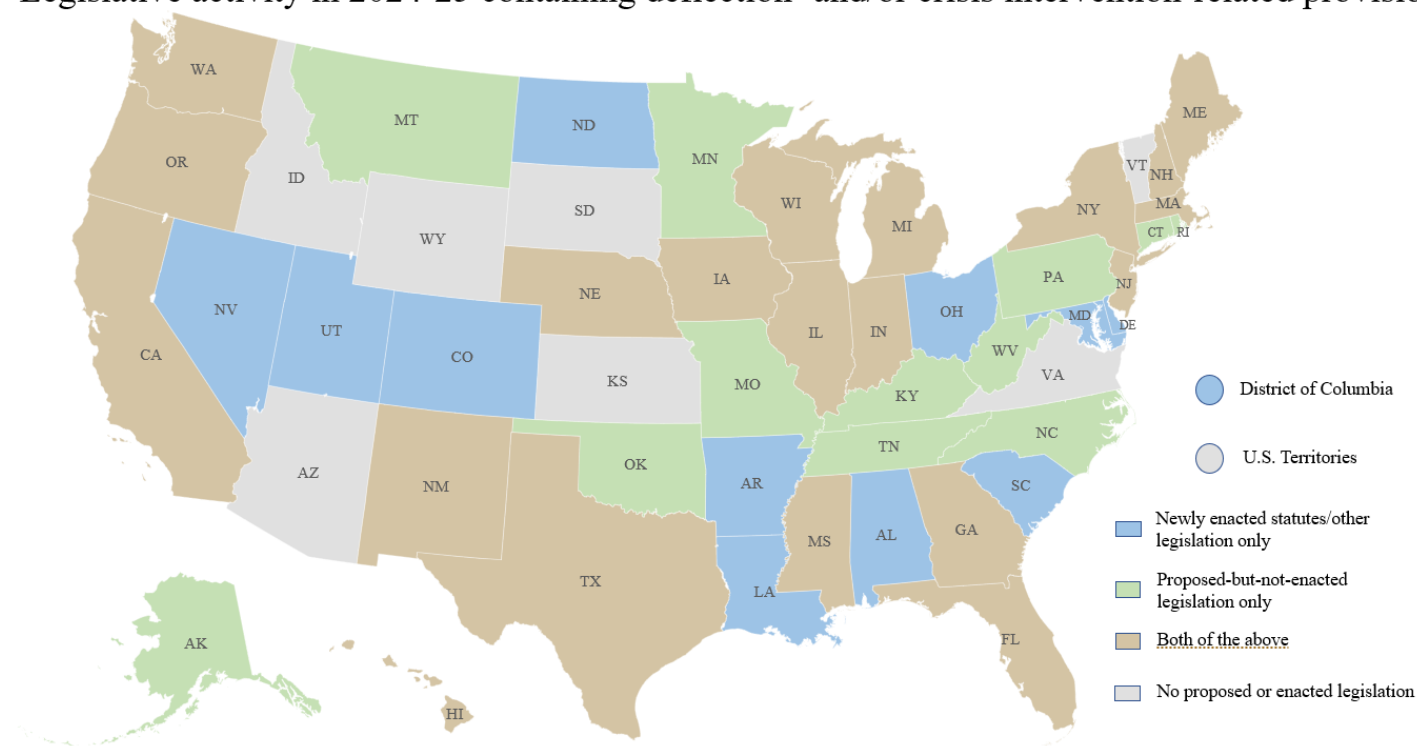
Is there an immunity from liability component in statute/other enacted legislation?



©2025 Legislative Analysis and Public Analysis Association. Research is current as of November 2025.

- LAPPAs research identified a large amount of recent legislative activity related to deflection- and crisis intervention-related initiatives. This volume of activity is a product of both the broad scope of this document and the growing interest in these types of initiatives over the past decade. Within just the past two legislative sessions (*i.e.*, 2024 and 2025), LAPPAs found that legislators in **43 states** and the **District of Columbia** either: (1) enacted new legislation; (2) introduced proposed-but-not-enacted legislation; or (3) did both. In **20 states**, legislators enacted new statutes/other legislation and introduced legislation that was not enacted. In **11 states** and the **District of Columbia**, legislators enacted new statutes/other legislation, but LAPPAs did not locate additional unenacted bills. In the remaining **12 states**, none of the relevant legislation introduced was enacted. As a result, during the 2024 and 2025 legislative sessions legislators in **31 states** and the **District of Columbia** enacted new statutes or other non-statutory legislation containing deflection- and/or crisis intervention-related components.

### Legislative activity in 2024-25 containing deflection- and/or crisis intervention-related provisions



©2025 Legislative Analysis and Public Analysis Association. Research is current as of November 2025.

<b><u>ALABAMA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• ALA. CODE §§ 45-8-173.01 to 45-8-173.07 (West 2025) (Calhoun County – crisis intervention)</li> <li>• H.B. 186, 2025 Reg. Sess. (Ala. 2025) (FY 2026 appropriations)</li> <li>• S.B. 67, 2024 Reg. Sess. (Ala. 2024) (FY 2025 appropriations)</li> <li>• H.J. Res. 241, 2024 Reg. Sess. (Ala. 2024) (CIT resolution)</li> <li>• H.J. Res. 48, 2022 Reg. Sess. (Ala. 2022) (9-8-8 study commission)</li> <li>• S.J. Res. 34, 2020 Reg. Sess. (Ala. 2020) (crisis diversion centers)</li> <li>• H.J. Res. 267, 2017 Reg. Sess. (Ala. 2017) (CIT resolution)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 1, 2007 – §§ 45-8-173.01 to 45-8-173.07 enacted</li> <li>• May 24, 2017 – H.J. Res. 267 adopted</li> <li>• April 2, 2020 – H.J. Res. 34 adopted</li> <li>• April 13, 2022 – H.J. Res. 48 adopted</li> <li>• May 15, 2024 – H.J. Res. 241 adopted; S.B. 67 enacted</li> <li>• May 5, 2025 – H.B. 186 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	There is no statute, but there was a 9-8-8 Study Commission in effect from 2021 to 2023.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Sections 45-8-173.01 to 45-8-173.07 provide that the Calhoun County Mental Health Advisory Board must oversee the implementation of mental health officer crisis intervention procedures. The statutes do not define “crisis intervention procedures.”</li> <li>• In 2024, the Alabama Legislature adopted H.J. Res. 241 recognizing the Alabama CIT Program “as the model of best practice for crisis response system reform including law enforcement intervention with individuals who have a mental illness or [intellectual disability disorder]” and to encourage law enforcement agencies and community mental health centers to work together with other community partners, to have active CIT programs in place statewide.</li> </ul>

<b><u>ALABAMA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• 2020 legislative resolution S.J. Res. 34 provides that the first crisis diversion centers in Alabama will be established in 2021 to expand and enhance access to mental health care services, provide a range of tools to divert individuals from emergency rooms and the criminal justice system, maximize a limited behavioral health workforce, and improve the quality of life for Alabama's families and communities.</li> </ul>
<b>Training and education-related components</b>	2017 legislative resolution H.J. Res. 267 provides that mental health awareness training must commence at the Alabama Police Officers Standards and Training Commission basic academy training "at the earliest possible date" and that all Alabama law enforcement agencies are encouraged to work with mental health providers to develop and implement the CIT training concept to help de-escalate and resolve mental health crisis conflicts.
<b>Immunity from liability components</b>	The Calhoun County Mental Health Advisory Board, board members, mental health officers, and assistant mental health officers have immunity from liability except for intentional wrongful and wanton acts.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Per H.B. 186, appropriations to the Alabama Department of Mental Health (ADMH) from the State General Fund for the fiscal year ending September 2026 include: <ul style="list-style-type: none"> <li>○ \$1 million for the Crisis Intervention Training Program;</li> <li>○ \$36 million for six existing crisis diversion centers;</li> <li>○ \$6 million for the five existing rural crisis care centers; and</li> <li>○ \$5 million for a pilot program for mobile crisis centers for children and adolescents.</li> </ul> </li> <li>• Per S.B. 67, appropriations to ADMH from the State General Fund for the fiscal year ending September 2025 included: <ul style="list-style-type: none"> <li>○ \$1 million for the Crisis Intervention and Sensory Training Program;</li> <li>○ \$36 million for six existing crisis diversion centers;</li> <li>○ \$6 million for five existing rural crisis care centers; and</li> <li>○ \$5 million for a pilot program for mobile crisis centers for children and adolescents.</li> </ul> </li> <li>• Enacted legislation in prior years contained similar types of appropriations.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024 and 2025.

<b><u>ALASKA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	ALASKA STAT. ANN. § 12.25.031 (West 2025) (alternatives to arrest)
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 28, 2020 – § 12.25.031 enacted</li> <li>• October 13, 2022 – Crisis residential center term added to § 12.25.031</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 12.25.031 provides that as an alternative to arrest, a peace officer may, at the officer's discretion, deliver an individual to a "crisis stabilization center," a "crisis residential center," an evaluation facility, or decline to arrest the individual if: (1) the officer believes in good faith that the individual is suffering from an acute behavioral health crisis, and (2) the individual voluntarily agrees to be taken to one of the facilities or promptly seek outpatient mental health treatment.</li> <li>• Delivering the individual to a crisis stabilization center or crisis residential center as described above is not an involuntary commitment.</li> <li>• An individual's agreement to participate: (1) does not require the individual to agree to any facts about alleged criminal activity; (2) is inadmissible in any criminal or civil proceeding; but (3) does not create immunity from prosecution.</li> <li>• Law enforcement may still file charges for the alleged violation even if the individual fully complies with treatment.</li> </ul>
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	A peace officer is not liable for civil damages arising from an act or omission under § 12.25.031 done with reasonable care and in good faith.
<b>Funding provisions</b>	None
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .



<b><u>ARIZONA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	ARIZ. REV. STAT. ANN. § 36-2863 (2025) (justice reinvestment fund)
<b>Substantive amendment(s) to law(s)</b>	November 1, 2020 – § 36-2863 enacted
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	See funding provisions section below.
<b>Deflection pathway</b>	No pathway expressly specified, but provision could apply to any pathway.
<b>Crisis intervention-related components</b>	None
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Section § 36-2863 provides for a justice reinvestment fund for the purpose of allocating money earned from the sale of cannabis for recreational use to “justice reinvestment programs.” These programs include initiatives or programs that focus on, among other things, “[r]estorative justice [and] jail diversion.... for economically disadvantaged persons in communities disproportionately impacted by high rates of arrest and incarceration.” Such programs may also focus on reducing drug-related arrests and reducing the prison population.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None

<b><u>ARKANSAS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• ARK. CODE. ANN. § 12-6-601 (West 2025) (criminal justice coordinating committee authorization)</li> <li>• ARK. CODE. ANN. § 12-9-119 (West 2025) (crisis intervention training for law enforcement)</li> <li>• ARK. CODE. ANN. § 20-45-303 (West 2025) (suicide prevention hotline)</li> <li>• ARK. CODE. ANN. §§ 20-47-801 to 20-47-813 (West 2025) (crisis intervention protocol)</li> <li>• S.B. 36, 95<sup>th</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Ark. 2025) (FY 2026 budget)</li> <li>• S.B. 17, 94<sup>th</sup> Gen. Assemb., Fiscal Sess. (Ark. 2024) (FY 2025 budget)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 1, 2017 – §§ 12-0-119, 12-9-119, 20-45-303, and 20-47-801 to 20-47-813 enacted</li> <li>• July 28, 2021 – §§ 20-47-801 to 20-47-813 amended to reflect that an individual subject to a crisis intervention protocol is not considered detained but instead is in treatment on a voluntary basis</li> <li>• July 1, 2024 – S.B. 17 enacted</li> <li>• July 1, 2025 – S.B. 36 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 20-47-805 provides that a 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 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.</li> <li>• Per § 20-47-803, 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.</li> </ul>

<b><u>ARKANSAS</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• In addition, a crisis intervention protocol is an established set of procedures implemented by a CIT to address actions by an individual experiencing a behavioral health crisis and includes measures to manage the individual's behavioral health needs until the individual becomes substantially less likely to commit a criminal or dangerous act. The goal of a crisis intervention protocol is to avoid prosecution or incarceration for those experiencing behavioral health crises.</li> <li>• Under § 20-47-808, a CIT officer determines if an individual requires transport to a crisis intervention catchment facility. Once the individual arrives at the facility, the individual is evaluated to determine if a hold under the protocol is necessary. The maximum time for detaining an individual under a protocol is 96 hours unless a petition for commitment is approved by a court of law under the state's involuntary commitment statute.</li> <li>• Section 12-6-601 provides that the local criminal justice coordinating committee must encourage community mental health center directors to actively work with hospitals, mental health services providers, other mental health professionals, the Arkansas Department of Human Services (ADHS), and law enforcement agencies to develop a crisis intervention protocol and associated CITs and psychiatric emergency services and facilitate the development of those collaborations.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 12-9-119 provides that law enforcement officers enrolled in a commission-certified basic police training academy must complete at least 16 hours of training relating to behavioral health crisis intervention in a law enforcement context.</li> <li>• Local law enforcement agencies, including county sheriff's offices, are encouraged to: (1) have at least 20 percent of the certified law enforcement officers they employ complete the CIT training; (2) develop and implement a model policy addressing law enforcement response to persons affected by a behavioral impairment; and (3) establish a clearly defined and sustainable partnership with one or more community mental health organizations.</li> </ul>

<b><u>ARKANSAS</u></b>	
<b>Immunity from liability components</b>	<ul style="list-style-type: none"> <li>• Section 20-47-811 provides that individuals acting in good faith in connection with the detention of an individual with behavioral health impairment under the crisis intervention protocol are immune from civil or criminal liability for those acts.</li> <li>• Under § 20-47-806, a participating partner who is not law enforcement 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.</li> </ul>
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Per S.B. 36, for the fiscal year ending June 30, 2026, there is appropriated \$5 million to ADHS for grants and operating expenses related to crisis intervention.</li> <li>• Per S.B. 17, For the fiscal year ending June 30, 2025, there is appropriated \$5 million to ADHS for grants and operating expenses related to crisis intervention.</li> <li>• Enacted legislation in prior years contained similar appropriations.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024 and 2025.

<b><u>CALIFORNIA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• CAL. GOV. CODE §§ 53123.1 to 53123.5 (West 2025) (9-8-8 lifeline)</li> <li>• CAL. PENAL CODE §§ 1001.85 to 1001.88 (West 2025) (law enforcement assisted diversion pilot program)</li> <li>• CAL. PENAL CODE §§ 6045 to 6045.9 (West 2025) (mentally ill offender crime reduction grants)</li> <li>• CAL. PENAL CODE § 6047.1 (West 2025) (medication assisted treatment grant program)</li> <li>• CAL. PENAL CODE §§ 13515.26 to 13515.295 (West 2025) (interactions with individuals with mental illness)</li> <li>• CAL. REV. &amp; T. CODE §§ 18857 to 18857.3 (West 2025) (mental health crisis prevention voluntary tax contribution fund)</li> <li>• CAL. WELF. &amp; INST. CODE § 5848.5 (West 2025) (investment in mental health wellness act)</li> <li>• CAL. WELF. &amp; INST. CODE § 5848.51 (West 2025) (community alternatives)</li> <li>• CAL. WELF. &amp; INST. CODE § 5848.7 (West 2025) (law enforcement collaboration)</li> <li>• A.B. 102, 2025-2026 Reg. Sess. (Cal. 2025) (FY 2025 budget)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 27, 2013 – WELF. &amp; INST. CODE § 5848.5 enacted</li> <li>• June 20, 2014 – PENAL CODE §§ 6045 to 6045.9 enacted</li> <li>• January 1, 2016 – PENAL CODE §§ 13515.26 to 13515.295 enacted</li> <li>• June 26, 2016 – PENAL CODE §§ 1001.85 to 1001.88 enacted</li> <li>• June 27, 2016 – WELF. &amp; INST. CODE § 5848.51 enacted</li> <li>• January 1, 2021 – WELF. &amp; INST. CODE § 5848.7 enacted</li> <li>• January 1, 2022 – PENAL CODE § 6047.1 enacted; REV. &amp; T. CODE §§ 18857 to 18857.3 enacted</li> <li>• September 29, 2022 – GOV. CODE §§ 53123.1 to 53123.5 enacted</li> <li>• January 1, 2025 – Substantial amendments to WELF. &amp; INST. CODE § 5848.5</li> <li>• June 27, 2025 – A.B. 102 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.

<b><u>CALIFORNIA</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Under CAL. PENAL CODE §§ 1001.85 to 1001.88, the California Board of State and Community Corrections (CBSCC) 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.</li> <li>• CAL. PENAL CODE § 1001.85 provides that in a prebooking referral, as an alternative to arrest, a law enforcement officer may take or refer an individual 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 which resulted in the individual's diversion to LEAD may not be filed so long as the individual finishes the complete assessment intake interview within a period set by the local jurisdictional partners, but not to exceed 30 days after the referral.</li> <li>• In contrast, in a social contact referral, a law enforcement officer may refer an individual to LEAD whom the officer believes is at high risk of arrest in the future for certain crimes and who expresses interest in voluntarily participating in the program.</li> <li>• GOV. CODE § 1001.88 provides that LEAD program services may include case management, housing, medical care, mental health care, treatment for alcohol or SUD, nutritional counseling and treatment, psychological counseling, employment, training and education, civil legal services, and system navigation.</li> </ul>
<b>Deflection pathway</b>	First responder/officer referral; officer intervention.
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• GOV. CODE §§ 53123.3 provides that no later than December 2024, the California Health and Human Services Agency (CHHSA) shall create a set of recommendations to support a five-year implementation plan for a comprehensive 9-8-8 system. CHHSA's recommendations should include findings from a comprehensive assessment of the behavioral health crisis services system that considers infrastructure projects that are planned and funded. These findings shall include an inventory of the infrastructure, capacity, and needs for the following: (1) statewide and regional 9-8-8 centers; (2) mobile crisis team services, including mobile crisis access and dispatch call centers; (3) other existing behavioral health crisis services and warm lines; and (4) crisis stabilization services.</li> </ul>



<b><u>CALIFORNIA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• PENAL CODE § 6045 requires CBSCC to administer a grant program on a competitive basis to counties that expand or establish a continuum of timely and effective responses to reduce crime and costs related to mentally ill offenders. Grants shall support prevention, intervention, supervision, and incarceration-based services and strategies to reduce recidivism and improve outcomes for mentally ill juvenile and adult offenders. A “mentally ill adult offender” includes adults and older adults who have a “serious mental disorder,” as defined by statute, with such target population including homeless individuals with a mental illness.</li> <li>• PENAL CODE § 6047.1 provides that CBSCC administers the Medication Assisted Treatment (MAT) Grant Program. MAT Grant Program funds may be used by recipient counties for mobile crisis teams of behavioral health professionals that can respond with law enforcement to mental health or other health crisis calls. Mobile response activities funded pursuant to this section shall include referrals for SUD treatment and MAT treatment for individuals under criminal justice supervision when clinically appropriate.</li> <li>• Under WELF. &amp; 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.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• PENAL CODE § 13515.26 provides that the Commission on Peace Officer Standards and Training (CPOST) shall review the training module in the regular basic training course relating to individuals with a mental illness, intellectual disability, or SUD, and analyze existing training curricula in order to identify areas where additional training is needed to better prepare law enforcement to effectively address incidents involving such individuals. The training shall address issues related to stigma, covering: (1) recognizing indicators of mental illness, intellectual disability, and SUD; (2) conflict resolution and deescalation techniques for potentially dangerous situations; (3) use of force options and alternatives; (4) the perspective of individuals or families who have experiences with persons with mental illness, intellectual disability, and SUD; and (5) mental health resources available to the first responders to events that involve mentally disabled individuals.</li> </ul>

<b><u>CALIFORNIA</u></b>	
<b>Training and education-related components (continued)</b>	<ul style="list-style-type: none"> <li>• PENAL CODE § 13515.27 requires the CPOST to establish and keep updated a classroom-based continuing training course that includes instructor-led active learning, such as scenario-based training, relating to behavioral health and law enforcement interaction with individuals with mental illness, intellectual disability, and SUD. This course shall be at least three consecutive hours and must address issues related to stigma and cover, among other things: (1) the cause and nature of mental illness, intellectual disability, and SUD; (2) indicators of mental illness, intellectual disability, and SUD; (3) appropriate responses to a variety of situations involving individuals with mental illness, intellectual disability, and SUD; (4) conflict resolution and deescalation techniques for potentially dangerous situations; and (5) the perspective of individuals or families who have experiences with individuals with mental illness, intellectual disability, and SUD.</li> <li>• PENAL CODE § 13515.28 provides that CPOST shall require the field training officers who provide instruction in the field training program to have at least eight hours of crisis intervention behavioral health training to better train new peace officers. The crisis intervention training shall address issues related to sigma and shall cover the same types of topics as identified in PENAL CODE §§ 13515.26 and 13515.27.</li> <li>• PENAL CODE § 13515.29 provides that CPOST shall establish and keep updated a field training officer course relating to competencies of the field training program and police training program that addresses how to interact with persons with mental illness or intellectual disability.</li> <li>• PENAL CODE § 13515.295 requires CPOST to conduct a review and evaluation of the required competencies of the field training program and police training program to identify areas where additional training is necessary to better prepare law enforcement officers to effectively address incidents involving individuals with a mental illness or intellectual disability. Upon identifying what additional training is needed, CPOST shall update the training in consultation with appropriate community, local, and state organizations, and agencies that have expertise in the area of mental illness, intellectual disabilities, and SUD, and with appropriate consumer and family advocate groups. The training must address issues related to stigma and cover the same type of topics as identified in PENAL CODE §§ 13515.26 to 13515.28.</li> </ul>
<b>Immunity from liability components</b>	None

<b><u>CALIFORNIA</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• GOV. CODE § 53123.4 establishes the 9-8-8 State Suicide and Behavioral Health Crisis Services Fund (Fund) in the state treasury. Monies in the Fund are prioritized for, among other things, 9-8-8 centers and mobile crisis team operations.</li> <li>• Pursuant to PENAL CODE § 1001.88, \$15 million dollars is appropriated from the state's general fund for the LEAD pilot program.</li> <li>• REV. &amp; T. CODE § 18857.1 provides that within the state treasury is the Mental Health Crisis Prevention Voluntary Tax Contribution Fund (Tax Fund). Under REV. &amp; T. CODE § 18857.2, money from the Tax Fund can be appropriated to the Department of California Highway Patrol for disbursement to the National Alliance on Mental Illness California to fund the CIT program that trains peace officers to assist, and engage safely with, individuals living with mental illness.</li> <li>• WELF. &amp; INST. CODE § 5848.5 sets forth the Investment in Mental Health Wellness Act of 2013. The purpose of the statute is to expand the continuum of services to address crisis prevention, crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness-, resiliency-, and recovery-oriented. The statute contains substantial details about certain crisis-related grant programs.</li> <li>• WELF. &amp; INST. CODE § 5848.51 provides that community alternatives should be expanded to reduce the need for mental health and SUD treatment in jails and prisons. Funds appropriated by the state legislature to the California Health Facilities Financing Authority for the purposes of this section shall be used to establish a competitive grant program designed to promote diversion programs and services by increasing and expanding mental health treatment facilities, SUD treatment facilities, and trauma-centered service facilities.</li> <li>• A.B. 102 provides that for fiscal year 2025, out of the \$34 million in funds appropriated to the California Behavioral Health Services Oversight and Accountability Commission, \$20 million is available for encumbrance or expenditure until June 2027, to support crisis prevention, early intervention, and crisis response strategies described in the Welfare and Institutions Code.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>COLORADO</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• COLO. REV. STAT. ANN. §§ 18-1.9-101 to 18-1.9-107 (West 2025) (treatment of individuals with behavioral health disorders)</li> <li>• COLO. REV. STAT. ANN. § 24-32-127 (West 2025) (community substance use and mental health services grant program)</li> <li>• COLO. REV. STAT. ANN. § 24-32-3501 (West 2025) (peace officers behavioral health support and community partnership grant program)</li> <li>• COLO. REV. STAT. ANN. § 24-33.5-121 (West 2025) (alternative response programs)</li> <li>• COLO. REV. STAT. ANN. § 24-33.5-527 (West 2025) (multidisciplinary crime prevention and crisis intervention grant program)</li> <li>• COLO. REV. STAT. ANN. §§ 25-20.5-1101 to 25-20.5-1103 (West 2025) (harm reduction grant program)</li> <li>• COLO. REV. STAT. ANN. § 25.5-4-505.5 (West 2025) (federal authorization)</li> <li>• COLO. REV. STAT. ANN. §§ 27-60-401 to 27-60-406 (West 2025) (early intervention, deflection, and redirection from the criminal justice system grant program)</li> <li>• COLO. REV. STAT. ANN. §§ 27-64-101 to 27-64-105 (West 2025) (9-8-8 crisis hotline enterprise)</li> <li>• COLO. REV. STAT. ANN. § 27-80-118 (West 2025) (center for research)</li> <li>• S.B. 236, § 9, 75<sup>th</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Colo. 2025) (crisis services appropriation)</li> <li>• S.B. 105, 75<sup>th</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Colo. 2025) (appropriation supplemental)</li> <li>• S.B. 95, 75<sup>th</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Colo 2025) (appropriation supplemental)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 18, 2017 – § 27-80-118 enacted</li> <li>• August 2, 2019 – §§ 24-32-127 and 25-20.5-1101 to 25-20.5-1103 enacted</li> <li>• September 7, 2021 – Scope of § 24-32-3501 expanded to include community partnerships; §§ 27-64-101 to 27-64-105 enacted</li> <li>• May 2, 2022 – § 24-33.5-527 enacted</li> <li>• May 19, 2022 – §§ 27-60-401 to 27-60-406 enacted</li> <li>• June 8, 2022 – Repealed and replaced §§ 18-1.9-101 to 18-1.9-107, a prior iteration of a task force and committee on mental health and criminal justice interactions, to expand to behavioral health disorders</li> </ul>

<b><u>COLORADO</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• July 1, 2022 – § 25-20.5-1101 amended to list the types of entities eligible to receive funding from the harm reduction grant program; §25-20.5-1102 amended to require \$6 million appropriation</li> <li>• August 7, 2024 – § 25.5-4-505.5 enacted</li> <li>• February 27, 2025 – S.B. 95 and S.B. 105 enacted</li> <li>• April 25, 2025 – Provision requiring specific amount of funds transferred back to general fund added to § 24-32-3501</li> <li>• June 3, 2025 – Provision requiring specific amount of funds transferred back to general fund added to § 24-33.5-527</li> <li>• July 1, 2025 – S.B. 236 enacted</li> <li>• August 6, 2025 – § 24-33.5-121 enacted</li> <li>• January 30, 2027 – §§ 27-60-401 to 27-60-406 scheduled for repeal, absent additional legislative action</li> <li>• July 1, 2027 – §§ 18-1.9-101 to 18-1.9-107 scheduled for repeal, absent additional legislative action</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 18-1.9-104 establishes a 31-member task force concerning the treatment of individuals with behavioral health disorders in the criminal and juvenile justice systems. The task force shall study behavioral health issues within its scope as annually defined in writing by the legislative oversight committee (established under § 18-1.9-103) every year on or before January 30. The task force shall annually deliver policy and legislative recommendations to the committee and submit a report to the committee by August 1 each year.</li> <li>• Specifically, § 18-1.9-104 requires the task force to study, among other things: (1) early identification of and intervention strategies for individuals who are at a higher risk of continued involvement with the criminal or juvenile justice system due to established or developing behavioral health concerns; and (2) the intersection of behavioral health disorders and the involvement or risk of continued involvement in the juvenile or criminal justice systems, with a specific focus on diverting individuals with mental health, substance use, or co-occurring disorders away from the risk of continued juvenile or criminal justice involvement.</li> </ul>

<b><u>COLORADO</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 24-32-127 creates within the Colorado Department of Local Affairs the community substance use and mental health services grant program to provide grants to facilitate diversion programs for individuals who contact the criminal justice system. A county that provides such treatment services and programs in collaboration with public health agencies, law enforcement agencies, and community-based organizations is eligible for a grant.</li> <li>• Section 24-32-3501 creates the peace officers behavioral health support and community partnerships grant program. The program provides grants to law enforcement agencies, behavioral health entities, county or district public health agencies, community based social service and behavioral health providers, peace officer organizations, and public safety agencies for, among other things, co-responder community response and community-based alternative responses</li> <li>• Section 24-33.5-121 provides that no later than June 2026, the Colorado Department of Public Safety (CDPS), in collaboration with the Behavioral Health Administration (CBHA) in the Colorado Department of Human Services (CDHS), shall consult with stakeholders to identify: (1) existing resources and model programs that Colorado utilize when responding to behavioral health crises, including, but not limited to, co-responder programs, alternative response programs, and mobile crisis response programs; and (2) reimbursement shortages and gaps within the continuum of care for behavioral health crisis response. By that same date, CDPS shall compile a list of existing resources and model programs, and report reimbursement shortages and gaps identified by the stakeholders and develop recommendations for addressing them.</li> <li>• Section 24-33.5-527 creates the multidisciplinary crime prevention and crisis intervention grant program. Programs receiving grants may be multidisciplinary and may demonstrate collaboration between community organizations, including both governmental and non-governmental entities. Crime prevention and crisis intervention strategies may include, among other things, early intervention teams, co-responder programs, and support-team-assisted response programs.</li> </ul>



<b><u>COLORADO</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Pursuant to §§ 25-20.5-1101 to 25-20.5-1104, the Colorado Department of Public Health and Environment must develop and implement a harm reduction grant program to reduce the health risks associated with substance use. Section 25-20.5-1101 specifies the types of organizations that may be grantees. Grantees must provide services to individuals who may not be ready to seek SUD treatment services or who are in recovery. Permissible uses of harm reduction funding include: (1) providing direct services to individuals who have come into contact with or who are at risk of coming into contact with the criminal justice system; and (2) outreach and engagement with such individuals who are in need of mental health or SUD treatment, overdose prevention, harm reduction, or recovery support services.</li> <li>• Within Colorado's medical assistance (Medicaid) act, § 25.5-4-505.5 provides that once Colorado receives a federal waiver of the Medicaid inmate exclusion policy, among other things, the Colorado Department of Health Care Policy &amp; Financing must require each county with a county jail seeking to provide Medicaid-provided inmate services to demonstrate a commitment to diversion or deflection efforts, including but not limited to mobile outreach, co-responder programs, and prosecutor- or judicial-led initiatives that aim to reduce unnecessary involvement with the criminal justice system and increase access to community-based housing, health care, supports, and services.</li> <li>• Sections §§ 27-60-401 to 27-60-406 establish within the CBHA the early intervention, deflection, and redirection from the criminal justice system grant program to provide grants to eligible entities to fund programs and other strategies that: (1) provide behavioral health treatment or resources to prevent individuals from becoming involved in the criminal justice system or further penetrating into the system; (2) facilitate a direct community response to effectively respond to a person in a behavioral health crisis with the goal of preventing people with behavioral health needs from being arrested; or (3) after an arrest, redirect individuals with behavioral health needs from the criminal justice system to appropriate community-based treatment and support services. Section 27-60-402 provides that CBHA shall administer the early intervention, deflection, and redirection from the criminal justice system grant program in collaboration with CDPS.</li> </ul>

<b><u>COLORADO</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 27-60-402 provides that an early intervention, deflection, or redirection from the criminal justice system grant may, among other things: (1) support, create, or expand pre-arrest early intervention programs, including community-based alternative response programs; (2) support, create, or expand co-responder community response; or (3) support other innovations or programs aimed at deflecting, redirecting, or otherwise preventing individuals with behavioral health needs from further penetrating into the criminal justice system.</li> <li>• Section 27-80-118 establishes a center for research into SUD prevention, treatment, and recovery support strategies. The center's mission includes establishing or expanding programs for research concerning prevention, treatment, and recovery support strategies for SUD. Among other things, the center shall engage in community engagement activities to address substance use prevention, harm reduction, criminal justice system response, treatment, and recovery.</li> </ul>
<b>Deflection pathway</b>	No pathway expressly specified, but one or more provisions could apply to any pathway.
<b>Crisis intervention-related components</b>	Sections 27-64-101 to 27-64-107 establish the 9-8-8 Crisis Hotline Enterprise (Enterprise) within BHA. The Enterprise is required to fund a non-profit organization to operate the 9-8-8 crisis hotline and provide intervention services and crisis care coordination to individuals calling the 9-8-8 crisis hotline from any jurisdiction within Colorado 24 hours a day, seven days a week. The non-profit organization is tasked with, among other things, deploying mobile response units and co-responder programs that are part of the behavioral health crisis response system, providing follow-up services to individuals, and coordinating access to crisis walk-in centers.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 18-1.9-106 created a treatment of individuals with behavioral health disorders in the criminal and juvenile justice systems fund in the state treasury for the direct and indirect costs associated with implementing §§ 18-1.9-101 to 18-1.9-107. This section also provides that the state treasurer had to transfer all unexpended and unencumbered money remaining in the fund as of July 2025, back to the general fund.</li> </ul>

<b><u>COLORADO</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• Section 24-32-3501 creates the peace officers behavioral health support and community partnership fund in the state treasury for that program. However, a 2025 amendment to that section provides that at the end of June 2025, the state treasurer had to transfer \$3.068 million from the fund back to the state's general fund.</li> <li>• Section 24-33.5-527 establishes in the state treasury the multidisciplinary crime prevention and crisis intervention grant fund for use with the direct and indirect costs associated with implementing the multidisciplinary crime prevention and crisis intervention grant program. However, a 2025 amendment to that section provides that at the end of June 2025, the state treasurer had to transfer \$192,000 from the fund back to the state's general fund.</li> <li>• Section 25-20.5-1102 provides for a harm reduction grant program cash fund. For the 2022-23 fiscal year, the general assembly appropriated \$6 million to this cash fund.</li> <li>• Section 27-60-405 provides that the general assembly shall appropriate to CDHS money from the behavioral and mental health cash fund created in § 24-75-230 to implement the early intervention, deflection, and redirection from the criminal justice system grant program.</li> <li>• Section 27-64-104 establishes the 9-8-8 crisis hotline cash fund in the state treasury.</li> <li>• For fiscal year 2025-26, S.B. 236 appropriates \$3.864 million to CDHS for use by CBHA. This appropriation is from the 9-8-8 crisis hotline cash fund created in § 27-64-104.</li> <li>• For fiscal year 2024-25, S.B. 95 appropriates \$31.1 million for the behavioral health crisis response system services and \$3.864 million for the behavioral health crisis response system hotline.</li> <li>• For fiscal year 2024-25, S.B. 105 appropriates \$1.12 million to the multidisciplinary crime prevention and crisis intervention grant program.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024 and 2025.

<b><u>CONNECTICUT</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• CONN. GEN. STAT. ANN. § 7-294v (West 2025) (police training)</li> <li>• CONN. GEN. STAT. ANN. § 17a-485j (West 2025) (mobile crisis response services)</li> <li>• CONN. GEN. STAT. ANN. § 17a-674a (West 2025) (mental health crisis lifeline fund)</li> <li>• H.B. 6004, § 18, July 2020 Special Sess. (Conn. 2020) (police accountability)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 31, 2020 – H.B. 6004 enacted</li> <li>• July 1, 2022 – § 17a-485j enacted</li> <li>• October 1, 2022 – § 17a-674a enacted</li> <li>• July 1, 2023 – Crisis intervention provision added to § 7-294v</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	H.B. 6004 provides that within six months of passage (in July 2020) the Connecticut Department of Emergency Services and Public Protection and each municipal police department must evaluate the feasibility and impact of using social workers for remotely responding to calls for assistance, responding in person to such calls, or accompanying a police officer on calls. The evaluation must consider whether certain call responses and community interactions could be managed entirely by a social worker. Municipal police must also consider whether the municipality would benefit from employing/contracting with social workers.
<b>Deflection pathway</b>	Community response
<b>Crisis intervention-related components</b>	Section 17a-485j provides that for each fiscal year ending June 2023 or later, the Department of Mental Health and Addiction Services shall make mobile crisis response services available to the public 24 hours a day, seven days per week.
<b>Training and education-related components</b>	Under § 7-294, state and local police training curriculum must include crisis intervention strategies for police officers to use when interacting with individuals with mental illness in crisis.

<b><u>CONNECTICUT</u></b>	
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Section 17a-674a establishes the 9-8-8 Suicide Prevention and Mental Health Crisis Lifeline Fund, which is a separate, non-lapsing account
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>DELAWARE</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• DEL. CODE ANN. tit. 16 §§ 10201a to 10224a (West 2025) (9-8-8 behavioral health crisis intervention services)</li> <li>• H.B. 225, 153<sup>rd</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Del. 2025) (FY 2026 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 16, 2023 – §§ 10201a to 10224a enacted</li> <li>• July 1, 2025 – H.B. 225 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Title 16, § 10202a provides that the Division of Substance Abuse and Mental Health of the Delaware Department of Health and Social Services (DDHSS) and the Delaware Department of Services for Children, Youth and Their Families (DDSCYF) administer the provision of crisis intervention services in the state and must establish operational standards, procedures, and protocols for such services.</li> <li>• Title 16, § 10211a provides that there is a Behavioral Health Crisis Services Intervention Board (Board) that develops and recommends a comprehensive statewide crisis intervention services plan and annually reviews and updates the recommended plan.</li> <li>• Within three years of the initial convening of the Board, and every three years thereafter, the Board must review the provision of crisis intervention services in Delaware, the system of care of crisis intervention services in the state, and the needs for crisis intervention services of Delawareans, and make a written report of the Board’s findings and recommendations.</li> <li>• Pursuant to tit. 16, § 10201A, “behavioral health crisis” includes a situation caused by SUD.</li> </ul>
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None

<b><u>DELAWARE</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Pursuant to § 10211a, the Board must make recommendations annually to the governor and General Assembly for appropriating money in the next fiscal year.</li> <li>• Section 10212a creates the Behavioral Health Crisis Intervention Services Fund (Fund) to support the operation and maintenance of 9-8-8, a crisis intervention services system, and the continuum of behavioral health services. Money in the Fund may be expended for, among other things: (1) establishing, operating, maintaining, and improving 9-8-8 or crisis intervention services; (2) establishing, operating, or contracting for crisis teams for adults and children; and (3) providing specialized training.</li> <li>• The Fund is funded via a monthly behavioral health crisis intervention services surcharge of 60 cents per month imposed by providers on subscribers of telecommunications services.</li> <li>• Per H.B. 225, appropriations to the DDHSS from the Fund for the fiscal year ending June 30, 2026 are \$8 million. Appropriations to the DDSCYF from the Fund for the same period total \$4.7 million.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2025.



<b><u>DISTRICT OF COLUMBIA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• D.C. CODE ANN. § 1-327.54c (West 2025) (alternative response to calls pilot program)</li> <li>• D.C. CODE ANN. § 22-4237 (West 2025) (pre-arrest diversion task force)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• November 13, 2021 – § 1-327.54c enacted</li> <li>• June 8, 2024 – § 22-4237 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 1-327.54c requires the D.C. Office of Unified Communications (DCOUC), in coordination with the Deputy Mayor for Public Safety and Justice (DMPSJ) and the Department of Behavioral Health (DCDBH), to establish an Alternative Responses to Calls for Service Pilot Program (“Pilot Program”) to dispatch non-law enforcement agency personnel and community-based responders to calls for service, including calls for service related to individuals experiencing behavioral health emergencies, homelessness, or substance use.</li> <li>• The Pilot Program shall: (1) center a public-health approach to emergency response in its protocols, training, operations, and public engagement; (2) prioritize the diversion of calls for service away from a law enforcement response and towards District agencies or community-based organizations that employ unarmed practitioners or professionals, such as mental-health professionals and social workers; and (3) to the extent possible, operate during non-business hours.</li> <li>• With regard to the Pilot Program, DCOUC, DMPSJ, and DCDBH shall develop protocols for identifying/dispatching and cross-training personnel and conduct public education.</li> <li>• By October 1, 2021, DCOUC, DMPSJ, and DCDBH shall convene a working group of community-based experts and practitioners in alternative responses to calls for service, in addition to directly impacted individuals, to advise on the Pilot Program’s development, training, operations, community engagement, and evaluation, including the District agencies, community-based organizations, or other entities to which individuals will be diverted.</li> <li>• By January 1, 2022, and every 3 months thereafter, DCOUC, DMPSJ, and DCDBH shall publish, at a minimum, certain information specified in § 1-327.54c on the DCOUC website.</li> </ul>

<b><u>DISTRICT OF COLUMBIA</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 22-4237 provides that the Prearrest Diversion Task Force (“Task Force”) has the following duties:               <ul style="list-style-type: none"> <li>○ Reviewing and assessing best prearrest diversion practices;</li> <li>○ Making recommendations for prearrest diversion of certain misdemeanor offenses and certain categories of individuals;</li> <li>○ Making recommendations about necessary programs, facilities, personnel, and funding for prearrest diversion;</li> <li>○ Making recommendations for necessary legislative changes;</li> <li>○ Implementing prearrest diversion;</li> <li>○ Identifying potential improvements in police training or police procedures; and</li> <li>○ Identifying individuals with frequent interactions with police, who are frequent mental health consumers, or who have suffered from chronic homelessness, and ensure that those individuals are connected to social services.</li> </ul> </li> <li>• The Task Force must meet monthly until issuing initial recommendations for prearrest diversion of certain misdemeanor offenses and categories of individuals.<sup>27</sup></li> </ul>
<b>Deflection pathway</b>	Community response. No other pathways expressly specified but one or more provisions could apply to other pathways.
<b>Crisis intervention-related components</b>	See deflection/pre-arrest diversion section above.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	None
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024.

<sup>27</sup> As of December 2025, [monthly meetings of the Task Force](#) are ongoing.

<b><u>FLORIDA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• FLA. STAT. ANN. § 394.457 (West 2025) (operation and administration of Florida Department of Children and Families)</li> <li>• FLA. STAT. ANN. § 394.4573 (West 2025) (coordinated system of care)</li> <li>• FLA. STAT. ANN. § 394.658 (West 2025) (criminal justice, mental health, and substance abuse reinvestment grant program requirements)</li> <li>• FLA. STAT. ANN. § 394.9086 (West 2025) (commission on mental health and SUD)</li> <li>• FLA. STAT. ANN. § 394.9088 (West 2025) (9-8-8 suicide and crisis lifeline call center)</li> <li>• FLA. STAT. ANN. § 901.401 (West 2025) (prearrest diversion programs)</li> <li>• FLA. STAT. ANN. § 985.12 (West 2025) (prearrest delinquency citation programs)</li> <li>• S.B. 2500, 127<sup>th</sup> Reg. Sess. (Fla. 2025) (FY 2026 appropriations)</li> <li>• H.B. 5001, 126<sup>th</sup> Reg. Sess. (Fla. 2024) (FY 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2016 – Substantial amendments made to § 394.4573</li> <li>• July 1, 2018 – § 901.401 enacted; prearrest diversion language and provisions added to § 985.12, amounting to a rewrite of the statute</li> <li>• July 1, 2021 – § 394.9086 enacted</li> <li>• July 1, 2023 – Crisis response topics added to § 394.9086 and section's sunset date extended</li> <li>• March 21, 2024 – Minimum standards for mobile crisis response service added to § 394.457</li> <li>• July 1, 2024 – Terminology in § 985.12 changed from “prearrest diversion” to “prearrest delinquency”; H.B. 5001 enacted</li> <li>• July 1, 2025 – § 394.9088 enacted; S.B. 2500 enacted</li> <li>• July 1, 2026 – § 394.9086 automatically repealed, absent legislative action</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.

<b><u>FLORIDA</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Under § 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.</li> <li>• Section 985.12 applies to juveniles. It requires a civil citation or similar prearrest diversion program for misdemeanor offenses to be established in each judicial circuit in the state. Each circuit's program must specify, among other things, intervention services indicated by a needs assessment of the juvenile, approved by the department, such as family counseling, urinalysis monitoring, and substance abuse and mental health treatment services.</li> </ul>
<b>Deflection pathway</b>	Officer intervention
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 394.457 provides, among other things, that the Florida Department of Children and Families (FDCF) shall adopt rules establishing minimum standards for services provided by a mental health overlay program or a mobile crisis response service. Minimum standards for a mobile crisis response service include creating a structure for general mobile response teams which focuses on crisis diversion and the reduction of involuntary commitment.</li> <li>• On or before December 1 of each year, FDCF shall submit to the governor and legislature an assessment of the behavioral health services in this state. The essential elements of a coordinated system of care include, among other things: (1) community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs; and (2) crisis services, including the 9-8-8 suicide and crisis lifeline call center, mobile response teams.</li> </ul>

<b><u>FLORIDA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>Section 394.9086 establishes the Commission on Mental Health and Substance Use Disorder (CMHSUD) within FDCF. CMHSUD's duties include: (1) providing recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity and work with community stakeholders throughout this state in furtherance of supporting the 9-8-8 Suicide and Crisis Lifeline system and other crisis response services; and (2) analyzing the current capacity of crisis response services available throughout this state, including services provided by mobile response teams and centralized receiving facilities.</li> </ul>
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>Section 394.658 provides that the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, in collaboration with FDCF, the Florida Department of Corrections, the Florida Department of Juvenile Justice, the Florida Department of Elderly Affairs, and the Office of the State Courts Administrator, shall establish criteria to be used to review submitted applications and to select the county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant related to initiating systemic change to identify and treat individuals who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders who are in, or at risk of entering, the criminal or juvenile justice systems. The implementation or expansion grants may support programs and diversion initiatives that include but need not be limited to diversion programs and CITs.</li> <li>S.B. 2500 appropriates, for the fiscal year ending June 30, 2026: <ul style="list-style-type: none"> <li>\$103,982 to the Broward Sheriff's Office Behavioral Health Remote Co-Responder Program; and</li> <li>\$800,000 in recurring funds from the General Revenue Fund is provided to the Florida Sheriffs Association to enhance CIT training for law enforcement and correctional officers in local sheriff's offices and police departments.</li> </ul> </li> </ul>

<b><u>FLORIDA</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• H.B. 5001 appropriates, for the fiscal year ending June 30, 2025:               <ul style="list-style-type: none"> <li>○ \$82,375 to the Broward Sheriff's Office Behavioral Health Remote Co-Responder Program; and</li> <li>○ \$950,000 to the Collier County Mobile Response Team; and</li> <li>○ \$800,000 in recurring funds from the General Revenue Fund is provided to the Florida Sheriffs Association to enhance CIT training for law enforcement and correctional officers in local sheriff's offices and police departments.</li> </ul> </li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>GEORGIA</u></b>	
<b>Statute(s) and/or other enacted legislation</b> <b>Still doing statute search</b>	<ul style="list-style-type: none"> <li>• GA. CODE ANN. § 37-1-7 (West 2025) (co-responder programs)</li> <li>• GA. CODE ANN. § 37-1-114.1 (West 2025) (behavioral health reform and innovation commission)</li> <li>• GA. CODE ANN. §§ 37-12-1 to 37-12-14 (West 2025) (behavioral health and peace officer co-responders)</li> <li>• H. Res. 252, 158<sup>th</sup> Gen. Assemb., 2025-26 Reg. Sess. (Ga. 2025) (commending co-responders)</li> <li>• S. Res. 182, 158<sup>th</sup> Gen. Assemb., 2025-26 Reg. Sess. (Ga. 2025) (commending co-responders)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2022 – §§ 37-1-7, 37-1-114.1, and 37-12-1 to 37-12-14 enacted</li> <li>• February 12, 2025 – H. Res. 252 adopted</li> <li>• February 13, 2025 – S. Res. 182 adopted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 37-12-1 defines “co-responder program” as “a program established through a partnership between a community service board and a law enforcement agency to utilize the combined expertise of peace officers and behavioral health professionals on emergency calls involving behavioral health crises to de-escalate situations and help link individuals with behavioral health issues to appropriate services.” A “co-responder team” is “a team established pursuant to a co-responder program, composed of at least one officer team member and one community service board team member.” A “community service board team member” means “a behavioral health professional working at the direction of a community service board who is licensed or certified in this state to provide counseling services or to provide other support services to individuals and their families regarding a behavioral health disorder, and who is part of a co-responder team.” “Behavioral health disorder” means a mental or emotional illness, developmental disability, or addictive disease.</li> <li>• Section 37-12-2 provides that each community service board shall establish a co-responder program to offer assistance or consultation to peace officers responding to emergency calls involving individuals with behavioral health crises. Law enforcement agencies within a community service board’s service area may elect to partner with the community service board to establish one or more co-responder teams.</li> </ul>



<b><u>GEORGIA</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• In addition, when a co-responder team is dispatched, a community service board team member shall be available to accompany the officer team member in person or via virtual means or shall be available for consultation via telephone or telehealth during such emergency call. The officer team member may consider input from the community service board team member in determining whether to refer an individual for behavioral health treatment or other community support or to transport the individual for emergency evaluation, rather than making an arrest.</li> <li>• Section 37-12-4 provides that the community service board shall designate a sufficient number of individuals to serve as team members to partner with the law enforcement agencies located within the community service board's service area, with on-call availability at all times.</li> <li>• Section 37-12-8 provides that each community service board shall establish a co-responder protocol committee for its service area to increase the availability, efficiency, and effectiveness of community response to behavioral health crises. The protocol committee shall address best practices for issues which arise during the operation of co-responder teams, such as data collection, privacy protection, interagency coordination, intragovernmental coordination, available treatment modalities, data sharing and analysis, training, and community outreach.</li> <li>• Pursuant to § 37-17-9, when a co-responder team responds to a behavioral health crisis, the community service board of the service area where the crisis occurred shall contact the individual within two business days following the crisis.</li> <li>• Section 37-12-11 provides that each community service board shall compile and maintain records of the services provided by co-responder teams and community service board team members, which shall include community follow-ups and actions taken on behalf of incarcerated individuals together with reasonably available outcome data. The Georgia Department of Behavioral Health and Developmental Disabilities (GDBHDD) shall issue a written annual report regarding the co-responder program, which shall include statistics derived from all sources, including community service board documentation and reports. Data shall be presented per community service board, where available, and such report shall be posted in a prominent location on GDBHDD's website.</li> </ul>

<b><u>GEORGIA</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 37-1-114.1 provides that the Behavioral Health Reform and Innovation Commission is authorized to coordinate initiatives to assist local communities in keeping people with serious mental illness out of county and municipal jails and detention facilities, including juvenile detention and, facilitated by nationally recognized experts, to improve outcomes for individuals who have frequent contact with criminal justice, homeless, and behavioral health systems by, among other things, adopting recommendations to promote the use of pre-arrest diversion strategies that reduce revocations and reduce unnecessary contact with the justice system.</li> </ul>
<b>Deflection pathway</b>	Community response. No other pathways expressly specified but one or more provisions could apply to other pathways.
<b>Crisis intervention-related components</b>	See deflection/pre-arrest diversion components section above.
<b>Training and education-related components</b>	Pursuant to § 37-12-6, officer team members may elect to receive CIT training as approved by the Georgia Police Officer Standards and Training Council. Community service board team members shall receive training on the operations, policies, and procedures of the law enforcement agencies with which they partner.
<b>Immunity from liability components</b>	Section 37-12-13 provides that any peace officer, law enforcement agency, community service board, community service board team member, public safety agency, communications officer, or any employee or contractor thereof, who acts in good faith in compliance with Georgia law is immune from civil or criminal liability for his or her actions in connection with any of the following decisions: to dispatch or not dispatch a co-responder team, to incarcerate an individual, to transport an individual to an emergency receiving facility, or not take an individual into custody.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 37-1-7 provides that the state shall provide funding for a minimum of five new co-responder programs, each with a minimum of one co-responder team.</li> <li>• Section 37-12-12 provides that the requirements contained in §§ 37-12-1 to 37-12-14 are contingent upon the appropriation of funds by the Georgia General Assembly or the availability of other funds. In the event that full funding or staffing is not obtained, a community service board may work collaboratively with other entities to identify and apply for potential sources of additional funding, identify and pursue additional recruiting options, and identify the elements of the co-responder program that will be implemented given the resources available, until full resources are obtained.</li> </ul>

<b><u>GEORGIA</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• GDBHDD may pursue funding for purposes of implementing the co-responder program, including without limitation, from block grants, the Substance Abuse and Mental Health Services Administration, the Coronavirus Aid, Relief, and Economic Security Act of 2020, the American Rescue Plan Act of 2021, and other grants.</li> </ul>
<b>Other provisions of note</b>	H. Res. 252 and S. Res. 182 commend GDBHDD and “local Co-Responder programs” for their role in responding to mental health crises as well as acknowledge the importance of their continued operation throughout the state and recognize February 19, 2025, as Co-Responder Day at the state capitol.
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>HAWAII</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• HAW. REV. STAT. ANN. § 139-6 (West 2025) (law enforcement standards)</li> <li>• HAW. REV. STAT. ANN. § 334-171 (West 2025) (crisis intervention and diversion services)</li> <li>• S. Res. 122, 32<sup>nd</sup> Leg., 2024 Reg. Sess. (Haw. 2024) (jail diversion resolution)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2018 – § 139-6 enacted</li> <li>• April 4, 2024 – S. Res. 122 adopted</li> <li>• June 27, 2024 – § 334-171 enacted</li> <li>• July 1, 2025 – References to mobile services and location of crisis intervention sites added to § 334-171</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 334-171 provides that there is a crisis intervention and diversion services program (program) within the Hawaii Department of Health (HDOH) to redirect individuals experiencing MHD or co-occurring MHD and SUD, who are at risk of involvement, or currently involved, with the criminal justice system to the appropriate health care system and services. The program may include the use of intensive mobile treatment services.</li> <li>• The program must include at least two crisis intervention and diversion services sites on the island of Oahu, with one site located in an area where there are disproportionate numbers of individuals with MHD or co-occurring MHD and SUD.</li> <li>• HDOH must collaborate with law enforcement agencies, courts, mental health providers, and the community for the execution and implementation of these services.</li> </ul>
<b>Training and education-related components</b>	Section 139-6 provides that no individual may be appointed or employed as a law enforcement officer after June 2026, unless the individual, among other things, received training designed to minimize the use of excessive force, including legal standards, de-escalation techniques, crisis intervention tactics, mental health response, implicit bias, and first aid.

<b><u>HAWAII</u></b>	
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	None
<b>Other provisions of note</b>	Through S. Res. 122, the Hawaii Legislature urges that the governor's senior advisor for the mental health and justice system define their role and provide an annual report to the Legislature on the progress the state has made towards jail diversion. The legislature also requests that the advisor gather data on the various community programs funded by the Hawaii Department of Human Services, HDOH, and the Judiciary, that provide various services in the sequential intercept model and provide an annual report to the legislature.
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>IDAHO</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• IDAHO CODE ANN. §§ 39-9101 to 39-9109 (West 2025) (behavioral health community crisis centers)</li> <li>• H.C. Res. 11, 66<sup>th</sup> Leg., 1<sup>st</sup> Reg. Sess. (Idaho 2021) (suicide hotline)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2014 – §§ 39-9101 to 39-9109 enacted</li> <li>• April 12, 2021 – H.C. Res. 11 adopted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use.
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	There is no statute, but the Idaho Legislature adopted H.C. Res. 11 in support of the lifeline in 2021.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	Section 39-9102 declares that it is the policy of Idaho that citizens with behavioral health disorders should not be needlessly incarcerated when no crime has been perpetrated or the crime is of a minor nature arising from a behavioral health disorder, crisis or incident. As a result, it is the intent of the legislature that behavioral health community crisis centers, hereinafter referred to as crisis centers, be developed and operated, as funding is appropriated. Pursuant to § 39-9103, “behavioral health” means an integrated or combined system for evaluation and treatment of mental health and SUD.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Section 39-9107 provides that communities that receive state funding to establish a crisis center shall, to the maximum extent possible, contribute financial or in-kind support to the development and operation of the crisis center.
<b>Other provisions of note</b>	Section 39-9105 provides that each crisis center shall annually evaluate the effectiveness and cost efficacy of its center and submit a report of findings to the Idaho Department of Health and Welfare.
<b>Recently proposed legislation</b>	None

<b><u>ILLINOIS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• 20 ILL. COMP. STAT. ANN. 1305/1-55 (West 2025) (9-8-8 suicide prevention lifeline)</li> <li>• 20 ILL. COMP. STAT. ANN. 2605/2605-51 (West 2025) (state police training)</li> <li>• 30 ILL. COMP. STAT. ANN. 105/6z-134 (West 2025) (9-8-8 trust fund)</li> <li>• 50 ILL. COMP. STAT. ANN. 71/1 to 71/35 (West 2025) (formerly 5 ILL. COMP. STAT. ANN. 820/1 to 820/35) (community partnership for deflection and SUD treatment)</li> <li>• 50 ILL. COMP. STAT. ANN. 705/10.17 (West 2025) (CIT and mental health awareness training)</li> <li>• 65 ILL. COMP. STAT. ANN. 5/11-1.5-5 to 5/11-1.5-99 (West 2025) (co-responder pilot program)</li> <li>• 405 ILL. COMP. STAT. ANN. 160/1 to 160.99 (West 2025) (strengthening and transforming behavioral health crisis care)</li> <li>• H.B. 1075, 104<sup>th</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Ill. 2025) (FY 2026 appropriations)</li> <li>• S.B. 2510, 104<sup>th</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Ill. 2025) (FY 2026 appropriations)</li> <li>• S.B. 251, 103<sup>rd</sup> Gen. Assemb., 2<sup>nd</sup> Reg. Sess. (Ill. 2024) (FY 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• January 1, 2016 – Ch. 50, § 705/10.17 enacted</li> <li>• January 1, 2019 – Ch. 5, §§ 820/1 to 820/35 enacted</li> <li>• July 1, 2021 – Ch. 5, §§ 820/1 to 820/35 amended to include first responders other than law enforcement; Ch. 5, § 820/21 enacted</li> <li>• April 19, 2022 – Ch. 30, § 105/6z-134 enacted</li> <li>• May 10, 2022 – Ch. 65, §§ 5/11-1.5-5 to 5/11-1.5-99 enacted</li> <li>• July 28, 2023 – Ch. 405, §§ 160/1 to 160/99 enacted</li> <li>• January 1, 2024 – Ch. 5, §§ 820/1 to 820/35 reassigned to Ch. 50, §§ 71/1 to 71/35 and amended to expressly include local government agencies; definition of “deflection program” in Ch. 50, § 71/10 revised; Ch. 50, § 71/20 amended to expressly allow programs to accept, receive, and disburse funds and grants of all types.</li> <li>• July 1, 2024 – S.B. 251 enacted</li> <li>• June 16, 2025 – Ch. 20, § 1305/1-55 enacted; Ch. 30, § 105/6z-134 amended to identify administrating agency and add definitions</li> </ul>



<b><u>ILLINOIS</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• July 1, 2025 – S.B. 2510 enacted; H.B. 1075 enacted</li> <li>• January 1, 2026 – Ch. 20, § 2605/2605-51 amended to provide details about CIT and mental health awareness training</li> <li>• January 1, 2029 – Ch. 65, §§ 5/11-1.5-5 to 5/11-1.5-99 scheduled for repeal, absent additional legislative action</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Ch. 50, § 71/15 provides that any law enforcement agency, other first responder entity, or local government agency may establish a deflection program in partnership with one or more licensed providers of SUD treatment services and one or more community members or organizations. Programs established by another first responder entity or a local government agency shall also include a law enforcement agency. The deflection program may involve one or more of the following pathways: (1) a post-overdose deflection response; (2) a self-referral deflection response; (3) a pre-arrest diversion response; (4) an active outreach deflection response; (5) an officer or other first responder prevention deflection response; or (6) an officer intervention deflection response.</li> <li>• In addition, § 71/15 provides that nothing precludes the Illinois General Assembly (General Assembly) from adding other responses to a deflection program, or precludes a law enforcement agency, other first responder entity, or local government agency from developing a deflection program response based on a model unique and responsive to local issues, substance use or mental health needs, and partnerships, using sound and promising or evidence-based practices.</li> <li>• Ch. 50, § 71/20 provides that, as part of instituting a deflection program, entities must establish a deflection program plan that includes protocols and procedures for participant identification, screening or assessment, case management, treatment facilitation, reporting, restorative justice, and ongoing involvement of the law enforcement agency.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Ch. 50, § 71/25 provides that the Illinois Criminal Justice Information Authority (ICJIA) in conjunction with an association representing police chiefs and the Illinois Department of Human Services' (IDHS) Division of Substance Use Prevention and Recovery, shall: (1) develop a set of minimum data to be collected from each deflection program and reported annually; and (2) develop a performance measurement system.</li> </ul>
<b>Deflection pathway</b>	All pathways expressly specified except for community response.
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Ch. 20, § 1305/1-55 authorizes IDHS to collaborate with other state agencies and stakeholders to implement and administer the 9-8-8 National Suicide Prevention Lifeline system.</li> <li>• Ch. 65, § 5/11-1.5-10 requires the local police departments in four jurisdictions to establish co-responder units. The duties of such unit include, among other things: (1) serving as a resource to a department's community to identify and coordinate the social services available to residents who are victims of criminal acts; (2) working with area social service agencies to develop a community-mutual resource system and wrap-around services (a team-based, collaborative case management approach) for victims in need of social service assistance; and (3) employing social workers of the unit who can assist individuals in diversion from the criminal justice system by addressing problems or concerns through therapeutic intervention and facilitate follow-up treatment or referral to the appropriate community resource organization.</li> <li>• Ch. 405, § 160/15 directs IDHS to use an independent third-party expert to conduct a cost analysis and determine sound costs associated with developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the state, including: (1) crisis call centers; (2) mobile crisis response team services; (3) crisis receiving and stabilization centers; and (4) follow-up and other acute behavioral health services. In addition, IDHS and independent third-party experts, with meaningful stakeholder engagement, shall provide a set of recommendations on multiple sources of funding that could potentially be utilized to support a sustainable and comprehensive continuum of behavioral health crisis response services.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Ch. 405, § 160/25 requires IDHS to submit an action plan about the coordination and delivery of the continuum of behavioral health crisis response services in the state to the General Assembly, and make it publicly accessible, by July 2024.</li> <li>• Ch. 405, § 160/30 requires IDHS to convene a stakeholder working group to develop recommendations to coordinate programming and strategies to support a cohesive behavioral health crisis response system and submit an action plan to the General Assembly by January 2024.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Employees of entities that receive funding for deflection programs under Ch. 50, § 71/35 shall be trained in: (1) neuroscience of addiction for law enforcement; (2) medication-assisted treatment; (3) criminogenic risk-need for health and safety; (4) why drug treatment works; (5) eliminating stigma for people with substance-use disorders and mental health; (6) avoiding racial bias in deflection program; (7) promotion racial and gender equity in deflection; (8) working with community partnerships; (9) deflection in rural communities; and (10) harm reduction.</li> <li>• Beginning January 1, 2026, Ch. 20, § 2605/2605-51 provides that the Illinois State Police Academy shall provide basic training to cadets that includes, among other things, CIT training via a specialty certification course of at least 40 hours, that trains officers to identify signs and symptoms of mental illness, to de-escalate situations involving individuals who appear to have a mental illness, and connect individuals in crisis to treatment.</li> <li>• Ch. 50, § 705/10.17 provides that the Illinois Law Enforcement Training Standards Board must develop and approve a standard curriculum for certified training programs in crisis intervention, including a specialty certification course of at least 40 hours, addressing specialized policing responses to people with mental illnesses. CIT training programs shall be a collaboration between law enforcement professionals, mental health providers, families, and consumer advocates and must minimally include the following components: (1) basic information about mental illnesses and how to recognize them; (2) information about mental health laws and resources; (3) learning from family members of individuals with mental illness and their experiences; and (4) verbal de-escalation training and role-plays.</li> <li>• Ch. 65, § 5/11-1.5-25 provides that all co-responder unit employees shall be trained in crisis intervention and integrating communications, assessment, and tactics.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Immunity from liability components</b>	Ch. 50, § 71/30 provides that the law enforcement agency, peace officer, other first responder, or local government agency or employee of an agency acting in good faith shall not, as the result of acts or omissions in providing deflection program services, be liable for civil damages, unless the acts or omissions constitute willful and wanton misconduct.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Ch. 30, § 105/6z-134 creates the non-reverting Statewide 9-8-8 Trust Fund as a special fund in the state treasury, administered by IDHS for the purposes of establishing and maintaining a statewide 9-8-8 suicide prevention and mental health crisis system.</li> <li>• Ch. 50, § 71/15 provides that in order for an entity to receive state funding for community partnership deflection activities, the deflection program shall include: (1) the involvement of one or more licensed treatment programs and one or more community members or organizations; (2) an agreement ICJIA to collect and evaluate relevant statistical data related to the program; and (3) an agreement with participating licensed treatment providers authorizing the release of statistical data to ICJIA, in compliance with state and federal law.</li> <li>• Ch. 50, § 71/35 provides that the General Assembly may appropriate funds to the ICJIA for the purpose of funding partners to deflection programs. ICJIA 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; (5) program evaluation activities; (6) naloxone and related supplies necessary for carrying out overdose prevention and reversal; (7) treatment necessary to prevent gaps in service delivery between linkage and coverage by other funding sources when otherwise non-reimbursable; and (8) wraparound services/items.</li> </ul>

<b><u>ILLINOIS</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• For fiscal year 2026, S.B. 2510 appropriates:               <ul style="list-style-type: none"> <li>○ \$70 million from the Statewide 9-8-8 Trust Fund for grants and administrative expenses of 9-8-8 call centers and crisis response;</li> <li>○ \$1 million to ICJIA for grants to local law enforcement agencies, other first responders, and co-responders for training and other allowable costs associated with deflection programs under Ch. 50, §§ 71/1 to 71/35; and</li> <li>○ \$10 million to ICJIA for grants to local law enforcement agencies, other first responders, and co-responders for the co-responder pilot program.</li> </ul> </li> <li>• For fiscal year 2025, S.B. 251 appropriates:               <ul style="list-style-type: none"> <li>○ \$70 million from the Statewide 9-8-8 Trust Fund for grants and administrative expenses of 9-8-8 call centers and crisis response;</li> <li>○ \$1 million to ICJIA for grants to local law enforcement agencies, other first responders, and co-responders for training and other allowable costs associated with deflection programs under Ch. 50, §§ 71/1 to 71/35; and</li> <li>○ \$10 million to ICJIA for grants to local law enforcement agencies, other first responders, and co-responders for the co-responder pilot program.</li> </ul> </li> <li>• H.B.1075 provides that in July 2025, or as soon thereafter as practical, the state comptroller shall direct and the state treasurer shall transfer \$12.5 million from the Compassionate Use of Medical Cannabis Fund to the Statewide 9-8-8 Trust Fund. Moreover, beginning June 2026, the state comptroller shall direct and the state treasurer shall transfer \$12.5 million from the Statewide 9-8-8 Trust Fund to the Compassionate Use of Medical Cannabis Fund.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>INDIANA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• IND. CODE ANN. § 5-2-1-9 (West 2025) (law enforcement training)</li> <li>• IND. CODE ANN. §§ 5-2-21.2-1 to 5-2-21.2-6 (West 2025) (technical assistance center for CITs)</li> <li>• IND. CODE ANN. §§ 12-21-8-1 to 12-21-8-12 (West 2025) (9-8-8 crisis hotline and mobile crisis teams)</li> <li>• IND. CODE ANN. §§ 12-29-5-1 to 12-29-5-5 (West 2025) (community cares initiative grants)</li> <li>• H.B. 1001, 123<sup>rd</sup> Gen. Assemb., 1<sup>st</sup> Reg. Sess. (Ind. 2023) (FY 2023 to 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2015 – CIT language added to § 5-2-1-9; §§ 5-2-21.2-1 to 5-2-21.2-6 enacted</li> <li>• July 1, 2021 – §§ 12-21-8-1 to 12-21-8-12 enacted</li> <li>• March 8, 2022 – § 12-21-8-11.4 enacted</li> <li>• July 1, 2022 – Mobile crisis team provisions in § 12-21-8-10 modified</li> <li>• July 1, 2023 – H.B. 1001 enacted</li> <li>• July 1, 2024 – §§ 12-29-5-1 to 12-29-5-5 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 12-21-8-6 provides that the Indiana Division of Mental Health and Addiction (IDMHA) has primary oversight over suicide prevention and crisis services activities and essential coordination with designated 9-8-8 crisis response centers. No later than July 1, 2022, IDMHA may designate at least one 9-8-8 crisis response center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide and crisis lifeline from anywhere in Indiana state.</li> </ul>

<b><u>INDIANA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 12-21-8-10 provides that mobile crisis teams must include a peer certified by IDMHA. The teams must also include at least one of: (1) a licensed behavioral health professional (2) an “other behavioral health professional” as defined in in Indiana law; (3) a licensed emergency medical services personnel; or (4) law enforcement based co-responder behavioral health teams.</li> <li>• Section 12-29-5-3 establishes the community cares initiative grant pilot program for the purpose of assisting in the cost of starting or expanding mobile integrated healthcare programs and mobile crisis teams in Indiana. IDMHA administers this grant program.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 5-2-1-9 provides that minimum basic training requirements for law enforcement must include six (6) hours of training in interacting with, among others, individuals with mental illness and addictive disorders. The training must include an overview of CITs.</li> <li>• Under §§ 5-2-21.2-1 to 5-2-21.2-6, the Indiana Law Enforcement Training Board in conjunction with Indiana Commission to Combat Substance Use Disorder and the Division must develop a technical assistance center to support the development and sustainability of local CITs.</li> <li>• Section 5-2-21.2-6 provides that 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.</li> </ul>
<b>Immunity from liability components</b>	None



<b><u>INDIANA</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 12-21-8-11 provides that there is a non-reverting statewide 9-8-8 trust fund (trust fund) for the purposes of creating and maintaining a statewide 9-8-8 suicide prevention and mental health crisis system.</li> <li>• Pursuant to § 12-21-8-11.4, the state comptroller shall establish a non-reverting first responder crisis intervention account within the trust fund for the purpose of awarding grants to public safety agencies that provide first responder emergency services, to be used by the agencies for: (1) developing local CIT programs; (2) improving data collection on behavioral health runs and interactions; and (3) updating training manuals.</li> <li>• Section 12-29-5-4 establishes a non-reverting community cares initiative fund for the purpose of funding the community cares initiative grant pilot program, with such fund administered by IDMHA.</li> <li>• H.B. 1001 appropriated \$75 million from the 2023 to 2025 budget to the Mental Health and Addiction Forensic Treatment Services Grant and Community Mental Health to be used to: (1) establish certified community behavioral health clinics; and (2) provide crisis response services including mobile crisis teams and crisis receiving and stabilization services.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>IOWA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• IOWA CODE ANN. § 22.7(5) (West 2025) (confidential records)</li> <li>• H.F. 1038, 91<sup>st</sup> Gen. Assemb., 2025 Sess. (Iowa 2025) (settlement fund appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2022 – Crisis intervention language added to § 22.7</li> <li>• July 1, 2025 – H.F. 1038 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	Among the many types of records that Iowa’s open records law allows to remain confidential under § 22.7 are crisis intervention reports generated by a law enforcement agency regarding an individual experiencing a mental health crisis, SUD crisis, or housing crisis, when the report is generated for the specific purpose of law enforcement de-escalating conflicts and referring the individual to a mental health treatment provider, SUD treatment provider, homeless service provider, or any other appropriate service provider. Such reports are not peace officers’ investigative reports.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	H.F. 1038 provides, among other things, that there is appropriated from the opioid settlement fund to the state department of health and human services, for the fiscal year ending June 2025, \$2 million to behavioral health districts to contract with local peer-recovery specialists in four rural locations to provide post-overdose response services through emergency departments that connect individuals and families to post-overdose treatment and recovery support, and to train peer recovery coaches using the linkage to outreach referrals and engagement model.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>KANSAS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	KAN. STAT. ANN. §§ 75-5964 to 75-5971 (West 2025) (suicide prevention and mental health crisis hotline centers)
<b>Substantive amendment(s) to law(s)</b>	July 1, 2022 – §§ 75-5964 to 75-5971 enacted
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	Pursuant to § 75-5966, in addition to developing the mental health crisis hotline the Kansas Department for Aging and Disability Services must convene mobile crisis teams and develop guidelines for deploying services, including mobile crisis teams, coordinating access to crisis stabilization services or other local resources as appropriate, and providing referrals and follow-ups.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	Section 75-5967 provides that except as provided by the Kansas tort claims act or action that constitutes gross negligence or willful and wanton misconduct, each provider, and employees, agents, suppliers and subcontractors thereof are not liable for the payment of damages resulting directly or indirectly from the performance of installing, maintaining or providing 9-8-8 service.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 75-5968 establishes a 9-8-8 suicide prevention and mental health crisis hotline fund administered by the secretary for aging and disability services (fund). Money in the fund can be used for, among other things, the provision of mobile crisis response services.</li> <li>• Starting July 2022, and each July thereafter, the director of accounts and reports must transfer \$10 million from the state general fund to the fund, subject to adjustment if the prior year's allocation was not fully used.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None

<b><u>KENTUCKY</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• KY. REV. STAT. ANN. § 15.291 (West 2025) (opioid abatement advisory commission)</li> <li>• KY. REV. STAT. ANN. § 15.525 (West 2025) (referral program for substance use treatment)</li> <li>• KY. REV. STAT. ANN. §§ 194A.385 to 194A.387 (West 2025) (behavioral health related crisis response)</li> <li>• KY. REV. STAT. ANN. § 210.365 (West 2025) (CIT training)</li> <li>• KY. REV. STAT. ANN. § 210.368 (West 2025) (mobile crisis services fund)</li> <li>• KY. REV. STAT. ANN. §§ 533.270 to 533.290 (West 2025) (behavioral health conditional dismissal program)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 26, 2007 – CIT training provisions added to § 210.365</li> <li>• June 29, 2017 – § 15.525 enacted</li> <li>• April 9, 2019 – eligibility for § 15.525 referral program modified</li> <li>• March 24, 2021 – § 15.291 enacted</li> <li>• June 29, 2021 – § 210.365 amended to make firefighters eligible for CIT training in addition to law enforcement</li> <li>• April 26, 2022 – § 210.368 enacted</li> <li>• July 14, 2022 – §§ 533.270 to 533.290 enacted</li> <li>• June 29, 2023 – §§ 194A.385 to 194A.387 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	Under § 15.525, a law enforcement agency may create a program to refer individuals to treatment for SUD 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.
<b>Deflection pathway</b>	Self-referral

<b><u>KENTUCKY</u></b>	
<b>Crisis intervention-related components</b>	Section 194A.387 provides that Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KDBHDID) shall, among other things: (1) develop, update, and maintain a statewide community crisis response support plan for providing crisis response services; (2) develop, administer, and maintain a statewide system of registration and credentialing of community crisis response volunteers to provide crisis response services; and (3) actively recruit volunteers to serve on the community crisis response team and the local community crisis response teams, ensuring representation from a diversity of first responders and behavioral health provider peer groups.
<b>Training and education-related components</b>	Under § 210.365, KDBHDID shall, in collaboration with Kentucky Fire Commission, 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 firefighters and law enforcement officers to, among other things, effectively respond to individuals who may have MHD, SUD, or both. The CIT training shall include identification and recognition of the different types of mental illnesses, SUD, intellectual disabilities, developmental disabilities, and dual diagnoses and community resources and options for treatment.
<b>Immunity from liability components</b>	Except for intentional misconduct, any law enforcement agency or individual that provides referrals or services in accordance with § 15.525 is immune from criminal and civil liability.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>Section 15.291 provides that the Kentucky Opioid Abatement Advisory Commission (KOAAC) shall award moneys from the state's opioid abatement trust fund to fund projects that, among other things: (1) support intervention, treatment, and recovery services provided to persons with opioid use disorder (OUD) or co-occurring SUD/mental health issues or have experience an opioid overdose; (2) provides or supports transportation to treatment or recovery programs or services; or (3) supports the education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with opioids or individuals with OUD or co-occurring SUD/mental health issues.</li> </ul>

<b><u>KENTUCKY</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• Section 210.365 provides that to implement the CIT training, KDBHDID 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.</li> <li>• Section 210.368 establishes the mobile crisis services fund within the Kentucky Cabinet for Health and Family Services to provide loans to community mental health centers for, among other things, operating a mobile unit, which is any vehicle the health center uses to travel within its region to provide community services to individuals who experience issues with mental health, developmental and intellectual disabilities, and SUD.</li> </ul>
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Sections 533.270 to 533.290 establish a pilot behavioral health conditional dismissal program (dismissal program) running from January 1, 2023 to January 1, 2027 in at least 10 counties. Pursuant to § 533.274, the dismissal program shall: (1) provide eligible persons, on an equal basis, an alternative to ordinary prosecution for qualifying offenses arising from a behavioral health disorder by receiving early recovery services and treatment reasonably expected to deter future criminal behavior; and (2) provide an expedited alternative to prosecution for eligible persons who may be harmed by the imposition of criminal sanctions in the absence of the alternative when the alternative is reasonably expected to serve as a sufficient deterrent to criminal conduct. One of the factors for eligibility in the dismissal program is the likelihood that the applicant's offense is related to a behavioral health disorder that would be conducive to change through participation in a behavioral health treatment program.</li> <li>• These sections address, among other things, dismissal program eligibility, behavioral health assessments, vocational assessments, case management, and a fund used to administer and support the dismissal program.</li> <li>• However, the structure of the dismissal program, including the provision in § 533.276 that a clinical assessment take place within 72 hours of arrest, indicates that the program participants face filed charges, which makes it resemble post-arrest diversion more so than pre-arrest deflection.</li> </ul>
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>LOUISIANA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• LA. STAT. ANN. § 28:22 (2024) (crisis response system)</li> <li>• LA. STAT. ANN. § 40:2404.2 (2025) (law enforcement training)</li> <li>• S. Res. 14, 2024 Leg., Reg. Sess. (La. 2024) (community responder task force)</li> <li>• S. Res. 58, 2022 Leg., Reg. Sess. (La. 2022) (law enforcement/behavioral health partnership task force)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 25, 2008 – § 28:22 enacted</li> <li>• June 14, 2017 – § 40:2404.2 enacted</li> <li>• May 26, 2022 – S.R. 58 adopted</li> <li>• April 8, 2024 – S.R. 14 adopted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	S. Res. 14 created the Community Responder Task Force (Task Force) to study the implementation of a partnership between law enforcement agencies, behavioral health providers, and hospitals to reduce or eliminate incidents of law enforcement officers responding to nonviolent calls or behavioral or social crises in which no crime is reported. The Task Force must submit a written report of its findings and recommendations to the Senate no later than March 2025.
<b>Deflection pathway</b>	Community response
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 28:22 provides that each human service district, authority, local governing entity, or region of the Louisiana Department of Health must develop a plan to operate a crisis network and provide skilled clinical interventions to help prevent suicides, homicides, unnecessary hospitalizations, and arrests or detentions and to reduce dangerous or threatening situations involving individuals in need of behavioral health services.</li> </ul>

<b><u>LOUISIANA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Each individual crisis response system designed by a local collaborative should include, but not be limited to: (1) the local provider of mental health, substance-related disorders, and developmental disability services; (2) the local office of the coroner; (3) the local emergency medical services system; (4) local law enforcement departments; (5) a representative of the consumer community; (6) a representative of the mental health advocacy community; and (7) a representative of the local public and private hospital emergency department.</li> <li>• The crisis system shall also include the development of an intervention plan.</li> </ul>
<b>Training and education-related components</b>	Section 40:2404.2 provides that minimum requirements for law enforcement officer training include curriculum for de-escalation and crisis intervention training for law enforcement interaction with individuals with mental illness.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	None
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024.



<b><u>MAINE</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• ME. REV. STAT. ANN. tit. 34-B, §§ 3621 to 3622 (West 2025) (crisis intervention program)</li> <li>• H.P. 1420, 131<sup>st</sup> Leg., 2<sup>nd</sup> Reg. Sess. (Me. 2024) (FY 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	January 1, 2025 – Relevant part of H.P. 1420 enacted
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Under tit. 34-B, § 3621, the Maine Department of Health and Human Services (MDHHS) 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 delivered by a CIT.</li> <li>• Under tit. 34-B, § 3622, a community-based CIT must be established to provide crisis intervention on a 24-hour, 7-days-a-week basis and to provide crisis intervention training for emergency room personnel.</li> </ul>
<b>Training and education-related components</b>	Title 34-B, § 3622 provides that the CIT must be comprised of qualified mental health professionals with training and experience in assessment and intervention with individuals experiencing a mental health crisis.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	H.P. 1420 appropriates over \$2 million to MDHHS to strengthen and expand mental health crisis intervention mobile response services.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>MARYLAND</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• MD. CODE ANN., HEALTH-GEN. §§ 7.5-5a-01 to 7.5-5a-04 (West 2025) (9-8-8 trust fund)</li> <li>• MD. CODE ANN., HEALTH-GEN. § 7.5-208 (West 2025) (Behavioral Health Crisis Response Grant Program)</li> <li>• MD. CODE ANN., HEALTH-GEN. §§ 10-1401 to 10-1405 (West 2025) (crisis response centers)</li> <li>• MD. CODE ANN., HEALTH-GEN. §§ 13-4201 to 13-4206 (West 2025) (Behavioral Health Public Safety Center of Excellence)</li> <li>• MD. CODE ANN., PUB. SAFETY § 3-522 (West 2025) (CIT Center of Excellence)</li> <li>• MD. CODE ANN., PUB. SAFETY § 4-1001 (West 2025) (Baltimore LEAD program funds)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2018 – HEALTH-GEN. § 7.5-208 and PUB. SAFETY § 4-1001 enacted</li> <li>• October 1, 2020 – PUB. SAFETY § 3-522 enacted</li> <li>• July 1, 2021 – HEALTH-GEN. §§ 13-4201 to 13-4206 enacted</li> <li>• October 1, 2021 – Mobile crisis team definition added to HEALTH-GEN. §§ 10-1401 to 10-1405 and 7.5-208; appropriations for FY 2023-2025 added to HEALTH-GEN. § 7.5-208; provision regarding competitive grants for mobile crisis teams added to HEALTH-GEN. § 7.5-208</li> <li>• July 1, 2022 – HEALTH-GEN. §§ 7.5-5a-01 to 7.5-5a-02 and 7.5-5a-04 enacted</li> <li>• October 1, 2022 – HEALTH-GEN. § 7.5-208 amended to require that proposals contain response standards that prioritize mobile crisis units over law enforcement; appropriation provision added to HEALTH-GEN. § 13-4202</li> <li>• July 1, 2023 – HEALTH-GEN. § 7.5-5a-03 enacted</li> <li>• October 1, 2024 – HEALTH-GEN. § 7.5-5a-03.1 enacted</li> <li>• July 1, 2025 – HEALTH-GEN. § 10-1403 amended to expressly reference the 9-8-8 lifeline; FY 2027-2029 appropriations added to HEALTH-GEN. § 7.5-208</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.

<b><u>MARYLAND</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• HEALTH-GEN. §§ 13-4201 to 13-4206 establishes the Maryland Behavioral Health and Public Safety Center of Excellence (BHPS Center). Pursuant to § 13-4202, 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 the Maryland Behavioral Health Administration to implement and track the progress of creating an effective behavioral health system of care in the state.</li> <li>• HEALTH-GEN. § 13-4203 provides that the BHPS Center shall, among other things, develop: (1) a statewide model for LEAD; (2) recommendations for pretrial services; (3) procedures for sharing deflection and diversion statistics between relevant state agencies; (4) recommendations for statewide implementation of law enforcement-assisted diversion programs; and (5) a statewide model for community crisis intervention services other than law enforcement.</li> <li>• HEALTH-GEN. § 13-4204 provides that on or before December 1 each year, the BHPS Center shall produce and update a multiyear strategic plan that includes, among other things, recommendations for investment in preventive services systems including: (1) assertive community treatment; (2) crisis response services; (3) harm reduction strategies; and (4) other preventive services for individuals with behavioral health disorders. In developing the strategic plan, the BHPS Center shall consider opportunities for the provision of pre-crisis-to-recovery services to individuals with behavioral health disorders who are involved in the criminal justice system.</li> <li>• Also see the funding provisions section below.</li> </ul>
<b>Deflection pathway</b>	First responder/officer referral; officer intervention; community response. The provisions could also apply to other not-specified pathways.

<b><u>MARYLAND</u></b>	
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• HEALTH-GEN. § 7.5-208 establishes a Behavioral Health Crisis Response Grant Program (Program) in the Maryland Department of Health (MDOH). The purpose of the Program is to provide funds to local jurisdictions to establish and expand community behavioral health crisis response systems, including mobile crisis teams, that: (1) meet national standards; (2) integrate the delivery of mental health and substance use treatment; and (3) connect individuals to appropriate community-based care in a timely manner on discharge. In awarding Program grants, MDOH shall require that proposals contain response standards that prioritize mobile crisis units over law enforcement when responding to individuals in crisis.</li> <li>• HEALTH-GEN. §§ 10-1401 to 10-1405 establishes the Maryland Behavioral Health Crisis Response System (System) and tasks it 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.</li> <li>• HEALTH-GEN. § 10-1403 provides that the System shall include, among other things, a state 9-8-8 Suicide and Crisis Lifeline in each jurisdiction or region with services such as mobile crisis teams and CITs and a process for evaluating services/outcomes.</li> </ul>
<b>Training and education-related components</b>	PUB. SAFETY § 3-522 provides that there is a CIT Center of Excellence (CIT Center) within the Maryland 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.
<b>Immunity from liability components</b>	None

<b><u>MARYLAND</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• HEALTH-GEN. § 7.5-5a-02 establishes a non-reverting 9-8-8 Trust Fund (Fund) to provide reimbursement for costs associated with, among other things, developing and implementing a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in Maryland including crisis call centers and mobile crisis team services. At least one-third of the appropriation required for the Program must be used to award competitive grants for mobile crisis teams.</li> <li>• HEALTH-GEN. § 7.5-208 expressly appropriates \$5 million for each fiscal year from 2027 to 2029 for the Program.</li> <li>• HEALTH-GEN. § 13-4202 provides that for fiscal year 2024 and each fiscal year thereafter, the governor must include in the annual budget bill an appropriation of \$500,000 for the BHPS Center.</li> <li>• PUB. SAFETY § 3-522 provides that the CIT 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.</li> <li>• PUB. SAFETY § 4-1001 provides that 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.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024 and 2025.

<b><u>MASSACHUSETTS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• MASS. GEN. LAWS ANN. ch. 6A, § 16EE (West 2025) (9-8-8 crisis hotline centers)</li> <li>• MASS. GEN. LAWS ANN. ch. 19, § 25 (West 2025) (center for responsive training in crisis intervention)</li> <li>• MASS. GEN. LAWS ANN. ch. 29, § 2QQQQQ (West 2025) (criminal justice and community support trust fund)</li> <li>• MASS. GEN. LAWS ANN. ch. 29, § 2WWWWW (West 2025) (behavioral health access and crisis intervention trust fund)</li> <li>• MASS. GEN. LAWS ANN. ch. 118E, § 66 (West 2025) (health safety net trust fund)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 9, 2018 – Ch. 19, § 25 enacted</li> <li>• July 1, 2021 – Ch. 29, § 2QQQQQ enacted</li> <li>• July 1, 2022 – Ch. 29, § 2WWWWW enacted</li> <li>• November 8, 2022 – Ch. 6A, § 16EE enacted</li> <li>• July 1, 2024 – Appropriation to behavioral health access and crisis intervention trust fund added to ch. 118E, § 66</li> <li>• July 1, 2025 – Description and purpose of behavioral health access and crisis intervention trust fund in ch. 29, § 2WWWWW modified</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Ch. 6A, § 16EE provides that the secretary of the Massachusetts Department of Health and Human Services (MDHHS) must designate at least one 9-8-8 crisis hotline center to operate 24 hours a day, seven days a week to provide crisis intervention services and crisis care coordination to individuals accessing the federally designated 9-8-8 suicide prevention and behavioral health crisis hotline. The 9-8-8 crisis hotline center should have the authority to deploy crisis and outgoing services, including mobile behavioral health crisis responders, and coordinate access to crisis triage, evaluation and counseling services, community crisis stabilization programs or other resources as appropriate.</li> </ul>

<b><u>MASSACHUSETTS</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Ch. 19, § 25 provides that within the Massachusetts Department of Mental Health (MDMH), there is a center for responsive 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.</li> <li>• Among other things, 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 SUDs; (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.</li> <li>• In addition, the Center shall promote the use and adequate resourcing of trained community-based crisis response resources to assist residents when an exclusive police response is not best suited to address the concerns raised or is inappropriate or unnecessary.</li> </ul>
<b>Training and education-related components</b>	Ch. 19, § 25 provides that trainings established by the Center shall include information on, among other things: (1) the signs and symptoms of mental illnesses and substance misuse; (2) mental health treatment; (3) co-occurring disorders; and (4) responding to a mental health or substance use crisis including efforts to prioritize de-escalation tactics and techniques in crisis response situations.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Ch. 29, § 2QQQQQ establishes a Criminal Justice and Community Support Trust Fund (CJCS Fund) administered by the commissioner of MDMH, in consultation with the Executive Office of Public Safety and Security. The purpose of the CJCS Fund is to make grants to county and community-based jail diversion programs and community policing and behavioral health training initiatives for: (1) the support of jail diversion programs for individuals living with mental illness or SUD</li> </ul>

<b><u>MASSACHUSETTS</u></b>	
<b>Funding provisions (continued)</b>	<p>(2) the development and provision of training for state, county and municipal law enforcement in evidence-based or evidence-informed mental health and substance use crisis response or alternative emergency response; (3) the creation of patient-focused, ongoing community services for individuals who are frequent users of emergency departments and live with serious and persistent mental illness or SUD; (4) the support of trauma-informed, gender-responsive, pre-arrest or pre-arraignment diversion programs; or (5) the planning and implementation of restoration centers to divert individuals living with mental illness or SUD who interact with law enforcement or the court system during a pre-arrest investigation or the pre-adjudication process from lock-up facilities and hospital emergency departments to appropriate treatment.</p> <ul style="list-style-type: none"> <li>• Ch. 29, § 2WWWW provides that there is a Behavioral Health Access and Crisis Intervention Trust Fund (CI Fund) administered by the secretary of MDHHS, to support a statewide, payor-agnostic community behavioral health crisis continuum of care and to provide high-quality and equitable access to clinical, emergent, urgent, diversionary and rehabilitative care for individuals with a behavioral health condition. Expenditures may include: (1) a behavioral health access line to connect individuals to behavioral health services, including clinical assessment and triage; and (2) a statewide system to deliver behavioral health crisis intervention services 24 hours per day and 7 days per week in mobile and community-based settings, available to all residents without regard to insurance.</li> <li>• Ch. 118E, § 66 establishes the Health Safety Net Trust Fund (SN Fund) administered by the Massachusetts Health Safety Net Office which pays for certain medically necessary services provided to qualified low-income patients who do not qualify for Medicaid. Section 66 details certain payments that must be made out of the SN Fund, which includes \$33.7 million to the CI Fund established in Ch. 29, § 2WWWW.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .



<b><u>MICHIGAN</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• MICH. COMP. LAWS ANN. § 330.1207a (West 2025) (interagency agreement)</li> <li>• MICH. COMP. LAWS ANN. § 330.1207c (West 2025) (jail diversion fund)</li> <li>• MICH. COMP. LAWS ANN. § 330.1207d (West 2025) (behavioral health jail diversion grant program)</li> <li>• MICH. COMP. LAWS ANN. §§ 330.1207e to 330.1207f (West 2025) (behavioral health jail diversion grant program)</li> <li>• H.B. 4706, 103<sup>rd</sup> Legis., 2025 Reg. Sess. (Mich. 2025) (FY 2025 and 2026 appropriations)</li> <li>• S.B. 747, 102<sup>nd</sup> Legis., 2024 Reg. Sess. (Mich 2024) (FY 2024 and 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 6, 2014 – § 330.1207a enacted</li> <li>• December 27, 2021 – §§ 330.1207c to 330.1207f enacted</li> <li>• July 30, 2024 – S.B. 747 enacted</li> <li>• October 7, 2025 – H.B. 4706 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 330.1207d requires the Michigan Department of Health and Human Services (MDHHS) to create a behavioral health jail diversion grant program to provide competitive grants to establish or expand behavioral health jail diversion programs in coordination between community agencies and law enforcement agencies. A “behavioral health jail diversion program” means a program under which an individual with a behavioral health disorder who otherwise would have been arrested or processed through the traditional criminal justice system is instead rerouted away from the criminal justice system, pre-arrest or post-arrest, and before jail incarceration or conviction. MDHHS must give priority to governmental entities in counties without an urbanized area of at least 50,000 people and to programs that adhere to best practices.</li> </ul>

<b><u>MICHIGAN</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• In addition, by September each year, MDHHS must compile and submit an annual report to the state legislature publish a copy of the report on its website that contains: (1) the name of each local unit of government that received a grant; (2) details about any subgrant disbursed by each local unit of government; (3) an analysis of the activities undertaken by grant recipients as part of their project; and (4) an appropriate summary of metrics reported by grant recipients.</li> </ul>
<b>Deflection pathway</b>	Officer intervention
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 330.1207a provides that each county must have a written interagency agreement in place for a collaborative program to provide mental health treatment and assistance to individuals with serious mental illness who are considered at risk for one or more of the following: (1) entering the criminal justice system; (2) not receiving needed mental health treatment services during a period of incarceration in a county jail; (3) not receiving needed mental health treatment services upon release or discharge from incarceration in a county jail; and (4) being committed to the jurisdiction of the department of corrections.</li> <li>• Section 330.1207f provides that MDHHS must create a community crisis response grant program with grants distributed to local units of government for the purpose of establishing or expanding community-based mobile crisis intervention services. “Community crisis response” means a program in which certain calls to existing 9-1-1 dispatch centers and other existing crisis lines, including 9-8-8 systems, are responded to by one or more community crisis responder clinicians or community crisis responder peers, alone or, when public safety needs require, with law enforcement for the purposes of stabilization, de-escalation, harm reduction, screening and assessment, and connection to mental health, SUD, social, health, or other services and supports as needed.</li> <li>• In addition, by September each year, MDHHS must compile and submit an annual report to the state legislature publish a copy of the report on its website that contains: (1) the name of each local unit of government that received a grant; (2) details about any subgrants disbursed by each local unit of government that received a grant; (3) an analysis of the activities undertaken by grant recipients as part of their project, including alignment with best practices; (4) an appropriate summary of metrics reported by grant recipients; and (5) recommendations for improvements to grant criteria.</li> </ul>

<b><u>MICHIGAN</u></b>	
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 330.1207c creates the jail diversion fund within the state treasury. The primary purpose of the fund is to make grant distributions provided for in § 330.1207d and § 330.1207f.</li> <li>• H.B. 4706 provides that from the funds appropriated for mental health diversion council, MDHHS shall allocate \$3.85 million to continue to implement the jail diversion programs that are intended to address the recommendations of the mental health diversion council. The enacted bill also requires a \$10 million allocation from Michigan’s opioid healing and recovery fund for “diversion programs.”</li> <li>• S.B. 747 provides that the purpose of the jail diversion project is to distribute grants to local units of government to establish or expand behavioral health jail diversion programs in coordination between community agencies and law enforcement agencies. The total estimated cost of the project is \$2.5 million, and the tentative completion date is September 30, 2028.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>MINNESOTA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• MINN. STAT. ANN. § 145.561 (West 2025) (crisis lifeline)</li> <li>• MINN. STAT. ANN. § 626.8469 (West 2025) (crisis response training)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2017 – § 626.8469 enacted</li> <li>• August 1, 2020 – More specification about contents of crisis intervention training added to § 626.8469</li> <li>• July 1, 2023 – § 145.561 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	Section 145.561 provides that Minnesota’s 9-8-8 Lifeline Center must, among other things: (1) facilitate crisis and outgoing services, including mobile crisis teams; and (2) actively collaborate and coordinate service linkages with mental health and SUD treatment providers, local community mental health centers including certified community behavioral health clinics and community behavioral health centers, mobile crisis teams, and community based and hospital emergency departments.
<b>Training and education-related components</b>	Under § 626.8469, the chief law enforcement officer of every state and local law enforcement agency shall provide in-service training in crisis intervention and mental illness crises. A training course must include scenario-based instruction and cover nine specified types of issues including crisis de-escalation and co-occurring mental illnesses and SUD.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Section 145.561 provides that there is a 9-8-8 special revenue account in the state’s special revenue fund funded by telecommunications and wireless communications fees.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>MISSISSIPPI</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• MISS. CODE ANN. § 17-25-39 (West 2025) (CIT officer)</li> <li>• MISS. CODE ANN. §§ 41-20-51 to 41-20-53 (West 2025) (crisis behavioral health services)</li> <li>• MISS. CODE ANN. §§ 41-21-131 to 41-21-151 (West 2025) (crisis intervention mental health fund)</li> <li>• S.B. 2016, 2025 1<sup>st</sup> Extraordinary Sess. (Miss. 2025) (FY 2026 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2004 – § 41-21-151 enacted</li> <li>• July 1, 2010 – §§ 41-21-131 to 41-21-139 and 41-21-141 to 41-21-143 enacted</li> <li>• July 1, 2022 – §§ 41-20-51 to 41-20-53 enacted</li> <li>• July 1, 2023 – §§ 17-25-39 and 41-21-140 enacted</li> <li>• June 17, 2025 – S.B. 2016 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 41-21-133 provides that any law enforcement agency or community mental health center, as a participating partner, is authorized to establish CITs. In addition, two or more governmental entities may jointly provide CIT services.</li> <li>• Section 17-25-39 provides that on or before July 1, 2025, each county and municipal law enforcement agency must employ at least one (1) law enforcement officer who is a CIT Officer</li> <li>• Pursuant to § 41-20-53, the Mississippi Department of Mental Health must designate one or more crisis hotline centers to, among other things, deploy crisis and outgoing services, including mobile crisis response teams, and coordinate access to crisis receiving and stabilization services and other local resources as appropriate and according to guidelines and best practices.</li> </ul>
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None

<b><u>MISSISSIPPI</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"><li>• Section 41-21-151 creates a special interest fund known as the Crisis Intervention Mental Health Fund (Fund). The purpose of the Fund is to provide funding for the seven mental health crisis centers in the state and a special treatment facility in Harrison County.</li><li>• Per S.B. 2016, the Mississippi Legislature appropriated \$3.91 million to the Crisis Intervention Mental Health Fund for fiscal year 2026.</li><li>• Enacted legislation in prior years contained similar types of appropriations.</li></ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>MISSOURI</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	None
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Applicable intervention circumstances</b>	N/A
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	N/A
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	N/A
<b>Training and education-related components</b>	N/A
<b>Immunity from liability components</b>	N/A
<b>Funding provisions</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>MONTANA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• MONT. CODE ANN. § 16-12-111 (West 2025) (transfer of excess funds from state cannabis revenue fund)</li> <li>• MONT. CODE ANN. § 44-7-110 (West 2025) (CIT training)</li> <li>• MONT. CODE ANN. § 53-21-1103 (West 2025) (suicide hotline)</li> <li>• MONT. CODE ANN. §§ 53-21-1202 to 53-21-1203 (West 2025) (crisis intervention programs)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2007 – § 53-21-1102 enacted</li> <li>• October 1, 2017 – § 44-7-110 enacted</li> <li>• July 1, 2021 – § 16-12-111 enacted; former statutes related to mobile crisis team grant program repealed via sunset provision</li> <li>• May 22, 2023 – § 44-7-110 expanded to allow nonprofit law enforcement organizations and other nonprofit organizations to seek grants</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 44-7-110 provides that nonprofit law enforcement organizations, nonprofit organizations, and local governments, including tribal governments, 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 illness or behavioral health problem, including strategies for verbal de-escalation and crisis intervention techniques; and (2) best utilize or establish collaborative programs that enhance the ability of law enforcement agencies to coordinate with community-based service providers to address the behavioral health problems of individuals typically encountered by law enforcement officers in the line of duty.</li> </ul>



<b><u>MONTANA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 53-21-1202 provides that the Montana Department of Health and Human Services (MDHHS) shall, subject to available appropriations, establish crisis intervention programs designed to provide 24-hour emergency admission and care of individuals suffering from a mental disorder and requiring commitment in a temporary, safe environment in the community as an alternative to placement in jail.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 44-7-110 provides that the Montana Board of Crime Control (MBCC) 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. MBCC shall collaborate with MDHHS to prevent duplication of efforts and coordinate the monitoring and reporting of CIT team training program outcomes.</li> <li>• In administering the CIT team training program, MBCC shall, among other things: (1) collaborate with the department of public health and human services to ensure coordination across the state and development of associated best practices and standards; (2) identify and disseminate data and technical assistance to local law enforcement and to community stakeholders on established national and international best practices; (3) identify priorities for funding services, activities, and criteria for the receipt of program funds; (4) evaluate the effectiveness of services and activities under this section; and (5) to the extent practicable, coordinate with existing statewide organizations and other state agencies that identify best practices, develop training models, and collect data to avoid duplication of efforts.</li> <li>• MBCC shall report on the status of the program to the law and justice interim committee by September 15 of each even-numbered year.</li> </ul>
<b>Immunity from liability components</b>	None

<b><u>MONTANA</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Pursuant to § 44-7-110, funds available for the CITs training program consist of state appropriations and federal funds received by MBCC. The Board may also accept gifts, grants, and donations from other public or private sources.</li> <li>• Section 53-21-1203 provides that as soon as possible after July 1 of each new biennium, from funds appropriated by the legislature MDHHS shall grant to each eligible county or federally recognized tribal government state matching funds for jail diversion and crisis intervention services.</li> <li>• Pursuant to § 16-12-111, each fiscal year, the state must transfer \$150,000 from excess funds in the state's cannabis special revenue account to MBCC to fund CIT training</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>NEBRASKA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• NEB. REV. STAT. ANN. § 50-701 (West 2025) (mental health crisis hotline task force)</li> <li>• NEB. REV. STAT. ANN. §§ 86-472 to 86-473 (West 2025) (9-8-8 suicide and crisis lifeline)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 25, 2021 – § 50-701 enacted</li> <li>• July 19, 2024 – §§ 86-472 to 86-473 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 86-472 provides that the Nebraska Department of Health and Human Services oversees administration of the 9-8-8 suicide and crisis lifeline.</li> <li>• In addition, § 50-701 created the Mental Health Crisis Hotline Task Force (Task Force), although the statutory language provides that the Task Force terminated in December 2022.</li> </ul>
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	None
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>NEVADA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• NEV. REV. STAT. ANN. § 41.5075 (West 2025) (behavioral health specialist immunity)</li> <li>• NEV. REV. STAT. ANN. § 289.510 (West 2025) (peace officer training)</li> <li>• NEV. REV. STAT. ANN. §§ 433.702 to 433.710 (West 2025) (suicide prevention lifeline program)</li> <li>• NEV. REV. STAT. ANN. §§ 433.738 (West 2025) (opioid litigation proceeds allocation)</li> <li>• NEV. REV. STAT. ANN. §§ 458.450 to 458.490 (West 2025) (statewide substance use response working group)</li> <li>• S.B. 236, 81<sup>st</sup> Leg., Reg. Sess. (Nev. 2021) (interim study)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 2, 2020 – § 289.510 amended to require crisis intervention curriculum</li> <li>• June 4, 2021 – §§ 458.450 to 458.490 enacted</li> <li>• July 1, 2021 – § 41.5075 enacted; S.B. 236 enacted</li> <li>• January 1, 2022 – §§ 433.702 to 433.710 enacted; § 289.510 amended regarding continuing education on crisis intervention</li> <li>• October 1, 2025 – Mobile crisis team requirements in § 433.704 modified</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	Section 458.480 provides that, among other responsibilities, the Statewide Substance Use Response Working Group (Working Group) must “work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from SUD at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs” for such individuals. On or before August 1 of each year, the Working Group must compile a report of recommendations and submit it to the governor, attorney general, and legislature.
<b>Deflection pathway</b>	No pathway expressly specified, but the provision could apply to any pathway.

<b><u>NEVADA</u></b>	
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 433.704 provides that the Nevada Division of Public and Behavioral Health shall, support the implementation of a 9-8-8 hotline by, among other things; (1) establishing at least one support center to answer calls to the hotline and coordinate the response; and (2) encouraging the establishment of and, to the extent that money is available, establishing mobile crisis teams to provide community-based intervention, including, without limitation, de-escalation and stabilization.</li> <li>• A mobile crisis team must consist of one or more individuals professionally qualified in the field of behavioral health and one or more: (1) law enforcement officers; (2) emergency medical services providers; or (3) individuals with appropriate expertise in the field of behavioral health, which may include, without limitation, a community health worker, a provider of case management services, a provider of peer recovery support services or a similar paraprofessional.</li> <li>• Section 433.706 provides that the requirements of a support center include: (1) coordinating and deploying necessary services, including, without limitation, crisis stabilization services and mobile crisis teams; and (2) providing follow-up services.</li> <li>• S.B. 236 directed the Legislative Commission to appoint a committee to conduct an interim study relating to the establishment of crisis response call centers, including such topics as: (1) pairing peace officers with mental health specialists, social workers or counselors for any mental health calls that address a non-violent situation; (2) having community service officers who are not armed respond to non-emergency calls and whether that would require the creation of a new department; and (3) alternative models for responses to crises using resources that do not require armed law enforcement officers, including, without limitation, responses to mental health crises, issues relating to homelessness or other situations in which responding with alternative resources is more appropriate than responding with armed law enforcement officers.</li> </ul>

<b><u>NEVADA</u></b>	
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 289.510 provides that the Peace Officers' Standards and Training Commission (POSTC) is required to develop and approve a standard curriculum of certified training programs in crisis intervention, which may be made available in an electronic format, and which address specialized responses to persons with mental illness and train peace officers to identify the signs and symptoms of mental illness, to de-escalate situations involving persons who appear to be experiencing a behavioral health crisis and, if appropriate, to connect such persons to treatment.</li> <li>• In addition, POSTC must develop standards for the continuing education of peace officers that require all peace officers to annually complete a continuing education course that addresses mental health, including, without limitation, crisis intervention.</li> </ul>
<b>Immunity from liability components</b>	Section 41.5075 provides that a behavioral health specialist performing mobile crisis intervention services by telephone or audio-video communication, whether for compensation or gratuitously, is immune from any civil liability in the performance of those services if the acts or omissions of the specialist are: (1) in good faith; and (2) do not constitute gross negligence or willful, wanton, or intentional misconduct.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 433.708 provides that there is a non-reverting Crisis Response Account created in the state general fund to carry out the suicide prevention lifeline program.</li> <li>• Section 433.738 provides that the statewide plan to allocate funds from the Fund for a Resilient Nevada (<i>i.e.</i>, the state's opioid litigation proceeds fund) may include projects that expand access early intervention for individuals at risk of an SUD.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2025.

<b><u>NEW HAMPSHIRE</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• S.B. 85, 168<sup>th</sup> Sess., 1<sup>st</sup> Year (N.H. 2023) (emergency behavioral health services and behavioral health crisis programs)</li> <li>• S.B. 376, 167<sup>th</sup> Sess., 2<sup>nd</sup> Year (N.H. 2022) (CIT training appropriation)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 8, 2022 – S.B. 376 enacted</li> <li>• August 8, 2023 – S.B. 85 enacted</li> <li>• November 1, 2024 – N.H. REV. STAT. ANN. § 135-C:68 related to the study commission described below repealed</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	See funding provisions section below.
<b>Training and education-related components</b>	See funding provisions section below.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• S.B. 85 created the Study Commission on Sustainable Funding of Behavioral Health Crisis Programs (SCSFBHCP) to assist with creating a comprehensive, sustainable behavioral health crisis stabilization system that includes, among other things, mobile crisis response teams. SCSFBHCP issued its final report in November 2024.<sup>28</sup></li> <li>• Among other things, S.B. 376 appropriated \$1.1 million for the fiscal year ending June 2023 to the police standards and training council to support CIT training.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<sup>28</sup> *Report of the Commission on Behavioral Health Crisis Services*, THE STATE OF NEW HAMPSHIRE (Nov. 1, 2024), <https://gc.nh.gov/statstudcomm/reports/1668.pdf>.

<b><u>NEW JERSEY</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• N.J. STAT. ANN. §§ 2C:43-32 to 2C:43-41 (West 2025) (mental health diversion program)</li> <li>• N.J. STAT. ANN. §§ 26:2mm-5 to 26:2mm-11 (West 2025) (behavioral health care response system)</li> <li>• N.J. STAT. ANN. §§ 30:6C-12 to 6C-16 (West 2025) (law enforcement assisted addiction and recovery referral programs)</li> <li>• N.J. STAT. ANN. § 52:17B-71.11 (West 2025) (police officer curriculum)</li> <li>• N.J. STAT. ANN. §§ 52:17B-236.1 to 236.8 (West 2025) (community led crisis response act)</li> <li>• S.B. 2026, 221<sup>st</sup> Legis., 2<sup>nd</sup> Ann. Sess. (N.J. 2025) (FY 2026 appropriations)</li> <li>• A.B. 4700, 221<sup>st</sup> Legis., 1<sup>st</sup> Ann. Sess. (N.J. 2024) (FY 2025 appropriations)</li> <li>• A.B. 5326, § 8, 220<sup>th</sup> Legis., 2<sup>nd</sup> Ann. Sess. (N.J. 2023) (appropriation for community led crisis response act)</li> <li>• S.B. 722, 220<sup>th</sup> Legis., 1<sup>st</sup> Ann. Sess. (N.J. 2022) (ARRIVE Together program)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• February 1, 2017 – §§ 30:6C-12 to 30:6C-16 enacted</li> <li>• January 18, 2022 – § 52:17B-71.11 enacted</li> <li>• June 30, 2022 – §§ 26:2mm-5 to 26:2mm-11 enacted</li> <li>• May 1, 2023 – S.B. 722 enacted</li> <li>• January 12, 2024 – §§ 52:17B-236.1 to 52:17B-236.8 and A.B. 5326 enacted</li> <li>• June 28, 2024 – A.B. 4700 enacted</li> <li>• July 1, 2024 – §§ 2C:43-32 to 2C:43-41 enacted</li> <li>• June 30, 2025 – S.B. 2026 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.



<b><u>NEW JERSEY</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 30:6C-12 provides that the director of the Division of Mental Health and Addiction Services in the New Jersey Department of Human Services (NJDHS), in consultation with the attorney general, is to provide for the establishment of a law enforcement assisted addiction and recovery referral program (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 referral program. In doing so, the director shall support and facilitate the linkage of referral programs to facilities and programs that may provide appropriate SUD recovery services, health care services, including mental health services, medication-assisted treatment services, and other SUD treatment services to program participants.</li> <li>• Under § 30:6C-13, law enforcement officers participating in the referral program, among other things, 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 SUD recovery services or health care services but cannot otherwise be involved in the provision of such services.</li> <li>• Section 30:6C-14 provides that an individual is ineligible to participate in the referral 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.</li> <li>• Section 30:6C-15 details the requirements for a referral program. These include that eligibility for participation is specifically and exclusively limited to individuals who voluntarily enter a law enforcement department to request assistance with substance use.</li> <li>• If, at the time of requesting assistance pursuant to the referral program or upon being accepted to participate in the referral program, an individual who is in possession of a controlled dangerous substance, controlled dangerous substance analog, or drug paraphernalia and advises a law enforcement officer of that possession and voluntarily surrenders the substance, analog or paraphernalia to the law enforcement officer shall not be arrested, charged, prosecuted or convicted for certain crimes specified in § 30:6C-15</li> </ul>
<b>Deflection pathway</b>	Self-referral

<b><u>NEW JERSEY</u></b>	
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 26:2mm-6 provides that the commissioner of NJDHS is required to conduct a public solicitation and procurement process to contract for the services of one or more crisis hotline centers to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline. A contracted crisis hotline center is responsible for receiving 9-8-8 calls and providing crisis intervention services to callers, including: (1) requesting the dispatch of mobile crisis teams; (2) coordinating crisis care responses and interventions; (3) referring callers to crisis stabilization services; and (4) providing, or facilitating and coordinating, the provision of appropriate follow-up services.</li> <li>• Section 26:2mm-7 provides that the commissioner shall establish a comprehensive statewide mobile behavioral health crisis response system. As part of this, the commissioner shall develop rules establishing, among other things: (1) composition requirements for mobile crisis response teams, which, at a minimum, shall include at least one licensed or certified behavioral health care professional and at least one certified peer; and (2) the scope of practice, operational protocols, and vehicle and equipment requirements for mobile crisis response teams.</li> <li>• Section 26:2mm-9 provides that the commissioner, in conjunction with other identified individuals, shall conduct a study concerning the implementation of the 9-8-8 suicide prevention and behavioral health crisis hotline and prepare a report by April 1, 2023.</li> <li>• Section 52:17B-236.4 provides that there is established in the New Jersey Department of Law and Public Safety (NJDLPS) the Community Crisis Response Advisory Council to provide NJDLPS with best practices and recommendations concerning the development of a community crisis response program in the form of an annual report to NJDLPS.</li> </ul>

<b><u>NEW JERSEY</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 52:17B-236.5 provides that the attorney general shall establish a pilot program in six identified counties to permit eligible municipalities and community-based organizations to operate community crisis response teams. Under § 52:17B-236.3, a “community crisis response team” means a team that provides professional on-site community-based intervention such as outreach, de-escalation, stabilization, resource connection, and follow-up support for individuals who are experiencing a behavioral health crisis that shall include certified peer counselors as a best practice to the extent practicable.</li> <li>• S.B. 722 provides that the attorney general is required to establish a pilot program to be known as the Alternative Response to Reduce Instances of Violence and Escalation (ARRIVE) Together pilot program. The program is to be designed to provide accessible crisis intervention, mental health screening, or other support to individuals experiencing mental health crises who have contacted or are engaging with law enforcement. One or more mental health service providers are to be contracted to provide services as needed to the state police or the police department or force, as appropriate, in the pilot municipality when responding to a call that involves a person who is experiencing a mental health or substance use crisis.</li> </ul>
<b>Training and education-related components</b>	Section 52:17B-71.11 provides that the attorney general, in consultation with the commissioner of NJDHS, shall develop a pilot program to promote and encourage law enforcement officers statewide to complete training that applies the CIT model. In addition, the New Jersey Police Training Commission shall develop and implement or incorporate into an existing training course, in consultation with a crisis intervention training center, a curriculum that applies the CIT model to individuals experiencing an economic crisis or struggling with an SUD who encounter law enforcement first responders.
<b>Immunity from liability components</b>	Section 30:6C-16 provides that a county or municipal entity, official, or employee that approves participation in a law enforcement assisted addiction and recovery referral program, is not, because of any acts or omissions, subject to any criminal or civil liability related to approval of participation in the referral program. In addition, 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 referral program, is not, as a result of any acts or omissions, subject to any criminal or civil liability related to participation in the referral program.

<b><u>NEW JERSEY</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 52:17B-236.5 provides that the attorney general shall issue grant awards to municipalities or organizations to plan or implement a community crisis response team and further describes the purposes for which grant money may be used. Pursuant to § 52:17B-236.6, an applicant is required to demonstrate an established relationship with a state-approved harm reduction center, be a state-approved community violence intervention program, or both.</li> <li>• The grant application for community crisis response teams must include, among other things: (1) strategies for warm handoff and sustained follow-up of participants; (2) a statement describing the manner in which a community crisis response team will divert behavioral health calls from the purview of law enforcement of response while ensuring rapid, sufficient medical response when needed; and (3) a statement describing the manner in which a community crisis response team will prevent and divert individuals from involvement in the criminal justice system.</li> <li>• Section 8 of A.B. 5326 provides that there is appropriated \$12 million from the New Jersey General Fund to NJDLPS for supporting activities and staffing of the council and the awarding of grants to participants of the community crisis response pilot program established in § 52:17B–236.4.</li> <li>• S.B. 2026 appropriates, for fiscal year 2026: <ul style="list-style-type: none"> <li>○ \$8 million for 9-8-8 state and territory improvement;</li> <li>○ \$28.8 million in grants-in-aid for the 9-8-8 suicide and crisis lifeline;</li> <li>○ \$5.4 million for the state crisis intervention program; and</li> <li>○ \$4.29 million in grants-in-aid for the crisis intervention program.</li> </ul> </li> <li>• A.B. 4700 appropriates, for fiscal year 2025: <ul style="list-style-type: none"> <li>○ \$8 million for 9-8-8 state and territory improvement;</li> <li>○ \$28.8 million in grants-in-aid for the 9-8-8 suicide and crisis lifeline;</li> <li>○ \$5.4 million for the state crisis intervention program; and</li> <li>○ \$4.29 million in grants-in-aid for the crisis intervention program.</li> </ul> </li> <li>• S.B. 722 provides that \$2 million dollars is appropriated from the General Fund to NJDLPS to effectuate the ARRIVE Together crisis response pilot program.</li> </ul>

<b><u>NEW JERSEY</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"> <li>• Under §§ 2C:43-32 to 2C:43-41, New Jersey recently enacted a comprehensive Statewide Mental Health Diversion Program (Diversion Program) with the purpose of diverting certain individuals away from the criminal justice system and into appropriate case management and mental health services as early as possible following an interaction with law enforcement where the person meets the statutory criteria for participation in the program and is alleged to have committed an eligible offense where there is a nexus between the commission of the alleged offense and the eligible person's mental disorder. "Mental disorder" includes co-occurring SUD.</li> <li>• Initially the Diversion Program must be established in at least three judicial vicinages, with at least one program operating in each of the northern, central, and southern regions of the State. No later than two years after the establishment of the Diversion Program, the attorney general, in conjunction with the New Jersey Administrative Office of the Courts and the New Jersey Department of Human Services, may, subject to the availability of funds, expand the Diversion Program to additional vicinages.</li> <li>• Section 2C: 43-34 provides that individual programs participating in the Diversion Program are eligible to receive funding from the Statewide Mental Health Diversion Support Program Fund to defray the costs of program administration and operation.</li> <li>• The structure of the Diversion Program, however, including the fact that the Program leader in each vicinage is a Superior Court judge, suggests that Program participants face filed charges, which makes the Program resemble post-arrest diversion more so than pre-arrest deflection.</li> </ul>
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>NEW MEXICO</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• N.M. STAT. ANN. § 29-7-4.4 (West 2025) (law enforcement officer training)</li> <li>• N.M. STAT. ANN. § 29-7-7.5 (West 2025) (law enforcement officer training)</li> <li>• N.M. STAT. ANN. § 31-28-4 (West 2025) (crime reduction grants)</li> <li>• H.B. 2, 57<sup>th</sup> Leg. Sess., 1<sup>st</sup> Sess. (N.M. 2025) (FY 2026 appropriations)</li> <li>• S.B. 535, 57<sup>th</sup> Leg. Sess. 1<sup>st</sup> Sess. (N.M. 2025) (9-8-8 lifeline fund)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2011 – § 29-7-7.5 enacted</li> <li>• July 1, 2019 – § 31-28-4 enacted</li> <li>• July 1, 2022 – Amended § 31-28-4 to allow crime reduction grants to be used to develop or improve coordination between law enforcement and treatment programs and establish law enforcement CITs</li> <li>• July 1, 2023 – § 29-7-4.4 enacted</li> <li>• July 1, 2025 – H.B. 2 enacted; S.B. 535 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	See training and funding sections below.
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 29-7-4.4 provides that the curriculum of each basic law enforcement training class and in-service training each year for certified police officers must include, among other things: (1) crisis management and intervention; (2) dealing with individuals who are experiencing mental health issues; and (3) methods of de-escalation.</li> <li>• Section 29-7-7.5 provides that a minimum of 40 hours of crisis management, including crisis intervention, confrontation de-escalation practicum and proper interaction with individuals with mental impairments training, shall be included in the curriculum of each basic law enforcement training class. In addition, a minimum of two hours of such training shall be included as a component of in-service law enforcement training.</li> </ul>

<b><u>NEW MEXICO</u></b>	
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 31-28-4 provides that crime reduction grants may be used to, among other things: (1) develop or improve coordination of services between law enforcement agencies and treatment programs; and (2) establish law enforcement CITs.</li> <li>• Section 8 of S.B. 535 creates the 9-8-8 lifeline fund (fund) as a non-reverting fund in the state treasury. The New Mexico Health Care Authority (NMHCA) shall administer the fund, and money in the fund is appropriated to the NMHCA to administer a confidential telecommunication service for emotional, mental or alcohol and drug use support made available to the public by the authority.</li> <li>• H.B. 2 allocates: <ul style="list-style-type: none"> <li>○ \$11.5 million to NMHCA for grants to counties, municipalities and Indian nations, tribes and pueblos based on the submitted regional plans for regional mobile crisis and recovery response, intervention and outreach teams and to support existing co-response models to transition to federally recognized mobile crisis team models;</li> <li>○ \$2.5 million to NMHCA for grants to counties, municipalities, and Indian nations, tribes and pueblos for law enforcement and behavioral health service providers to purchase regional mobile crisis response, recovery and outreach equipment; and</li> <li>○ \$2.5 million to the New Mexico Department of Public Safety to be used by law enforcement and behavioral health service providers to purchase equipment and vehicles for regional mobile crisis response, recovery and outreach for expenditure in fiscal years 2026 through 2029.</li> </ul> </li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>NEW YORK</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• N.Y. MENTAL HYG. § 36.01 (McKinney 2025) (crisis stabilization centers)</li> <li>• N.Y. MENTAL HYG. § 36.03 (McKinney 2025) (9-8-8 suicide prevention and behavioral health crisis hotline system)</li> <li>• N.Y. MENTAL HYG. § 36.07 (McKinney 2025) (behavioral health technical assistance center)</li> <li>• N.Y. STATE FIN. § 97-w (McKinney 2025) (chemical dependence service fund)</li> <li>• S.B. 3003, 248<sup>th</sup> Leg. Sess. (N.Y. 2025) (FY 2025-2026 appropriations)</li> <li>• A.B. 8803, 246<sup>th</sup> Leg. Sess. (N.Y. 2024) (FY 2024-2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 24, 2018 – Law enforcement assisted diversion language added to STATE FIN. LAW § 97-w</li> <li>• October 1, 2021 – MENTAL HYG. § 36.01 enacted</li> <li>• April 9, 2022 – MENTAL HYG. § 36.03 enacted</li> <li>• May 1, 2024 – A.B. 8803 enacted</li> <li>• May 20, 2025 – S.B. 3003 enacted</li> <li>• August 7, 2025 – MENTAL HYG. § 36.07 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	See funding provisions section below.
<b>Deflection pathway</b>	First responder/officer referral; officer intervention
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• MENTAL HYG. § 36.03 provides that the commissioner of the New York Office of Mental Health (NYOMH), in conjunction with the commissioner of the New York Office of Addiction Services and Supports (NYOASAS), shall have joint oversight of the 9-8-8 suicide prevention and behavioral health crisis hotline and shall work in concert with the national suicide prevention lifeline for the purposes of ensuring consistency of public messaging. In addition, these commissioners shall designate a crisis hotline center or centers to provide or arrange for crisis intervention services to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline from anywhere within the state twenty-four hours a day, seven days a week.</li> </ul>



<b><u>NEW YORK</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Among other things, a designated hotline center shall have the authority to deploy crisis intervention services, including but not limited to mobile crisis teams. In addition, a designated hotline center must provide follow-up services as needed to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline.</li> <li>• MENTAL HYG. § 36.07 provides that the NYOMH commissioner, in conjunction the NYOASAS commissioner, shall establish a behavioral health crisis technical assistance center that, among other things, develops standardized protocols and procedures for a community-based public health-led response to behavioral health crises that: (1) de-escalate situations involving individuals experiencing a mental health or substance use crisis; (2) use the most appropriate treatment for individuals experiencing a mental health or substance use crisis; (3) maximize voluntary assessment and voluntary referral of individuals experiencing a mental health or substance use crisis; and (4) minimize physical harm and trauma for such individuals; In addition, the center shall provide consultation and training to local government units and local crisis response teams on best practices on the assessment and response to mental health and substance use crises.</li> <li>• The center must prepare an annual report that includes: (1) data on the extent to which local governmental units have implemented community-based public health-led responses to behavioral health crises and the effectiveness of such efforts; (2) a summary of any assistance provided, action taken, or progress made; and (3) recommendations to improve the operation and financing of a behavioral health crisis response system.</li> </ul>
<b>Training and education-related components</b>	MENTAL HYG. § 36.01 provides that the NYOMH and NYOASAS commissioners shall arrange for appropriate training to law enforcement entities, firefighters and emergency medical services personnel located within the catchment area of a crisis stabilization center that covers: (1) CIT training; (2) mental health first aid; (3) implicit bias training; and (4) naloxone training.
<b>Immunity from liability components</b>	None

<b><u>NEW YORK</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• STATE FIN. § 97-w establishes a special fund known as the chemical dependence service fund. Moneys of the fund, when allocated, are available to the NYOASAS commissioner to provide support for: (1) NYOASAS-approved agencies; (2) local school-based and community programs which provide chemical dependence prevention and education services; and (3) LEAD of individuals with SUD.</li> <li>• S.B. 3003 provides, for fiscal year 2025-2026, \$60 million for design, installation, construction, operation, or maintenance of the 9-8-8 suicide prevention and behavioral health crisis hotline and crisis response system serving the state. It also provides \$2 million for CITs and \$187,000 for CIT training for law enforcement.</li> <li>• A.B. 8803 contains similar appropriation amounts as S.B. 3003 for fiscal years 2024-2025.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>NORTH CAROLINA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• N.C. GEN. STAT. ANN. § 122C-117 (West 2025) (area authority)</li> <li>• H.B. 259, 2023 Gen. Assemb., Reg. Sess. (N.C. 2023) (FY 2023 – 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• August 23, 2005 – Crisis response added to § 122C-117</li> <li>• October 3, 2023 – H.B. 259 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	See funding provisions section below.
<b>Deflection pathway</b>	No pathway is expressly specified, but the provisions could apply to any pathway.
<b>Crisis intervention-related components</b>	Section 122C-117 requires the local area mental health, developmental disabilities, and substance abuse authority to, among other things, maintain a 24/7 crisis response service. Such service must be designed for prevention, intervention, and resolution, not merely triage and transfer, and shall be provided in the least restrictive setting possible, consistent with individual and family need and community safety.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	H.B. 259 provides that from the funds appropriated from the American Rescue Plan Act Fund to the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Use Services, \$29 million in nonrecurring funds for the 2023-2024 fiscal year and \$70 million in nonrecurring funds for the 2024-2025 fiscal year shall be used for either or both of the following: (1) community-based pre-arrest diversion and reentry programs and to fund local partnerships between law enforcement, counties, and behavioral health providers; or (2) community-based and detention center-based restoration programs.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>NORTH DAKOTA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• N.D. CENT. CODE ANN. §§ 12-67.1-01 to 12-67.1-03 (West 2025) (deflection process)</li> <li>• S.B. 2200, 69<sup>th</sup> Leg. Assemb. (N.D. 2025) (9-8-8 crisis hotline appropriation)</li> <li>• S.B. 2015, 69<sup>th</sup> Leg. Assemb. (N.D. 2025) (diversion and deflection study)</li> <li>• H.B. 1012, 69<sup>th</sup> Leg. Assemb. (N.D. 2025) (health and human services appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 1, 2025 – S.B. 2200 enacted</li> <li>• May 17, 2025 – S.B. 2015 enacted; H.B. 1012 enacted</li> <li>• July 1, 2025 – §§ 12-67.1-01 to 12-67.1-03 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 12-67.1-03 provides that a local government, law enforcement agency, or other first responder agency may establish a deflection process in partnership with one or more licensed providers of behavioral health services or SUD treatment services. A deflection process must include participation from a law enforcement agency and behavioral health service provider.</li> <li>• “Deflection process” means a procedure for facilitating an assessment, service, or treatment in lieu of incarceration, criminal charges, or unnecessary admissions to the emergency department if a peace officer or first responder is directed to intervene with an individual with a behavioral health condition, including an SUD or MHD, with or without the presence of criminal activity, unless the criminal activity involves bodily injury to another human or damage to personal property.</li> <li>• Section 12-67.1-03(2) sets forth the procedures that a deflection process must include. In addition to those procedures, a deflection process must include a performance management system with key performance indicators such as rate of treatment engagement, duration of treatment involvement, and the number of subsequent law enforcement interactions for individuals referred to treatment.</li> </ul>
<b>Deflection pathway</b>	Not specified, although community response deflection does not involve law enforcement and thus does not meet the statutory requirements for a deflection process.

<b><u>NORTH DAKOTA</u></b>	
<b>Crisis intervention-related components</b>	Nothing specific, although crisis intervention could be included as part of a deflection process.
<b>Training and education-related components</b>	Pursuant to § 12-67.1-03 A deflection process must include law enforcement, first responder, and treatment provider training.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	For the biennium beginning July 1, 2025, and ending June 2027, S.B. 2200 and H.B. 1012 appropriate \$1.8675 million and \$500,000, respectively, to the state department of health and human services for the 9-8-8 crisis hotline.
<b>Other provisions of note</b>	Per S.B. 2015, during the 2025-26 interim, the Legislative Management <sup>29</sup> must consider studying the need for “diversion and deflection centers” in the state. The study must include the appropriate involvement of the state in the planning of such centers and the legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the 70 <sup>th</sup> (2026) Legislative Assembly.
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2025.

<sup>29</sup> According to the North Dakota Legislative Assembly, “[t]he Legislative Management is, in a sense, the Legislative Assembly working between sessions.” *Legislative Management*, N.D. LEGIS. BRANCH (last accessed Sept. 17, 2025), <https://ndlegis.gov/legislative-management>.

<b><u>OHIO</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• OHIO REV. CODE ANN. § 109.742 (West 2025) (rules on crisis intervention training)</li> <li>• OHIO REV. CODE ANN. § 109.79 (West 2025) (peace officer training academy)</li> <li>• OHIO REV. CODE ANN. §§ 5119.81 to 5119.85 (West 2025) (9-8-8 suicide prevention and mental health crisis hotline)</li> <li>• H.B. 96, 136<sup>th</sup> Gen. Assemb., 2025-26 Reg. Sess. (Ohio 2025) (FY 2026 and 2027 appropriations)</li> <li>• H.B. 33, 135<sup>th</sup> Gen. Assemb., 2023-2024 Reg. Sess. (Ohio 2023) (FY 2024 and 2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 3, 2023 – H.B. 33 enacted</li> <li>• April 9, 2025 – §§ 5119.81 to 5119.85 enacted</li> <li>• June 30, 2025 – H.B. 96 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	See funding provisions section below.
<b>Deflection pathway</b>	Naloxone-plus
<b>Crisis intervention-related components</b>	See training and education-related components section below.
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 109.742 provides that the Ohio attorney general shall adopt rules governing the training of peace officers in crisis intervention.</li> <li>• Section 109.79 provides that the Ohio peace officer training commission shall develop the training program, which shall include, among other things, a course in crisis intervention with six or more hours of training.</li> </ul>
<b>Immunity from liability components</b>	None

<b><u>OHIO</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 5119.84 creates a 9-8-8 fund within the state treasury.</li> <li>• Section 221.20 of H.B. 96 provides that the Ohio attorney general shall maintain the Drug Abuse Response Team (DART) Grant Program (Program) for the purpose of replicating or expanding successful law enforcement programs that address the opioid epidemic similar to the DART 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. Any grants awarded by the Program may include requirements for private or nonprofit matching support. Each grant recipient shall, 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 and Ohio General Assembly.</li> <li>• H.B. 96 appropriates to the Program: <ul style="list-style-type: none"> <li>○ \$1.8 million for fiscal year ending June 2026; and</li> <li>○ \$1.5 million for fiscal year ending June 2027.</li> </ul> </li> <li>• H.B. 33 appropriated to the Program \$1.5 million (per year) for the fiscal years ending June 2024 and June 2025.</li> <li>• Enacted legislation in prior years contained similar types of appropriations.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2025

<b><u>OKLAHOMA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• OKLA. STAT. ANN. tit. 43A, § 3-317 (West 2025) (community-based structured crisis centers)</li> <li>• OKLA. STAT. ANN. tit. 63, §§ 2-901 to 2-904 (West 2025) (drug possession diversion program)</li> <li>• OKLA. STAT. ANN. tit. 70, §§ 3311 and 3311.5 (West 2025) (council on law enforcement education and training)</li> <li>• OKLA. STAT. ANN. tit. 74, §§ 30.3 to 30.8 (West 2025) (political subdivisions opioid abatement grants)</li> <li>• S.B. 1047, 58<sup>th</sup> Leg., 1<sup>st</sup> Reg. Sess. (Okla. 2021) (appropriation)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• November 1, 2016 – Title 63, §§ 2-901 to 2-904 enacted</li> <li>• August 28, 2020 – Title 74, §§ 30.3 to 30.8 enacted</li> <li>• May 24, 2021 – S.B. 1047 enacted</li> <li>• November 1, 2022 – Title 59, § 1750.3 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	Title 63, § 2-901 provides that subject to the availability of funds, each district attorney may create within the office of the district attorney a Drug Possession Diversion Program. Under Title 63, § 2-902, the district attorney may enter into a written agreement with the defendant to defer prosecution of a charge for possession of a controlled dangerous substance, possession of drug paraphernalia, or both, for a period to be determined by the district attorney, not to exceed 24 months.
<b>Deflection pathway</b>	Officer intervention. No other pathways expressly specified but one or more provisions could apply to other pathways.
<b>Crisis intervention-related components</b>	See deflection/pre-arrest diversion-related component section above and funding provisions section below.
<b>Training and education-related components</b>	Title 70, §§ 3311 and 3311.5 provide that all basic police courses shall include a minimum of four hours of education and training in recognizing and managing a person appearing to require mental health treatment or services. The training shall include, among other things, training in crime and drug prevention, crisis intervention, youth and family intervention techniques, and mental health issues.
<b>Immunity from liability components</b>	None



<b><u>OKLAHOMA</u></b>	
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• 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. Pursuant to Title 74, § 30.5, grants can be used, among other things, to: (1) provide programs or services to connect individuals with opioid use, abuse or disorder, or who are at risk of developing OUD, co-occurring SUD and mental health issues, with treatment and counseling programs and services; and (2) 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 pre-arrest and post-arrest diversion programs, pretrial services and drug or recovery courts.</li> <li>• Title 74, § 30.6 provides that the Oklahoma Opioid Abatement Revolving Fund (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 used for the purpose of funding political subdivisions opioid abatement grants.</li> <li>• S.B. 1047 provides that from the funds appropriated to the Oklahoma Department of Mental Health and Substance Abuse Services in an enacted bill, \$2.0 million shall be used to expand connectivity programs between law enforcement officers, mental health providers and Oklahomans in a mental health crisis; \$7.5 million shall be used to expand the number of mental health crisis centers and urgent care centers; and \$2.966 million shall be used for additional mobile crisis teams to respond and diffuse crisis situations in communities.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>OREGON</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• OR. REV. STAT. ANN. § 8.705 (West 2025) (district attorney office policy)</li> <li>• OR. REV. STAT. ANN. § 430.624 (West 2025) (9-8-8 trust fund)</li> <li>• OR. REV. STAT. ANN. §§ 430.626 to 430.629 (West 2025) (mobile crisis teams)</li> <li>• OR. LAWS 2025, ch. 557, § 1 (West 2025) (public safety coordination grant program)</li> <li>• OR. LAWS 2024, ch. 70, §§ 36 to 37 (West 2025) (deflection program referral and outcome tracking)</li> <li>• OR. LAWS 2024, ch. 70, § 54 (West 2025) (completion of deflection program)</li> <li>• OR. LAWS 2024, ch. 70, § 75 (West 2025) (data reporting and analysis)</li> <li>• OR. LAWS 2024, ch. 70, §§ 76 to 78 (West 2025) (behavioral health deflection program)</li> <li>• H.B. 5005, 83<sup>rd</sup> Leg. Assemb., 2025 Reg. Sess. (Or. 2025) (FY 2025-2027 appropriations)</li> <li>• H.B. 5204, 82<sup>nd</sup> Leg. Assemb., 2024 Reg. Sess. (Or. 2024) (revisions to FY 2023-2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• November 15, 2019 – § 8.705 enacted</li> <li>• July 27, 2021 – §§ 430.626 to 430.629 enacted</li> <li>• September 24, 2023 – § 430.624 enacted; 9-8-8 trust fund provisions added to § 430.627; memorandum of understanding provisions added to § 430.628</li> <li>• April 1, 2024 – H.B. 5204 enacted</li> <li>• September 1, 2024 – OR. LAWS 2024, ch. 70, §§ 36 to 37, 54, 75, and 76 to 78 enacted</li> <li>• July 17, 2025 – Substantial revisions to OR. LAWS 2024, ch. 70, §§ 76 to 78; H.B. 5005 enacted</li> <li>• July 1, 2026 – OR. LAWS 2025, ch. 557, § 1 takes effect</li> <li>• July 1, 2027 – Additional enacted revisions to OR. LAWS 2024, ch. 70, § 76 scheduled to take effect</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.

<b><u>OREGON</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 8.705 requires district attorneys to develop and formally adopt written office policies that include eligibility requirements for any pre-arrest diversion program that exists in the county.</li> <li>• OR. LAWS. 2024, ch. 70, § 76 establishes the Oregon Behavioral Health Deflection Program (Deflection Program) within the Improving People’s Access to Community-based Treatment, Supports and Services Grant Review Committee (Committee). The Deflection Program consists of grants awarded by the Committee to counties and tribal governments to fund deflection programs. An individual “deflection program” is a collaborative program between law enforcement agencies and behavioral health entities or community-based social service organizations that assists individuals who may have SUD, another behavioral health disorder or co-occurring disorders, and who often have other service needs, to create community-based pathways to treatment, recovery support services, housing, case management or other services.</li> <li>• The purpose of the Deflection Program is to: (1) address the need for more deflection programs to assist individuals whose behavioral health conditions, including SUD, and other service needs lead to a heightened likelihood of interactions with law enforcement, incarceration, conviction and other engagement with the criminal justice system; and (2) track and report data concerning deflection program outcomes in order to determine the best practices for deflection programs within Oregon.</li> <li>• A grant application may be submitted by a county or designee of a county, a tribal government or designee of a tribal government or a consortium consisting of two or more counties or tribal governments, or designee of a consortium. For a county or county consortium applicant, the deflection program partners must include a district attorney, a law enforcement agency, a community mental health program, and a Behavioral Health Resource Network provider. Partners may also include a treatment provider, a local mental health authority, a tribal government, a peer support organization, a court, or a local government body. For a tribal government or tribal government consortium applicant, the proposed partners must include a law enforcement agency and either a behavioral health entity or a community-based social service organization.</li> </ul>

<b><u>OREGON</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• To be eligible for a Deflection Program grant, an individual deflection program: (1) must be coordinated by or in consultation with a community mental health program, a local mental health authority or a federally recognized tribal government; (2) must have a coordinator with certain specified duties; (3) must involve the required types of partners (see above); and (4) may involve a partnership with other entities such as another type of first responder, a treatment provide, a case management provider, or a recovery services provider.</li> <li>• Deflection Program grant funds may be used for: (1) deflection program expenses, including but not limited to law enforcement employees, deputy district attorneys and behavioral health, case management or outreach workers, including peer navigators and mobile crisis and support services workers; (2) behavioral health workforce development; (3) capital construction of behavioral health treatment infrastructure; (4) the payment of restitution to a victim, if potential or outstanding restitution is a barrier to program participation; or (5) purchasing closed-loop referral technology to facilitate referrals to local partners and community-based organizations involved in supporting deflection and jail reentry programs.</li> <li>• OR. LAWS 2024, ch, 70, § 36 provides that state law enforcement agencies are encouraged to, in lieu of citation or arrest, or after citation or arrest but before referral to the district attorney, refer an individual to a deflection program when the individual is suspected of committing, or has been cited or arrested for, unlawful possession of a controlled substance constituting a drug enforcement misdemeanor. Likewise, Oregon law encourages district attorneys to divert for assessment, treatment and other services, in lieu of conviction, cases involving unlawful possession of a controlled substance constituting a drug enforcement misdemeanor.</li> <li>• OR. LAWS. 2024, ch, 70, § 37 provides that the Oregon Criminal Justice Commission (OCJC) shall establish a statewide system for tracking simple, clear and meaningful data concerning deflection program outcomes, including connections to social services and criminal justice system avoidance, and other data deemed relevant that is timely and easily accessed to inform best practices and improve outcomes for individual program participants. In addition, OCJC must: (1) maintain a publicly available list of deflection programs operating in Oregon; and (2) no later than February 1, 2027, develop standards and best practices for deflection programs.</li> </ul>

<b><u>OREGON</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• OR. LAWS. 2024, ch, 70, § 54 provides that within 60 days of receiving verification from a deflection program coordinator that an individual referred to a deflection program due to the alleged commission of unlawful possession of a controlled substance constituting a drug enforcement misdemeanor completes that program, a law enforcement agency or district attorney shall seal all records related to the individual's participation in the program, the alleged conduct that resulted in the referral to the program and, if applicable, the citation for the offense and related criminal history records, and a court shall seal all electronic records that may have been created concerning the offense.</li> <li>• OR. LAWS 2024, ch. 70 § 75 provides that for purposes of tracking racial or other demographic disparities in enforcement, OCJC shall collect and analyze certain data concerning deflections, arrests, charges and convictions for unlawful possession of a controlled substance and delivery of a controlled substance offenses that includes: (1) the date and location of each deflection and arrest; and (2) demographic data for each person deflected, arrested, charged or convicted. The Commission must make the report/analysis available no later than February 1, 2026.</li> <li>• OR. LAWS 2024, ch. 70, § 77 directs OCJC and others to monitor the progress of and evaluate program outcomes for Deflection Program grant recipients. Beginning no later than November 2025, OCJC shall annually report the findings of its evaluation to the state legislature.</li> </ul>
<b>Deflection pathway</b>	Not expressly specified, although the provisions could encompass all deflection pathways except for community response.
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 430.627 provides that the Oregon Health Authority (OHA) shall adopt requirements for crisis stabilization centers that, among other things, require a center to: (1) be designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms of mental illness or SUD, for individuals who do not require inpatient treatment, by providing continuous 24-hour observation and supervision; (2) be staffed 24 hours per day, seven days per week, 365 days per year by a multidisciplinary team capable of meeting the needs of individuals in the community experiencing all levels of crisis; (3) have a policy prohibiting rejecting patients brought in or referred by first responders, and have the capacity, at least 90 percent of the time, to accept all referrals; and (4) have services to address substance use crisis issues.</li> </ul>

<b><u>OREGON</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• In addition, OHA shall implement, maintain and improve the 9-8-8 behavioral health crisis hotline and maintain a crisis hotline center to receive calls, texts and chats and to provide crisis intervention services and crisis care coordination anywhere in this state 24 hours per day, seven days per week. In consultation with local community mental health programs, OHA shall, to the extent funding is available, require each community mental health program to provide crisis stabilization services to 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 CITs.</li> <li>• Section 430.628 provides that mobile CITs must operate in compliance with rules adopted by OHA. Moreover, a city that establishes and maintains a program for providing mobile crisis intervention services shall administer the program in accordance with a memorandum of understanding entered into between the city and the county or counties in which the city is located.</li> </ul>
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 430.624 provides that the 9-8-8 Trust Fund is established in the state treasury, separate and distinct from the Oregon General Fund. Moneys in the 9-8-8 Trust Fund are continuously appropriated to OHA for the purposes specified in §§ 430.627 and 430.628. Section 430.627 provides that to the extent that the crisis call center system and crisis hotline center are fully funded, money in the 9-8-8 Trust Fund can be used for the expansion and ongoing funding of mobile CITs.</li> <li>• OR. LAWS 2024, ch. 70, § 78 establishes the Oregon Behavioral Health Deflection Program Account (Deflection Program Account) in the state treasury, a separate and distinct account from the General Fund.</li> <li>• OR. LAWS 2024, ch. 70, § 76 sets forth the algorithm for determining how OCJC may distribute money from the Deflection Program Account. In addition to providing the algorithm, § 76 provides that each qualifying county applicant shall receive a grant award of no less than \$300,000.</li> </ul>

<b><u>OREGON</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• Or. Laws. 2025, ch. 557, § 1 establishes, as of July 2026, the Oregon Public Safety Coordination Grant Program (Coordination Program) to support the coordination of local public safety policy with the goal of reducing individuals' involvement with the criminal justice system. Among the grants included in Coordination Program are grants awarded by the Committee to counties for the Deflection Program.</li> <li>• H.B. 5005 provides that in addition to, and not in lieu of, any other appropriation, there is appropriated to the OCJC for the biennium beginning July 2025, out of the General Fund, the amount of \$40 million for deposit into the Deflection Program Account.</li> <li>• H.B. 5204 provides that in addition to and not in lieu of any other appropriation, there is appropriated to OHA, for the biennium ending June 30, 2025, out of the General Fund, the amount of \$9.825 million for distribution to community mental health programs to provide deflection program coordination and services. Moreover, in addition to and not in lieu of any other appropriation, there is appropriated to OCJC, for the biennium ending June 2025, out of the General Fund, the amount of \$20.7 million for deposit into the Deflection Program Account.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>PENNSYLVANIA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• 72 PA. STAT. AND CONS. STAT. ANN. § 116-C (West 2025) (local law enforcement support grant program)</li> <li>• 72 PA. STAT. AND CONS. STAT. ANN. § 163-C (West 2025) (behavioral health commission)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	July 11, 2022 – §§ 116-C and 163-C enacted
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	Section 163-C establishes the Behavioral Health Commission for Adult Mental Health (BHCAMH) in the Pennsylvania Department of Human Services. The BHCAMH shall issue a report on its recommendations for the allocation of funding for the following, among other things: (1) the development and provision of crisis services; and (2) the intersection of behavioral health and the criminal justice system.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Pursuant to § 116-C, the Pennsylvania Commission on Crime and Delinquency must establish the Local Law Enforcement Support Grant Program for law enforcement agencies. A law enforcement agency may use a grant award for, among other things: (1) non-sworn personnel costs, including, but not limited to, civilian personnel, co-responder models, crisis intervention specialists or civilian community relations specialists; and (2) policy development, evidence-based practices and training, including, but not limited to, crisis intervention training, use of force training, implicit bias training, de-escalation training and associated costs related to training. Additional grant limitations appear in statute.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .



<b><u>RHODE ISLAND</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	None
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Applicable intervention circumstances</b>	N/A
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	N/A
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	N/A
<b>Training and education-related components</b>	N/A
<b>Immunity from liability components</b>	N/A
<b>Funding provisions</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>SOUTH CAROLINA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• H.B. 4025, 126<sup>th</sup> Sess. Gen. Assemb., 1<sup>st</sup> Reg. Sess. (S.C. 2025) (FY beginning July 1, 2025)</li> <li>• H.B. 5100, 125<sup>th</sup> Sess. Gen. Assemb., 2<sup>nd</sup> Reg. Sess. (S.C. 2024) (FY beginning July 1, 2024)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 3, 2024 – H.B. 5100 enacted</li> <li>• June 4, 2025 – H.B. 4025 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	None
<b>Training and education-related components</b>	See description in funding area below.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Per H.B. 4025, \$275,000 of the funds appropriated to the South Carolina Department of Mental Health (SCDMH) for the fiscal year beginning July 2025 shall be used for CIT.</li> <li>• Per H.B. 5100, \$275,000 of the funds appropriated to SCDMH for the fiscal year beginning July 2024 shall be used for CIT.</li> <li>• Enacted legislation in prior years contained similar appropriations.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2024 and 2025.

<b><u>SOUTH DAKOTA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	S.D. CODIFIED LAWS §§ 27A-10-20 to 27A-10-23 (2025) (CIT officer, mobile crisis teams, and referral)
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• March 10, 2010 – §§ 27-A-10-20 to 27A-10-23 enacted</li> <li>• March 12, 2020 – De-escalation and assessment added to immunity provision in § 27A-10-23</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	Section 27A-10-22 provides that § 27A-10-21 does not limit a law enforcement officer's discretion in arresting an individual for a criminal offense. However, the law enforcement officer shall give priority to placing a severely mentally ill individual who has also committed a misdemeanor offense in a mental health facility and an individual intoxicated or incapacitated by the effects of alcohol or drugs who has also committed a misdemeanor offense in a detoxification facility.
<b>Deflection pathway</b>	Officer intervention
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 27A-10-21 provides that if any law enforcement officer or qualified mental health professional in a clinic or hospital has probable cause to believe that an individual requires emergency nonmedical intervention pursuant, as an alternative to a petition for commitment, or apprehension and transfer to an appropriate regional facility, the officer or qualified mental health professional may refer the person to any member of a mobile crisis team or CIT certified law enforcement officer.</li> <li>• Upon acceptance by a member of the mobile crisis team or the CIT certified law enforcement officer, the member or officer may resolve the intervention on a voluntary basis, at the clinic or hospital, at the individual's home, or other location, or with the assistance of any public or private community service that the patient is willing to accept.</li> <li>• South Dakota law defines "mobile crisis team" as an interdisciplinary team of one or more mental health professionals able to respond to any person in the community, either in person or through real-time interactive audio and video, for mental health and chemical dependency or abuse intervention.</li> </ul>
<b>Training and education-related components</b>	None

<b><u>SOUTH DAKOTA</u></b>	
<b>Immunity from liability components</b>	<ul style="list-style-type: none"> <li>• Section 27A-10-23 provides that any law enforcement officer or authority, any qualified mental health professional in a clinic, hospital, or appropriate regional facility, or any clinic or hospital who in good faith transferred direct supervision of an individual or direct engagement with an individual to a mobile crisis team or a CIT certified law enforcement officer, is immune from any civil liability for the referral.</li> <li>• In addition, any member of a mobile crisis team or a CIT certified law enforcement officer, whose actions, in the engagement with a person or in the de-escalation, assessment, supervision, examination, or placement of an individual in compliance with §§ 27A-10-20 to 27A-10-22, are taken in good faith, are immune from any civil liability for the engagement with the person or for the de-escalation, assessment, referral, supervision, examination, transfer, or placement of the individual unless the injury results from gross negligence or willful or wanton misconduct.</li> </ul>
<b>Funding provisions</b>	None
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None

<b><u>TENNESSEE</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	None
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Applicable intervention circumstances</b>	N/A
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	N/A
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	N/A
<b>Training and education-related components</b>	N/A
<b>Immunity from liability components</b>	N/A
<b>Funding provisions</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>TEXAS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• TEX. GOV'T CODE § 547.0006 (West 2025) (formerly GOV'T CODE § 531.09936) (jail diversion centers)</li> <li>• TEX. GOV'T CODE §§ 547.0351 to 547.0360 (West 2025) (formerly GOV'T CODE § 531.0993) (grant program for certain community collaboratives related to mental health)</li> <li>• TEX. GOV'T CODE § 547.0551 (West 2025) (suicide and crisis trust fund)</li> <li>• TEX. GOV'T CODE §§ 547A.0001 to 547A.0010 (West 2025) (formerly GOV'T CODE §§ 539.001 to 539.010) (community collaboratives)</li> <li>• TEX. HEALTH &amp; SAFETY CODE § 533.108 (West 2025) (jail diversion program funding prioritization)</li> <li>• S.B. 1, 89<sup>th</sup> Leg., 2025 Reg. Sess. (Tex. 2025) (FY 2026 and 2027 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• September 1, 2003 – HEALTH &amp; SAFETY CODE § 533.108 enacted</li> <li>• September 1, 2017 – GOV'T CODE §§ 539.001 to 539.010 amended to include substance use issues and more detail about grants; GOV'T CODE § 531.0993 enacted</li> <li>• September 1, 2023 – GOV'T CODE § 531.09936 enacted</li> <li>• April 1, 2025 – GOV'T CODE §§ 531.0993 moved to GOV'T CODE §§ 547.0352 to 547.0360; GOV'T CODE §§ 539.001 to 539.010 moved to GOV'T CODE §§ 547A.0001 to 547A.0010</li> <li>• September 1, 2025 – GOV'T CODE § 531.09936 moved to GOV'T CODE § 547.0006; GOV'T CODE § 547.0551 enacted; S.B. 1 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• GOV'T CODE § 547A.0001 provides that to the extent funds are appropriated to the Texas Health and Human Services Commission (THHSC) for that purpose, THHSC shall make grants to entities, including local governmental entities, nonprofit community organizations, and faith-based community organizations, to establish or expand community collaboratives that bring the public and private sectors together to provide services to individuals experiencing homelessness, substance use issues, or mental illness.</li> </ul>

<b><u>TEXAS</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• In addition, THHSC shall require each entity awarded a community collaborative grant to: (1) leverage additional funding or in-kind contributions from private contributors or local governments, excluding state or federal funds, in an amount that is at least equal to the amount of the grant; (2) provide evidence of significant coordination and collaboration between the entity, local mental health authorities, municipalities, local law enforcement agencies, and other community stakeholders in establishing or expanding a community collaborative funded by a grant; and (3) provide evidence of a local law enforcement policy to divert appropriate individuals from jails, other detention facilities, or mental health facilities operated by or under contract with the Commission to an entity affiliated with a community collaborative for the purpose of providing services to those individuals.</li> <li>• Further, in awarding grants to community collaboratives, THHSC shall give special consideration to entities: (1) establishing new collaboratives; (2) establishing or expanding collaboratives that serve two or more counties, each with a population of less than 100,000; or (3) providing services to an average of at least 50 percent of individuals experiencing homelessness in a geographic area served by a Continuum of Care Program funded by the United States Department of Housing and Urban Development.</li> <li>• Pursuant to GOV'T CODE § 547A.0002, acceptable uses of community collaborative grant money include: (1) establishing, operating, or maintaining other community service providers in the community the collaborative serves, including intake centers, detoxification units, sheltering centers for food, workforce training centers, microbusinesses, and educational centers; (2) providing clothing, hygiene products, and medical services to and arranging transitional and permanent residential housing for individuals the collaborative serves; (3) providing mental health services and substance use treatment not readily available in the community the collaborative serves; and (4) providing information, tools, and resource referrals to assist individuals the collaborative serves in addressing the needs of their children.</li> <li>• GOV'T CODE § 547A.0003 provides that the focus of a community collaborative shall be the eventual successful transition of individuals from receiving services from the collaborative to becoming integrated into the community the collaborative serves through community relationships and family supports.</li> </ul>

<b><u>TEXAS</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Each entity that receives a grant from THHSC to establish or expand a community collaborative shall select at least four of the eight outcome measures in GOV'T CODE § 547A.0004 that the entity will focus on meeting through implementing and operating the collaborative.</li> <li>• Under GOV'T CODE § 547A.0005, the governing body of a county shall develop and make public a plan detailing the method by which: (1) local mental health authorities, municipalities, local law enforcement agencies, and other community stakeholders in the county may coordinate to establish or expand a community collaborative to accomplish its goals; and (2) the formation or expansion of a community collaborative may establish or support resources or services to help local law enforcement agencies to divert individuals who have been arrested to appropriate mental health care or substance use treatment. Two or more counties, each with a population of less than 100,000, may form a joint plan.</li> <li>• GOV'T CODE § 547A.0006 provides that THHSC shall contract with an independent third party to verify annually whether a community collaborative is meeting the outcome measures the entity selects to report. In addition, pursuant to GOV'T CODE § 547A.0007, THHSC shall establish processes by which it may reduce or cease providing funding to an entity if the community collaborative does not meet the outcome measures.</li> <li>• GOV'T CODE §§ 547.0351 to 547.0360 provide for a matching grant program like that described for §§ 547A.0001 to 547A.0010, but it is for grants to county-based community collaboratives to reduce, among other things, recidivism by, the frequency of arrests of, and incarceration of individuals with mental illness.</li> <li>• GOV'T CODE § 547.0006 provides that to the extent money is appropriated to the Commission for that purpose, THHSC, in cooperation with local mental health authorities located primarily in rural areas of this state, shall contract with nonprofit organizations or governmental entities to establish or expand behavioral health centers or jail diversion centers in the authorities' local service areas to, among other things, provide services to reduce recidivism and the frequency of arrest, incarceration, and emergency detentions among persons with mental illness in the service areas.</li> </ul>
<b>Deflection pathway</b>	No pathway is expressly specified, but the provisions could apply to any pathway other than community response.



<b><u>TEXAS</u></b>	
<b>Crisis intervention-related components</b>	GOV'T CODE § 547.0357 provides that the money from the matching grant program for county-based community collaboratives to reduce recidivism by, the frequency of arrests of, and incarceration of individuals with mental illness may be used for, among other things: (1) establishing or expanding a mental health jail diversion program; (2) providing intensive mental health services and substance use treatment not readily available in the county; and (3) establishing interdisciplinary rapid response teams to reduce law enforcement's involvement with mental health emergencies.
<b>Training and education-related components</b>	A local mental health authority may not implement a system, training, or a model program developed under HEALTH & SAFETY CODE § 533.108 (see funding provisions below) until the system, training, or program is approved by the Texas Department of State Health Services.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• GOV'T CODE § 547.0551 establishes the 9-8-8 suicide and crisis lifeline trust fund to be administered by THHSC.</li> <li>• HEALTH &amp; SAFETY CODE § 533.108 provides that a local mental health authority may develop and may prioritize its available funding for: (1) a system to divert members of the priority population, including those members with co-occurring substance abuse disorders, before their incarceration or other contact with the criminal justice system, to services appropriate to their needs; (2) specialized training of local law enforcement and court personnel to identify and manage offenders or suspects who may be members of the priority population; and (3) other model programs for offenders and suspects who may be members of the priority population, including crisis intervention training for law enforcement personnel.</li> <li>• Per S.B. 1, there is appropriated from the General Revenue Fund in each fiscal year (2026 and 2027): <ul style="list-style-type: none"> <li>○ \$45 million for grants provided in GOV'T CODE § 531.0993 (now GOV'T CODE §§ 547.0351 to 547.0360);</li> <li>○ \$19 million for Healthy Community Collaboratives pursuant to GOV'T CODE § 539.002 (now GOV'T CODE § 547A.0002); and</li> <li>○ \$1.5 million for grants to establish or expand behavioral health centers or jail diversion centers pursuant to GOV'T CODE § 531.09936 (now GOV'T CODE § 547.0006).</li> </ul> </li> </ul>

<b><u>TEXAS</u></b>	
<b>Other provisions of note</b>	<ul style="list-style-type: none"><li>• GOV'T CODE § 547A.0010 provides that with respect to community collaborative grants, THHSC shall prepare a report that includes: (1) the method by which THHSC chose entities to award community collaborative grants; (2) the amount of each grant awarded; (3) the number of individuals served by each community collaborative receiving grant funds; and (4) the results of the annual review of outcome measures. THHSC must submit this report by September 1 of every even-numbered year to the entities specified in § 547A.0010.</li></ul>
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>UTAH</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• UTAH CODE ANN. § 26B-1-324 (West 2025) (formerly § 62A-15-123) (statewide behavioral health crisis response account)</li> <li>• UTAH CODE ANN. § 26B-5-111 (West 2025) (formerly § 62A-15-115) (mental health crisis response training)</li> <li>• UTAH CODE ANN. §§ 26B-5-112 to 26B-5-112.5 (West 2025) (formerly § 62A-15-116) (mobile crisis outreach team grants)</li> <li>• UTAH CODE ANN. § 26B-5-120 (West 2025) (formerly § 62A-15-125) (virtual crisis outreach team grant program)</li> <li>• UTAH CODE ANN. § 26B-5-121 (West 2025) (voluntary referrals to substance use and mental health services)</li> <li>• UTAH CODE ANN. § 26B-5-609 (West 2025) (formerly § 62A-15-1402) (mobile crisis outreach team)</li> <li>• UTAH CODE ANN. § 26B-5-610 (West 2025) (formerly § 62A-15-1302) (contracts for statewide mental health crisis line)</li> <li>• UTAH CODE ANN. § 53-6-202 (West 2025) (basic training course)</li> <li>• UTAH CODE ANN. § 63C-18-203 (West 2025) (committee duties)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• May 9, 2017 – § 63C-18-203 enacted</li> <li>• March 22, 2018 – §§ 62A-15-115 (now § 26B-5-111), 62A-15-116 (now § 26B-5-112) enacted</li> <li>• May 7, 2018 – § 63C-18-203 enacted</li> <li>• May 8, 2018 – §§ 62A-15-1402 (now § 26B-5-609) and 62A-15-1302 (now § 26B-5-610) enacted</li> <li>• May 12, 2020 – Number of mobile crisis teams added to § 62A-15-116 (now § 26B-5-112)</li> <li>• March 11, 2021 – Provisions related to studying and making recommendations in preparation for 9-8-8 hotline added to § 63C-18-203; § 62A-15-123 (now § 26B-1-324) enacted</li> <li>• May 5, 2021 – Crisis intervention training added to § 56-6-202</li> <li>• March 15, 2023 – Crisis intervention training added to § 62A-15-123 (now § 26B-1-324); §§ 26B-5-112.5 and 26B-5-120 enacted</li> <li>• May 7, 2025 – § 26B-5-121 enacted</li> <li>• December 31, 2026 – Numerous crisis-related provisions in Titles 26 and 26B automatically repealed, absent legislative action</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.

<b><u>UTAH</u></b>	
<b>Deflection/pre-arrest diversion-related components</b>	Section 26B-5-121 provides that, when appropriate, a first responder (as defined) is encouraged to offer a referral to substance use or mental health services to an individual who experiences an intentional or accidental overdose. If the individual expresses interest, the first responder can: (1) facilitate a real-time connection with an appropriate local service provider; (2) contact the statewide 9-8-8 crisis line for assistance; or (3) if the individual does not wish to speak with a service provider at that time, provide the individual with a physical copy of a local services list.
<b>Deflection pathway</b>	Naloxone plus; first responder/officer referral; officer intervention
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 26B-5-609 provides that to promote the availability of comprehensive mental health crisis services throughout the state, the Utah Division of Substance Abuse and Mental Health (UDSAMH) shall make rules that create a certificate for mobile crisis outreach teams and team personnel. These rules include guidelines for credit for training and experience and the coordination of: (1) emergency medical services and mental health crisis services; and (2) law enforcement, emergency medical service personnel, and mobile crisis outreach teams.</li> <li>• Section 63C-18-203 provides that the duties of the Behavioral Health Crisis Response Committee (BHCRC) include studying and making recommendations regarding: (1) operating the statewide 9-8-8 hotline; and (2) standards for statewide mobile crisis outreach teams. The statute contains additional specifications about BHCRC studies and recommendations.</li> <li>• Section 26B-5-610 provides that UDSAMH must enter into a new contract or modify an existing contract to manage and operate the statewide mental health crisis line and the statewide warm line.</li> <li>• In addition, see the funding provisions section below.</li> </ul>
<b>Training and education-related components</b>	Section 53-6-202 provides that beginning July 2024, all peace officers who are currently employed shall participate in a training at least every three years that includes, among other things, mental health and other crisis intervention responses.

<b><u>UTAH</u></b>	
<b>Immunity from liability components</b>	Section 26B-5-121 does not create a duty for a first responder to offer or provide a referral to substance use or mental health services. In addition, a first responder and an employer of the first responder are not liable for a first responder's action or failure to act in regards to offering or providing a referral to substance use or mental health services. Section 26B-5-121 also does not affect any privilege or immunity from liability, exemption from law, ordinance, or rule, or any other benefit that applies to a first responder or an employer of a first responder.
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 26B-1-324 provides that there is a restricted account within the general fund known as the Statewide Behavioral Health Crisis Response Account (Account). The UDSAMH can spend Account funds on, among other things: (1) the statewide mental health crisis line; (2) mobile crisis outreach teams; and (3) crisis intervention training for first responders.</li> <li>• Section 26B-5-111 provides that UDSAMH is required to award grants to communities to conduct mental health crisis response training.</li> <li>• Section 26B-5-112 provides that UDSAMH shall award grants for the development of: (1) five mobile crisis outreach teams in counties of the second, third, fourth, fifth, or sixth class; and (2) at least three mobile crisis outreach teams in counties of the third, fourth, fifth, or sixth class. UDSAMH 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</li> <li>• Section 26B-5-112.5 provides that BHCRC shall provide recommendations and UDSAMH shall award grants for the development of up to five mobile crisis outreach teams. UDSAMH shall prioritize the award of a grant to entities based on: (1) the outstanding need for crisis outreach services within the area the proposed mobile crisis outreach team will serve; and (2) the capacity for implementation of the proposed mobile crisis outreach team in accordance with the division's established standards and requirements for mobile crisis outreach teams.</li> </ul>

<b><u>UTAH</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• Section 26B-5-120 provides that in consultation with BHCRC, UDSAMH shall award a grant for the development of a virtual crisis outreach program that primarily serves counties of the third, fourth, fifth, or sixth class. A “virtual crisis outreach program” means a program that provides the following real-time services 24 hours per day, seven days per week, and every day of the year: (1) crisis support, by a qualified mental or behavioral health professional, to law enforcement officers; and (2) peer support services, by a certified peer support specialist, to individuals experiencing behavioral health crises.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None, other than legislation enacted in 2025.

<b><u>VERMONT</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• VT. STAT. ANN. tit. 18, § 4774 (West 2025) (opioid abatement fund)</li> <li>• VT. STAT. ANN. tit. 18, § 7257a (West 2025) (mental health crisis response commission)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2017 – § 7257a enacted</li> <li>• May 16, 2022 – § 4774 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	See funding provisions section below.
<b>Deflection pathway</b>	Naloxone plus - No other pathways are expressly specified, but provisions could apply to other pathways.
<b>Crisis intervention-related components</b>	Title 18, § 7257a provides for a Mental Health Crisis Response Commission (MHCRC) within the state office of the attorney general, the purposes of which include to: (1) to identify where increased or alternative supports or strategic investments within law enforcement, designated agencies, or other community service systems could improve outcomes; (2) educate the public, service providers, and policymakers about strategies for intervention in and prevention of mental health crises; (3) recommend policies, practices, and services that will encourage collaboration and increase successful interventions between law enforcement and individuals acting in a manner that created reason to believe a mental health crisis was occurring; and (4) recommend training strategies for public safety, emergency, or other crisis response personnel that will increase successful interventions. MHCRC shall report its conclusions and recommendations to the governor, General Assembly, and chief justice of the Vermont Supreme Court as necessary, but no less frequently than once per calendar year.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None

<b><u>VERMONT</u></b>	
<b>Funding provisions</b>	Title 18, § 4774 provides that priority for expenditures from the state's Opioid Abatement Special Fund shall be aimed at reducing overdose deaths, including, but not limited to, funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to mental health services and supports.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None



<b><u>VIRGINIA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• VA. CODE ANN. § 2.2-213.5 (West 2025) (specialized training information)</li> <li>• VA. CODE ANN. §§ 9.1-187 to 9.1-190 (West 2025) (CITs)</li> <li>• VA. CODE ANN. § 9.1-193 (West 2025) (Marcus alert system and protocols)</li> <li>• VA. CODE ANN. §§ 37.2-311.1 to 37.2-311.6 (West 2025) (comprehensive crisis system)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 1, 2009 – §§ 9.1-187 to 9.1-190 enacted</li> <li>• July 1, 2014 – § 2.2-213.5 enacted</li> <li>• March 1, 2021 – § 37.2-311.1 enacted; § 9.1-188 amended to include specific requirements for crisis intervention training; § 9.1-193 enacted</li> <li>• July 1, 2021 – §§ 337.2-311.2 to 7.2-311.4 enacted</li> <li>• July 1, 2022 – Considerable changes made to the report provision in § 37.2-311.1</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 9.1-187 provides that by July 2010, the Virginia Department of Criminal Justice Services (VDCJS) and the Virginia Department of Behavioral Health and Developmental Services (VDBHDS), 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 individuals with MHD, SUD, or both. The goals of the CIT program include: (1) identifying underserved populations with mental illness, substance abuse problems, or both, and linking them to appropriate care; and (2) decreasing the use of arrest and detention of individuals experiencing mental health and/or substance abuse crises by providing better access to timely treatment.</li> </ul>

### **VIRGINIA**

#### **Crisis intervention-related components (continued)**

- Section 9.1-188 provides that each CIT shall develop a protocol that permits law-enforcement officers to release an individual with mental illness, substance abuse problems, or both, whom they encounter in crisis situations from their custody when the CIT has determined the individual is sufficiently stable for referral for emergency treatment services.
- Section 37.2-311.1 provides that VDBHDS shall have certain duties and responsibilities for the provision of crisis services and support for individuals with mental illness, substance abuse, developmental or intellectual disabilities, or brain injury who are experiencing a crisis related to mental health, substance abuse, or behavioral support needs.
- First, VDBHDS 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 “Marcus” alert system (mental health awareness response and community understanding services alert system). Marcus 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.
- Second, by July 2021, VDBHDS, in collaboration with VDCJS and law-enforcement, mental health, behavioral health, developmental services, emergency management, brain injury, and racial equity stakeholders, shall develop a written plan for the development of a Marcus alert system that, among other things:
  - Inventories past and current CITs;
  - Inventories the existence, status, and experiences of community services board mobile crisis teams and crisis stabilization units;
  - Identifies any other existing cooperative relationships between community services boards and law-enforcement agencies;
  - Reviews the prevalence of crisis situations involving mental illness or substance abuse, or both;
  - Identifies state and local funding of emergency and crisis services;

<b><u>VIRGINIA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>○ Includes protocols to divert calls from the 9-1-1 dispatch and response system to a crisis call center for risk assessment and engagement;</li> <li>○ Includes protocols for local law-enforcement agencies to enter into memorandums of agreement with mobile crisis response providers regarding requests for law-enforcement backup during a mobile crisis or community care team response;</li> <li>○ Develops minimum standards, best practices, and a system for the review and approval of protocols for law-enforcement participation; and</li> <li>○ Assesses the effectiveness of a locality's or area's plan for community involvement, including engaging with and providing services to historically economically disadvantaged communities, training, and therapeutic response alternatives.</li> </ul> <ul style="list-style-type: none"> <li>● Third, no later than December 2021, VDBHDS shall establish five Marcus alert programs and community care or mobile crisis teams, one located in each of the five VDBHDS regions.</li> <li>● Fourth, no later than July 2023, VDBHDS shall establish five additional Marcus alert system programs and community care or mobile crisis teams, one located in each of the five VDBHDS regions.</li> <li>● Fifth, VDBHDS shall report annually by November 15 to the governor and General Assembly regarding the comprehensive crisis system and the effectiveness of such system in meeting its goals. Section 37.2-311.1 provides additional details about the contents of the report.</li> <li>● Section 37.2-311.2 provides the powers and duties of a crisis call center which includes deploying crisis and outgoing services, including mobile crisis teams and community care teams.</li> <li>● Section 37.2-311.3 contains standards for community care teams and mobile crisis teams, including that they: (1) are designed in partnership with community members, including individuals 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.</li> </ul>

<b><u>VIRGINIA</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 9.1-193 provides that VDBHDS and VDCJS shall collaborate to ensure that VDBHDS maintains purview over best practices to promote a behavioral health response through the use of a mobile crisis response to behavioral health crises whenever possible, or law-enforcement backup of a mobile crisis response when necessary. This section contains considerable additional information about the Marcus alert system.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 2.2-213.5 provides that the secretaries of the Virginia Department of Health and Human Resources and Virginia Department of Public Safety and Homeland Security shall encourage the dissemination of information about specialized training in evidence-based strategies to prevent and minimize mental health crises in all jurisdictions. This information shall be disseminated to, but not limited to, law-enforcement personnel, other first responders, hospital emergency department personnel, school personnel, and other interested parties. These strategies shall include: (1) CIT training for law-enforcement personnel and other first responders as designated by the community CIT task force and (ii) mental health first aid training for other first responders, hospital emergency department personnel, school personnel, and other interested parties.</li> <li>• In addition, the goals for CIT training shall include: (1) training participants to recognize the signs and symptoms of behavioral health disorders; (2) teaching participants the skills necessary to de-escalate crisis situations and how to support individuals in crisis; (3) educating participants about community-based resources available to individuals in crisis; and (4) enhancing participants' ability to communicate with health systems about the nature of the crisis to include rules regarding confidentiality and protected health information.</li> <li>• Section 9.1-188 provides that VDCJS, in consultation with VDBHDS, the Virginia 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.</li> </ul>

<b><u>VIRGINIA</u></b>	
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Section 37.2-311.4 creates in the state treasury a special non-reverting fund to be known as the Crisis Call Center Fund (Fund). Monies in the Fund shall be used solely for the purposes of establishing and administering the crisis call center.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None

<b><u>WASHINGTON</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• WASH. REV. CODE ANN. § 10.31.110 (West 2025) (alternatives to arrest)</li> <li>• WASH. REV. CODE ANN. § 36.28A.450 (West 2025) (therapeutic interventions for certain individuals grant program)</li> <li>• WASH. REV. CODE ANN. § 43.06.530 (West 2025) (national 9-8-8 hotline and behavioral health crisis system coordinator)</li> <li>• WASH. REV. CODE ANN. § 43.101.205 (West 2025) (training on interaction with individuals with SUD)</li> <li>• WASH. REV. CODE ANN. §§ 43.101.420 and 43.101.427 (West 2025) (crisis intervention training)</li> <li>• WASH. REV. CODE ANN. § 43.101.540 (West 2025) (local law enforcement grant program)</li> <li>• WASH. REV. CODE ANN. § 71.24.589 (West 2025) (LEAD grant program)</li> <li>• WASH. REV. CODE ANN. § 71.24.598 (West 2025) (drug overdose response team)</li> <li>• WASH. REV. CODE ANN. §§ 71.24.890 to 71.24.899, and 71.24.906 to 71.24.907 (West 2025) (national 9-8-8 hotline system)</li> <li>• WASH. REV. CODE ANN. § 71.24.903 (West 2025) (mobile rapid response crisis team endorsement)</li> <li>• WASH. REV. CODE ANN. § 71.24.905 (West 2025) (co-response services)</li> <li>• WASH. REV. CODE ANN. § 71.24.908 (West 2025) (data integration)</li> <li>• WASH. REV. CODE ANN. § 71.24.909 (West 2025) (policy study committee)</li> <li>• WASH. REV. CODE ANN. § 71.24.913 (West 2025) (SUDs – comprehensive assessments)</li> <li>• S.B. 5167, 69<sup>th</sup> Leg., 2025 Reg. Sess. (Wash. 2025) (FY 2025-2027 appropriations)</li> <li>• S.B. 5950, 68<sup>th</sup> Leg., 2024 Reg. Sess. (Wash. 2024) (FY 2023-2025 appropriations)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• July 22, 2007 – § 10.31.110 enacted</li> <li>• July 26, 2009 – § 43.101.420 enacted</li> <li>• July 24, 2015 – § 43.101.427 enacted</li> <li>• July 28, 2019 – §§ 36.28A.450 and 71.24.589 enacted</li> <li>• May 13, 2021 – § 10.31.110 amended to include individuals with SUDs in addition to individuals with MHD; § 43.101.205 enacted</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Substantive amendment(s) to law(s) (continued)</b>	<ul style="list-style-type: none"> <li>• July 25, 2021 – §§ 43.06.530 and 71.24.890 to 71.24.898 enacted</li> <li>• June 9, 2022 – § 71.24.905 enacted</li> <li>• July 23, 2023 – Substantial amendments to § 71.24.890; §§ 71.24.899, 71.24.903, and 71.24.906 to 71.24.906 enacted</li> <li>• August 15, 2023 – Immunity provision added to § 71.24.589; §§ 71.24.908, 71.24.909 and 71.24.913 enacted</li> <li>• March 29, 2024 – S.B. 5950 enacted</li> <li>• June 6, 2024 – Substantial amendments to §§ 71.24.890 and 71.24.907</li> <li>• May 20, 2025 – S.B. 5167 enacted</li> <li>• July 27, 2025 – Training academy provisions added to § 71.24.905; § 43.101.540 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• Section 10.31.110 provides that when a police officer has reasonable cause to believe that an individual committed acts constituting a crime, and the individual is known by history or consultation to suffer from a mental disorder or SUD, 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 crisis relief center; (3) refer the individual to a designated crisis responder for evaluation; (4) release the individual upon agreement to voluntary participation in outpatient treatment; (5) refer the individual to mobile crisis services; or (6) refer the individual to the regional entity responsible to receive referrals in lieu of legal system involvement, including the recovery navigator program[s]</li> <li>• In deciding whether to refer the individual to treatment under § 10.31.110, the police officer must be guided by local law enforcement diversion guidelines for behavioral health developed and mutually agreed upon with the prosecuting authority with an opportunity for consultation and comment by the defense bar and disability community. Any agreement to participate in treatment or services in lieu of jail booking or referring a case for prosecution shall not require individuals to stipulate to any of the alleged facts regarding the alleged criminal activity as a prerequisite to participation in the alternative response.</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Under § 71.24.589, the Washington State Health Care Authority (WSHCA) must administer a LEAD grant program which shall adhere to LEAD core principles recognized by the LEAD national support bureau. The key elements of a LEAD program must include: (1) long-term case management for individuals with SUD; (2) facilitation and coordination with community resources focusing on overdose prevention; (3) facilitation and coordination with community resources focused on the prevention of infectious disease transmission; (4) facilitation and coordination with community resources providing physical and behavioral health services; (5) facilitation and coordination with community resources providing medications for the treatment of SUD; (6) facilitation and coordination with community resources focusing on housing, employment, and public assistance; (7) 24 hours per day and seven days per week response to law enforcement for arrest diversions; and (8) prosecutorial support for diversion services.</li> <li>• Section 71.24.598 requires the Washington Department of Health (WDOH), in coordination with WSHCA, to develop a strategy to rapidly deploy a response team to a local community identified as having a high number of fentanyl-related or other drug overdoses by the local emergency management system, hospital emergency department, local health jurisdiction, law enforcement agency, or surveillance data. The response team must provide technical assistance and other support to the local health jurisdiction, health care clinics, hospital emergency departments, SUD treatment providers, and other community-based organizations, and are expected to increase the local capacity to provide medication-assisted treatment and overdose education.</li> <li>• Section 71.24.908 provides that WSHCA must develop and implement a data integration platform by June 2025 to support recovery navigator programs, LEAD programs, arrest and jail alternative programs, and similar diversion efforts. The data integration platform shall serve as a statewide common database available for tracking diversion efforts across Washington.</li> </ul>



<b><u>WASHINGTON</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 71.24.909 requires WSHCA to contract with the Washington State Institute for Public Policy (WSIPP) to conduct a study of the long-term effectiveness of the recovery navigator programs and LEAD implemented in Washington, with reports due by June 2028, June 2033, and June 2038. The reports must cover: (1) recidivism rates for recovery navigator and LEAD program participants; (2) trends or disparities in utilization of the recovery navigator and LEAD programs and outcomes based on race, ethnicity, gender, gender expression or identity, disability status, age, and other appropriate characteristics; and (3) recommendations, if any, for modification and improvement of the recovery navigator program or law enforcement assisted diversion programs.</li> <li>• In addition, WSIPP shall, in consultation with WSHCA and other key stakeholders, conduct a descriptive assessment of the current status of statewide recovery navigator programs and the degree to which the implementation of these programs reflects fidelity to the core principles of the LEAD program as established by the LEAD national support bureau in its toolkit as it existed in July 2023.</li> <li>• Pursuant to § 71.24.913, WSHCA is responsible for providing regular assessments of the prevalence of SUD and interactions of individuals with SUD with service providers, nonprofit service providers, first responders, health care facilities, and law enforcement agencies. Among other things, beginning July 2024, and each July thereafter until July 2028, WSHCA shall provide an implementation report to the governor and the legislature regarding recovery residences, recovery navigator programs, the health engagement pilot programs, and the LEAD grants program.</li> <li>• In addition, see the funding provisions section below.</li> </ul>
<b>Deflection pathway</b>	First responder/officer referral; officer intervention; community response

<b><u>WASHINGTON</u></b>	
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 71.24.890 provides, that WSHCA shall, among other things, collaborate with county authorities and behavioral health administrative services organizations to: (1) develop procedures to dispatch behavioral health crisis services in coordination with designated 9-8-8 contact hubs; and (2) create best practices guidelines by July 2023, for deployment of appropriate and available crisis response services by behavioral health administrative services organizations in coordination with designated 9-8-8 contact hubs to assist 9-8-8 hotline callers to minimize nonessential reliance on emergency room services and the use of law enforcement, considering input from relevant stakeholders and recommendations made by the crisis response improvement strategy committee (CRISC).</li> <li>• Section 71.24.892 creates CRISC and provides its membership and duties.</li> <li>• Section 71.24.894 provides that WDOH and WSHCA shall provide an annual report regarding the usage of the 9-8-8 crisis hotline, call outcomes, and the provision of crisis services inclusive of mobile rapid response crisis teams and crisis stabilization services.</li> <li>• Section 71.24.903 provides that by April 2024, WSHCA shall establish standards for issuing an endorsement to any mobile rapid response crisis team or community-based crisis team that meets the criteria in the statute. The endorsement is a voluntary credential that a mobile rapid response crisis team or community-based crisis team may obtain to signify that it maintains the capacity to respond to persons who are experiencing a significant behavioral health emergency requiring an urgent, in-person response. Obtaining the endorsement allows the mobile rapid response crisis team or community-based crisis team to become eligible for performance payments further specified in § 71.24.903.</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Section 71.24.905 provides that subject to the availability of amounts appropriated for this purpose, the University of Washington shall, in consultation and collaboration with the co-responder outreach alliance and other stakeholders as appropriate in the field of co-response shall, among other things: (1) establish regular opportunities for police, fire, emergency medical services, peer counselors, and behavioral health personnel working in co-response to convene for activities such as training, exchanging information and best practices around the state and nationally; and (2) develop an assessment for the governor and legislature June 2023 describing the existing capacity and shortfalls across the state in co-response teams and the co-response workforce and the training and educational needs for current and future co-responder workforce.</li> </ul>
<b>Training and education-related components</b>	<ul style="list-style-type: none"> <li>• Section 43.101.205 provides that all law enforcement personnel required to complete basic law enforcement training must receive training on law enforcement interaction with individuals with SUD, 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 individuals with SUD.</li> <li>• Section 43.101.420 provides that the Criminal Justice Training Commission (CJTC) shall offer a training session on personal crisis recognition and crisis intervention services to criminal justice, corrections, and other public safety employees.</li> <li>• Pursuant to § 43.101.427, CJTC shall provide crisis intervention training to every new full-time law enforcement officer employed after July 2017, by a general authority Washington law enforcement agency. The training shall consist of not less than eight hours and shall be incorporated into the basic training academy.</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Immunity from liability components</b>	<ul style="list-style-type: none"> <li>• Section 10.31.110 provides that a police officer is immune from liability for any good faith conduct under § 10.31.110 (the alternatives to arrest section).</li> <li>• Section 71.24.589 provides that no civil liability may be imposed by any court on the state or its officers or employees, an appointed or elected official, public employee, public agency, combination of units of government and its employees, nonprofit community-based organization, tribal government entity, tribal organization, or urban Indian organization, based on the administration of a LEAD program or activities carried out within the purview of a LEAD grant received except upon proof of bad faith or gross negligence.</li> <li>• Section 71.24.907 provides that no act or omission in the provision of crisis stabilization services, professional on-site community-based intervention, outreach, de-escalation, stabilization, resource connection, or follow-up support, and delivered under the clinical supervision of a mental health professional or an approved medical program director or their delegate, to a person who is experiencing a behavioral health crisis, and which is done or omitted in good faith within the scope of the individual's employment responsibilities, shall impose liability upon any staff of an endorsed or non-endorsed mobile rapid response crisis team or community-based crisis team, including teams operated by tribes, or staff of a crisis stabilization unit or a crisis relief center, including facilities operated by tribes.</li> </ul>
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Under § 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 SUD 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.</li> </ul>

<b><u>WASHINGTON</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• Section 43.101.540 provides that subject to the availability of amounts appropriated for this specific purpose, CJTC shall develop and implement a local law enforcement grant program for the purpose of providing direct support to local and tribal law enforcement agencies in hiring, retaining, and training law enforcement officers, peer counselors, and behavioral health personnel working in co-response to increase community policing and public safety. Monies can be used for, among other things: (1) funding use of force, de-escalation, crisis intervention, and trauma-informed trainings for officers to remain in compliance with the commission's required trainings; and (2) funding broader law enforcement and public safety efforts including, but not limited to, emergency management planning, environmental hazard mitigations, security personnel, community outreach and assistance programs, alternative response programs, and mental health crisis response.</li> <li>• Section 71.24.589 provides that WSHCA must partner with the LEAD national support bureau to award contracts, subject to appropriation, for jurisdictions in the state of Washington for LEAD programs. Cities, counties, tribes, public development authorities, and community-based organizations demonstrating support from necessary public partners, may serve as the lead agency applying for funding. Funds may be used to scale existing projects, and to invite additional jurisdictions to launch LEAD programs.</li> <li>• H.B. 5167, a large bill that covers appropriations for fiscal years 2025 to 2027, contains many separate multi-million-dollar appropriations for, among other things, the 9-8-8 behavioral health crisis response line, co-response activities, and LEAD-related programs. The volume of separate appropriations precludes separately identifying them in this chart. The same is true of S.B. 5950 for fiscal year 2023 to 2025 appropriations.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>WEST VIRGINIA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• W. VA. CODE ANN. § 15-9-7 (West 2025) (treatment referral program)</li> <li>• W. VA. CODE ANN. § 16-5T-6 (West 2025) (overdose response pilot project)</li> <li>• W. VA. CODE ANN. §§ 16-42-1 to 16-42-7 (West 2025) (core behavioral health crisis services system)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• June 5, 2018 – § 16-5T-6 enacted</li> <li>• June 5, 2020 – § 15-9-7 enacted</li> <li>• March 8, 2022 – §§ 16-42-1 to 16-42-7 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	<ul style="list-style-type: none"> <li>• In 2018, via § 16-5T-6, the West Virginia Office of Drug Control Policy established a Community Overdose Response Demonstration Pilot Project (Project) to be continued for a period of four years (until July 2022).<sup>30</sup> The purpose of the Project was 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, including first responders, to recognize an opioid overdose, and to immediately respond with life-saving measures and quick response teams 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.” Communities with a high frequency of drug overdoses, as compared with national averages, were eligible to participate in the Project.</li> <li>• Pursuant to § 15-9-7, the Governor’s Committee on Crime, Delinquency, and Correction has a program coordinated between law enforcement, the state boards of medicine, and the state board of pharmacy to develop policies and protocols for treatment referral programs for individuals suffering from SUD. These 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.</li> </ul>

<sup>30</sup> The statutory language for the program remains in the West Virginia Code even though there was no express extension of the Project past July 2022.

<b><u>WEST VIRGINIA</u></b>	
<b>Deflection/pre-arrest diversion-related components (continued)</b>	<ul style="list-style-type: none"> <li>• A person voluntarily seeking assistance under a treatment referral program: (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.</li> </ul>
<b>Deflection pathway</b>	Self-referral; naloxone plus
<b>Crisis intervention-related components</b>	Section 16-42-2 provides that prior to July 1, 2022, the secretary of the West Virginia Department of Health must designate a crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline. Hotline centers must have the authority to deploy crisis and outgoing services, and coordinate access to crisis receiving and stabilization services or other local resources.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	Except for willful misconduct, any law enforcement officer or medical professional providing services or a referral under the treatment referral program provided by § 15-9-7 is immune from criminal or civil liability.
<b>Funding provisions</b>	Section 16-5T-6 provides that the Project, while it was in existence, could receive funding and other committed resources from federal, state, or local government and community groups.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>WISCONSIN</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• WIS. STAT. ANN. §§ 46.533 to 46.536 (West 2025) (various crisis-related grants)</li> <li>• A.B. 573, 106<sup>th</sup> Leg., 2023-24 Reg. Sess. (Wis. 2025) (law enforcement officer virtual behavioral health crisis care pilot)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• February 8, 2014 – §§ 46.535 and 46.536 enacted</li> <li>• July 5, 2019 – Language in § 46.536 changed from “mobile crisis team grants” to “crisis program enhancement grants”</li> <li>• July 10, 2021 – Total amount of grants under § 46.535 increased from \$250,000 to \$1 million</li> <li>• March 19, 2022 – Limitation on single grant amount and reporting requirement added to § 46.536</li> <li>• March 27, 2025 – A.B. 573 enacted</li> <li>• July 3, 2025 – § 46.533 enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	See description in funding area below.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	<ul style="list-style-type: none"> <li>• Section 46.533 provides that the Wisconsin Department of Health Services (WDHS) shall award grants to organizations that provide crisis intervention services and crisis care coordination to individuals who contact the national crisis hotline from anywhere within Wisconsin.</li> <li>• Section 46.535 provides that WDHS shall award grants in the total amount of \$1 million in each fiscal biennium for mental health CIT training for law enforcement agencies.</li> </ul>



<b><u>WISCONSIN</u></b>	
<b>Funding provisions (continued)</b>	<ul style="list-style-type: none"> <li>• Section 46.536 provides that WDHS shall award grants in the total amount of \$250,000 in each fiscal biennium to counties or regions comprised of multiple counties to establish or enhance crisis programs to serve individuals having crises in rural areas or counties, municipalities, or regions comprised of multiple counties or municipalities to establish and enhance law enforcement and behavioral health services emergency response collaboration programs. No single grant may exceed \$100,000. In addition, the statute described reporting requirements.</li> <li>• Per A.B. 573, WDHS shall establish a pilot program to implement virtual behavioral health crisis care services for use by county or municipal law enforcement agencies in the field to connect law enforcement officers who encounter individuals in crisis to behavioral healthcare services. Any certified county crisis agency that is eligible to provide crisis services may apply for a grant under this pilot program.</li> </ul>
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>WYOMING</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	WYO. STAT. ANN. §§ 35-25-501 to 35-25-509 (West 2025) (9-8-8 suicide and crisis lifeline)
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• February 23, 2023 – §§ 35-25-501 to 35-25-509 enacted</li> <li>• July 1, 2028 – §§ 35-25-501 to 35-25-509 scheduled for automatic repeal, absent legislative action in the interim</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Section 35-25-502 provides that no later than July 2023, the Wyoming Department of Health (WDOH) must designate one or more crisis centers to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 system.</li> <li>• A designated crisis center, among other things: (1) must have authority to deploy crisis services, including mobile crisis teams and coordinate access to crisis services or other local resources as appropriate; and (2) meet requirements for serving at-risk and specialized populations identified by the substance abuse and mental health services including those with co-occurring substance use by providing linguistically and culturally competent care including training and policies for transferring a 9-8-8 contact to an appropriate specialized center or subnetwork.</li> <li>• Pursuant to § 35-25-503, WDOH may provide onsite response services to address 9-8-8 system contact through state or locally funded mobile crisis teams that: (1) are designed in partnership with community members; (2) to the extent practical, are staffed by personnel that reflect the demographics of the community to be served; and (3) collect required data.</li> <li>• Section 35-25-505 provides that the governor shall create an advisory body or designate an existing advisory body to provide guidance to WDOH, gather feedback and make recommendations regarding the planning and implementation of the 9-8-8 system.</li> </ul>
<b>Training and education-related components</b>	None

<b><u>WYOMING</u></b>	
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Section 35-25-506 establishes a 9-8-8 system trust fund (fund). During each fiscal year beginning July 1, 2024, certain earnings from the fund (subject to a detailed appropriation and allocation formula) are appropriated to the department for, among other things, supporting or enhancing the 9-8-8 system including providing for state designated crisis centers and providing for mobile crisis teams.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	Yes, see <a href="#">Recently Proposed Legislation</a> .

<b><u>AMERICAN SAMOA</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	None <sup>31</sup>
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Applicable intervention circumstances</b>	N/A
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	N/A
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	N/A
<b>Training and education-related components</b>	N/A
<b>Immunity from liability components</b>	N/A
<b>Funding provisions</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None

<sup>31</sup> Based upon a manual review of portions of American Samoa's statutory code at <https://asbar.org/legal-resources/code-annotated/code-annotated-by-title-and-chapter/> (last visited Nov. 20, 2025).

<b><u>GUAM</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• 5 GUAM CODE ANN. § 221704 (West 2024) (opioid recovery advisory council)</li> <li>• 10 GUAM CODE ANN. § 86105 (West 2024) (behavioral health and wellness center powers and duties)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	December 23, 2021 – Title 5, § 221704 enacted
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	See funding provisions section below.
<b>Deflection pathway</b>	No pathway expressly specified, but one or more provisions could apply to any pathway.
<b>Crisis intervention-related components</b>	Title 10, § 86105 provides that the Guam Behavioral Health and Wellness Center, while adhering to Federal regulations, local physical needs, feasibility and appropriateness, shall provide mental health, alcohol and drug abuse treatment services. Such services shall include 24-hour crisis intervention services to include as needed a mobile crisis team and a hot-line.
<b>Training and education-related components</b>	None
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Title 5, § 221704 establishes the Opioid Recovery Advisory Council (Council) to determine the allocation or expenditures of Guam's Opioid Recovery Trust Fund. Among other things, the Council shall consider programs to support community-based or diversion programs that reduce the likelihood of criminal justice involvement for individuals who have or are at risk of having SUD.
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None

<b><u>NORTHERN MARIANA ISLANDS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	None <sup>32</sup>
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Applicable intervention circumstances</b>	N/A
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	N/A
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	N/A
<b>Training and education-related components</b>	N/A
<b>Immunity from liability components</b>	N/A
<b>Funding provisions</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None

<sup>32</sup> Based upon a manual search of the Northern Mariana Islands' Commonwealth Code, located at <https://www.cnmilaw.org/cmc.php> (last visited Nov. 19, 2025).

<b><u>PUERTO RICO</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	None
<b>Substantive amendment(s) to law(s)</b>	N/A
<b>Applicable intervention circumstances</b>	N/A
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	None
<b>Deflection/pre-arrest diversion-related components</b>	N/A
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	N/A
<b>Training and education-related components</b>	N/A
<b>Immunity from liability components</b>	N/A
<b>Funding provisions</b>	N/A
<b>Other provisions of note</b>	N/A
<b>Recently proposed legislation</b>	None

<b><u>U.S. VIRGIN ISLANDS</u></b>	
<b>Statute(s) and/or other enacted legislation</b>	<ul style="list-style-type: none"> <li>• V.I. CODE ANN. tit. 19, §§ 1020 to 1021 (2025) (crisis intervention program)</li> <li>• V.I. CODE ANN. tit. 19, § 1022 (2025) (behavioral health training)</li> </ul>
<b>Substantive amendment(s) to law(s)</b>	<ul style="list-style-type: none"> <li>• January 19, 2023 – Tit. 19, §§ 1020, 1021, and 1022 enacted</li> <li>• December 31, 2024 – Tit. 19, § 1020a enacted</li> </ul>
<b>Applicable intervention circumstances</b>	Mental health and substance use
<b>Enacted legislation addressing the 9-8-8 crisis lifeline</b>	Yes.
<b>Deflection/pre-arrest diversion-related components</b>	None
<b>Deflection pathway</b>	N/A
<b>Crisis intervention-related components</b>	<ul style="list-style-type: none"> <li>• Title 19, § 1020 provides that the director of the Division of Behavioral Health Services (VIDBHS) within the U.S. Virgin Islands Department of Health (VIDOH), with the approval of the VIDOH commissioner shall establish Crisis Intervention and Prevention Services (CIPS program). This is a community-based program providing counseling, consultation, evaluation, treatment and referral, education, and training services, delivered by CITs. The program must be designed for individuals with behavioral challenges, MHD or SUD who experience a behavioral crisis that threatens their ability to live a full, productive life due to hospitalizations, law enforcement involvement, or placement in restrictive settings.</li> <li>• Among other things, the CIPS program includes a crisis hotline center to provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline from any district within the territory. The designated hotline center may deploy crisis and outgoing services, including CITs, and coordinate access to crisis receiving and stabilization services or other local resources as appropriate, consistent with any guidelines and best practices that may be established by the National Suicide Prevention Lifeline. In addition, the designated hotline center must provide follow-up services to individuals accessing the 9-8-8 suicide prevention and behavioral health crisis hotline.</li> </ul>



<b><u>U.S. VIRGIN ISLANDS</u></b>	
<b>Crisis intervention-related components (continued)</b>	<ul style="list-style-type: none"> <li>• Title 19, § 1021 requires VIDBHS to establish and operate one CIT in each district. CITs shall collaborate with local first responder and behavioral health agencies and licensed behavioral health professionals and peers, to 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.</li> <li>• CITs and the services they provide must: (1) be designed in partnership with community members, including people with lived experience utilizing crisis services; and (2) be staffed by personnel that reflect the demographics of the community served. CITs must be composed of qualified behavioral health professionals with training and experience in assessment and intervention with persons who suffer from behavioral health challenges, MHD, and SUD in a crisis. The team members must have a working knowledge of intake, case management, behavioral and mental health systems, and local resources.</li> </ul>
<b>Training and education-related components</b>	Title 19, § 1022 requires the Virgin Islands Police Department and the Police Officer Standards and Training Council, in conjunction with the Division, to train all new law enforcement hires and all current law enforcement officers on how to address calls involving behavioral or mental health crises. Law enforcement officers must be trained on how to respond more effectively and appropriately to individuals in crisis. Law enforcement officers shall receive a minimum of 40 hours of specialized training in psychiatric diagnoses, suicide intervention, substance use issues, behavioral de-escalation, the role of the family in behavioral health challenges or MHD, behavioral health, and substance abuse laws, and local resources and procedures for individuals in crisis.
<b>Immunity from liability components</b>	None
<b>Funding provisions</b>	Title 19, § 1020a establishes the 9-8-8 Trust Fund as a separate and distinct non-lapsing fund in the Virgin Islands' treasury. Monies in the fund must be used to maintain a territory-wide 9-8-8 suicide prevention and mental health crisis system pursuant to the National Suicide Hotline Designation Act of 2020
<b>Other provisions of note</b>	None
<b>Recently proposed legislation</b>	None

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Congress</u></b> H.R. 2502 (2025) (introduced in House and referred to committee Mar. 31, 2025)	This is the “Law Enforcement Training for Mental Health Crisis Response Act of 2025.” This bill proposes to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize a grant program for law enforcement agencies and corrections agencies to obtain behavioral health crisis response training for law enforcement officers and corrections officers.
<b><u>Congress</u></b> H.R. 2945 (2025) (introduced in House and referred to committee Apr. 17, 2025)  S.1477 (2025) (introduced in Senate and referred to committee Apr. 10, 2025)	This is the “Housing for All Act of 2025.” Among many other things, these bills include a mobile crisis team provision that authorizes the attorney general to “make grants to states, units of local government, public and community defender systems, and nonprofit organizations to create or expand mobile CITs to address homelessness and reduce recidivism.”
<b><u>Congress</u></b> H.R. 3320 (2025) (introduced in House and referred to committee May 9, 2025)	This is the “Strengthening Medicaid for Serious Mental Illness Act.” This bill allows state Medicaid programs to cover intensive community-based services for adults with serious mental illnesses. Specifically, states may provide for coverage of services that include (1) treatment services that are available 24/7, involve multidisciplinary care teams, and that are designed to improve outcomes for adults with mental illnesses who are at high risk of homelessness, psychiatric crisis, or hospitalization or who are involved in the criminal justice system (i.e., assertive community treatment); (2) employment support; (3) peer support; (4) community-based mobile crisis intervention services; (5) intensive case management; and (6) housing support.
<b><u>Congress</u></b> H.R. 3372 (2025) (introduced in House and referred to committee May 15, 2025)	This is the “Law Enforcement Scenario-Based Training for Safety and De-Escalation Act of 2025.” The bill proposes to require the attorney general to develop a scenario-based training curriculum law enforcement that includes crisis intervention among other things.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Congress</u></b> H.R. 3658 (2025) (introduced in House and referred to committee May 29, 2025)	This is the “911 Community Crisis Responders Act of 2025.” This bill authorizes the assistant secretary for mental health and substance use (ASMHSU) to award grants to states, territories, political subdivisions of states and territories (such as counties), Tribal Governments, and consortia of Tribal Governments to establish an unarmed mobile crisis response program under which nonviolent emergency calls are referred to unarmed professional service providers for response, instead of to a law enforcement agency.
<b><u>Congress</u></b> H.R. 4457 (2025) (introduced in House and referred to committee July 16, 2025)	This is the “Housing Is a Human Right Act of 2025.” Among other things, this bill authorizes the attorney general to make grants to states, units of local government, public and community defender systems, and nonprofit organizations to create or expand alternatives to penalizing homelessness. An entity that receives a grant may use funds for creating or expanding a diversion program, including a LEAD program, which program includes: (1) a focus on reducing racial disparity in law enforcement and prosecution; (2) reliance on harm-reduction principles; (3) collaboration with community-based, trauma-informed organizations; (4) development of pre-arrest diversion programs that are designed in consultation persons experiencing homelessness and housing instability, populations at higher risk of homelessness, and community based health and service providers; and (5) a primary focus on providing diversion services to persons and communities that are homeless or at risk of homelessness.
<b><u>Congress</u></b> H.R. 5706 (2025) (introduced in House and referred to committee Oct. 8, 2025)	This is the “Mental Health Emergency Responder Act.” The bill proposes for the secretary of the Department of Health and Human Services (HHS) to establish a competitive grant program to assist eligible entities in developing or expanding behavioral health crisis response programs that do not rely primarily on law enforcement.
<b><u>Congress</u></b> H.R. 5725 (2025) (introduced in House and referred to committee Oct. 8, 2025)	This is the “Mental Health Crisis Response Act of 2025.” The bill proposes that no later than 270 days after the date of the enactment of this Act, the attorney general, in partnership with the ASMHSU, shall establish a grant program, to award, on a competitive basis, grants to eligible jurisdictions for the purposes of implementing or expanding health-centered crisis response strategies for individuals experiencing behavioral health emergencies.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Congress</u></b> H.R. 5859 (2025) (introduced in House and referred to committee Oct. 28, 2025)	This is the “Behavioral Health Crisis Care Centers Act of 2025.” The bill proposes that the secretary of HHS, in consultation with the secretary of the Department of Housing and Urban Development, the attorney general, the secretary of the Department of the Interior, and the heads of any other relevant Federal agencies, shall award grants to eligible entities for the purpose of establishing, operating, or expanding one-stop crisis facilities. Eligible activities include coordinating with governmental and nongovernmental partners (including local crisis response, law enforcement, fire services, emergency medical services, health care entities, workforce development programs, aging, disability, and senior services, community-based organizations, faith-based organizations, civic organizations, housing authorities, continuum of care programs, immigrant and refugee assistance organizations, veteran service organizations, deflection initiatives led by first responders, evidence-based jail diversion programs, such as LEAD programs, children and family organizations, and other entities involved in the provision of wrap-around services, not limited to clinical services).
<b><u>Alaska</u></b> S.C. Res. 2 (2025) (in Senate committee upon legislature’s recess May 20, 2025)	This resolution urges the governor to direct the Alaska Department of Health and the division of insurance to develop recommendations for an all-payer crisis continuum of care and Medicaid reform.
<b><u>California</u></b> A.B. 308 (2025) (passed Assembly May 8, 2025; pending in Senate committee upon legislature’s recess Sept. 13, 2025)	This bill, in the case of a county that operates, or that contracts for the operation of, a mobile crisis team or unit, authorizes the county behavioral health director to develop procedures for the mobile crisis team or unit that include the handling of an emergency situation, or a crisis incident, involving an individual with an intellectual or developmental disability or an individual with a behavioral health condition.
<b><u>Connecticut</u></b> S.B. 378 (2025) (died in committee upon legislature’s adjournment June 4, 2025)	This bill proposed to fund law enforcement CITs in FY 2026 and FY 2027 but did not contain a specific dollar amount.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Florida</u></b> H.B. 1013 (2025) (passed House Apr. 23, 2025; died in Senate committee upon legislature's adjournment June 16, 2025)  S.B. 886 (2025) (died in Senate committee upon legislature's adjournment June 16, 2025)	These bills proposed that FDCF establish and implement Crisis Care Coordination Pilot Programs in Polk and Volusia Counties. The purpose of the pilot programs is to reduce repeat involuntary examinations initiated by law enforcement, provide individuals who are experiencing an acute mental health crisis an option for crisis intervention other than the use of law enforcement, reduce their level of follow-up interaction with law enforcement officers post crisis, and assist them with engagement in behavioral health care.
<b><u>Florida</u></b> H.B. 1309 (2024) (died in House committee upon legislature's adjournment Mar. 8, 2024)  S.B. 1394 (2024) (died in Senate committee upon legislature's adjournment Mar. 8, 2024)	These bills proposed to require FDCF to contract with managing entities for community mobile support teams throughout the state to place crisis counselors from community mental health centers in local law enforcement agencies. These crisis counselors are to conduct follow-up contacts with children, adolescents, and adults who have been involuntarily committed under the Baker Act by a law enforcement officer and provide follow-up care to individuals in the community that law enforcement has identified as needing additional mental health support.
<b><u>Georgia</u></b> H. Res. 713 (2025) (pending in House upon legislature's recess Apr. 5, 2025)	This resolution proposes that members of the Georgia General Assembly: (1) urge Georgia healthcare providers to include information about the 9-8-8 Suicide and Crisis Lifeline in the recorded information provided to their patients and other callers; and (2) urge GDBHDD to work with its community partners to develop a script that healthcare providers can use to include information about 9-8-8 as part of their recorded messages.
<b><u>Hawaii</u></b> H.B. 2250 (2024) (died in House committee upon legislature's adjournment May 3, 2024)  S.B. 2345 (2024) (passed Senate Mar. 3, 2024; passed House Apr. 5, 2024 (amended); died in conference committee upon legislature's adjournment May 3, 2024)	These bills proposed to authorize the Hawaii Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies, including certifying them in the CIT model, as developed by Crisis Intervention Team International.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Illinois</u></a> H.B. 1028 (2025) H.B. 1045 (2025) (pending in House committee upon legislature's recess October 30, 2025)  S.B. 2384 (2025) (pending in Senate committee upon legislature's recess October 30, 2025)	These bills propose, among other things, to amend, repeal, and reenact various Acts and thus restores certain statutes to the form in which they existed before their amendment by Public Acts 101-652 (enacted 2021), 102-28 (enacted 2021), and 102-1104 (enacted 2022). Among other things, this would substantively amend or repeal Ch. 50, §§ 71/1 to 71/35 (deflection programs) and Ch. 50, § 705/10.17 (CIT and mental health training).
<a href="#"><u>Illinois</u></a> H.B. 1329 (2025) (pending in House committee upon legislature's recess October 30, 2025)	This bill proposes to amend the Co-Responder Pilot Program to add the McHenry County Sheriff's Office to the offices to which must establish a co-responder unit no later than six months after the effective date of the act.
<a href="#"><u>Illinois</u></a> H.B. 3999 (2025) (pending in House committee upon legislature's recess October 30, 2025)	This bill proposes to create the County Co-Responder Pilot Program Division in the Illinois Counties Code. It provides that each county sheriff's office may establish, subject to appropriation, a co-responder unit and that, in addition to other responsibilities, the unit's social workers are responsible for conducting follow-up visits for victims who may benefit from mental or behavioral health services. The bill includes other provisions relating to establishment of the units, duties of the unit, unit training, and privileged or confidential communications. The bill proposes to repeal the new code provision on January 1, 2029

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Illinois</u></a> S.B. 1851 (2025) (pending in Senate committee upon legislature's recess October 30, 2025)	This bill proposes to create the Emergency Co-Response Grant Act. It provides that ICJIA shall, subject to appropriation, make grants to law enforcement departments to establish or maintain a co-response unit. The bill defines terms, including "co-response unit" to mean a unit of a law enforcement department featuring a specially trained team focused on de-escalation that includes at least one law enforcement officer and at least one clinician or trained civilian directly dispatched to emergency calls in which a behavioral health crisis is likely to be involved. Establishes requirements for applications for grants and use of grant monies from the Emergency Co-Response Grant Fund. The bill also requires each law enforcement department receiving a grant under the Act to submit a report to the General Assembly and the governor on the programmatic and fiscal savings associated with co-response units, key conclusions, populations served, the benefits conferred or realized, and resulting policy recommendations. The bill proposes to repeal the Act on January 1, 2033.
<a href="#"><u>Illinois</u></a> H.B. 4336 (2024) H.B. 4697 (2024) H.B. 5196 (2024) (died upon legislature's adjournment January 7, 2025)	Similar to H.B. 1028, H.B. 1045, and S.B. 2384 described above.
<a href="#"><u>Illinois</u></a> H.B. 5133 (2024) (died upon legislature's adjournment January 7, 2025)  S.B. 2738 (2024) (died upon legislature's adjournment January 7, 2025)	Similar to H.B. 3999 described above.
<a href="#"><u>Illinois</u></a> H.B. 5444 (2024) (passed House Apr. 17, 2024; died in Senate committee upon legislature's adjournment January 7, 2025)	Similar to H.B. 1329 described above.



<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Indiana</u></a> H.B. 1199 (2025) (died in House committee upon legislature's adjournment Apr. 24, 2025)	This bill proposed to require a political subdivision to contract with mental health providers for the purpose of supplementing existing CITs with mental health professionals. In addition, if an emergency dispatch involves a mental health or SUD crisis, an on-call mental health professional shall, to the extent practicable, accompany responding law enforcement officers or police officers to the scene or be separately dispatched to the scene. The bill further provided that a law enforcement officer or police 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 or a CIT response.
<a href="#"><u>Iowa</u></a> H.F. 2414 (2024) (died in House committee upon legislature's adjournment Apr. 20, 2024)	The bill proposed to appropriate \$500,000 from the general fund of the state to the Iowa Department of Health and Human Services (IDHHS) for fiscal year 2024-2025 to support police and community response teams. The bill directed IDHHS to distribute the funds through grants and to establish application procedures, requirements, priorities, and minimum and maximum grant award amounts. The bill provided that qualified applicants would be nonprofit organizations providing a mobile crisis intervention program that is a collaboration between the local police department and trained human services providers who respond to nonemergent, noncriminal police calls involving mental illness, family conflict, SUD, or behavioral situations.
<a href="#"><u>Iowa</u></a> H.S.B. 689 (2024) (died in House committee upon legislature's adjournment Apr. 20, 2024)	This bill proposed to appropriate from the opioid settlement fund to IDHHS: (1) \$500,000 to expand mobile crisis services in local communities related to substance use; and (2) \$1 million for a peer support overdose response program.
<a href="#"><u>Kentucky</u></a> H.B. 6 (2024) (enacted Apr. 12, 2024 but without the provisions described)	As introduced, this budget bill proposed to appropriate the following amounts to support the implementation and expansion of mobile crisis intervention services: (1) \$6 million in general funds and \$6 million in federal funds for fiscal year 2024-2025; and (2) \$6.5 million in general funds and \$6.5 million in federal funds for fiscal year 2025-2026. The enacted version of this bill did not contain these provisions.



<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Kentucky</u></b> H.B. 114 (2024) (died in House upon legislature's adjournment Apr. 15, 2024)	This bill proposed to include as appropriations to implement an expansion of mobile crisis intervention services: (1) \$3.25 million in general funds and \$3.25 million in federal funds in fiscal year 2024-2025; and (2) \$7.18 million in general funds and \$7.18 million in federal funds for fiscal year 2025-2026.
<b><u>Kentucky</u></b> S.B. 359 (2024) (died in Senate upon legislature's adjournment Apr. 15, 2024)	This bill proposed to require mandatory law enforcement training on suicide prevention and intervention, including but not limited to effectively responding to calls for service and crisis intervention and de-escalation training.
<b><u>Maine</u></b> S.P. 505 (2025) (carried over to any future special or regular legislative session in the 132 <sup>nd</sup> Legislature June 10, 2025)	The bill is a concept draft ( <i>i.e.</i> , no proposed statutory language to date) to "improve the quality of and access to behavioral health crisis services; reduce the stigma surrounding suicide, mental health conditions and SUD; [and] provide a behavioral health crisis response that is substantially equivalent to the response already provided to individuals who require emergency physical health care in the State."
<b><u>Maine</u></b> H.P. 1266 (2024) (passed House Apr. 10, 2024; died in Senate upon legislature's adjournment Nov. 20, 2024)	This bill proposed to establish the Substance Use, Health and Safety Fund in MDHHS with money in the fund to be used by MDHHS to oversee, approve and provide grants to increase voluntary access to community care for individuals who need services related to substance use. Among the bill's listed use of funds was: (1) at least one receiving center in each county that provides a location for law enforcement and community members to bring individuals who need substance use services as an alternative to jail or an emergency department; and (2) mobile crisis outreach units not associated with law enforcement.
<b><u>Maine</u></b> H.P. 1437 (2024) (passed House Mar. 21, 2024; died in Senate upon legislature's adjournment Nov. 20, 2024)	In Part A, this bill proposed funding to strengthen and expand mental health crisis intervention mobile response services. It required MDHHS to provide for the incorporation of specific types of mental health and crisis intervention experts into the existing crisis services response system. It also provides funding for ancillary services for mobile response services. In Part B, this bill directs MDHHS to establish crisis receiving centers across the State to support individuals dealing with behavioral health, mental health or substance use issues.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Massachusetts</u></a> H.B. 2529 (2025) (reportedly favorably by joint committee and referred to House committee Oct. 9, 2025)	This bill proposes to require the Executive Office of Health and Human Services (EOHHS) to establish the Equitable Approaches to Public Health grant program to increase the availability of non-law enforcement, unarmed community-based response options for emergency calls.
<a href="#"><u>Massachusetts</u></a> H.B. 4615 (2025) (passed by House Oct. 15, 2025; Senate passed differing version (S.B. 2655); conference committee reported in part Nov. 17, 2025)  S.B. 2670 (amended form of S.B. 2655, the differing version of H.B. 4615 passed by the House; introduced Oct. 27, 2025)	These bills propose to make appropriations for the fiscal year 2025 to provide for supplementing certain existing appropriations and for certain other activities and projects. Both bills include transferring \$33.7 million from the Health Safety Net Fund to the Behavioral Health Access and Crisis Intervention Trust Fund established in ch. 29, § 2WWWW.
<a href="#"><u>Michigan</u></a> S.B. 334 (2025) (reportedly favorably from Senate committee Sept. 9, 2025)	This bill proposes, among other things, to amend the Michigan Commission on Law Enforcement Officers Act to require the Michigan Commission on Law Enforcement Standards to research and establish curriculum standards for training in de-escalation techniques, implicit bias, procedural justice, crisis intervention, and behavioral health resources and support.
<a href="#"><u>Michigan</u></a> S.B. 1092 (2024) (passed Senate Dec. 13, 2024; pending in House upon legislature's adjournment)	Similar to S.B. 334 described above.
<a href="#"><u>Minnesota</u></a> H.F. 3952 (2024) (died in House committee upon legislature's adjournment May 20, 2024)	This bill proposed to amend the statute on controlled substance possession in the fifth degree to provide that if a peace officer encounters an individual suspected of committing this crime, the officer may refer the individual to "a local service provider that can offer substance use assistance." Moreover, the officer must provide the referral if the individual requests it at the time of initial contact. A "local service provider" includes but is not limited to "substance use disorder treatment and recovery providers, peer support groups and systems, homeless shelters, detoxification centers, hospital systems, mental health crisis centers, naloxone providers, syringe service providers, and harm reduction programs."

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Mississippi</u></b> H.B. 348 (2025) (died in House committee Feb. 26, 2025)	This bill proposed to allocate \$7 million dollars to community mental health centers for increasing the number of alcohol and drug rehabilitation beds in the centers and for establishing additional CITs.
<b><u>Mississippi</u></b> H.B. 573 (2025) (died in House committee Feb. 4, 2025)	This bill proposed to establish the Mississippi Helping Ensure Alternative Law Enforcement Transportation for Healing (MissHEALTH) pilot program to provide financial assistance to law enforcement agencies for the purpose of transporting individuals experiencing a mental health or behavioral crisis to a hospital or treatment facility.
<b><u>Mississippi</u></b> H.B. 1136 (2025) (died in House committee Feb. 4, 2025)	This bill proposed to require the Mississippi Department of Mental Health to establish a program to make grants to regional commissions, counties, and municipalities for the purpose of assisting in paying costs associated with: (1) services provided by crisis stabilization units; (2) expenses of operating crisis stabilization unit facilities; and (3) repairing, renovating, upgrading and improving crisis stabilization unit facilities.
<b><u>Mississippi</u></b> H.B. 1695 (2024) (died in House committee Mar. 5, 2024)	Similar to H.B. 1136 described above.
<b><u>Missouri</u></b> H.B. 1148 (2025) H.B. 1411 (died in House committee upon legislature's adjournment May 30, 2025)	Thes bills proposed to create provisions relating to the 9-8-8 Suicide and Crisis Lifeline.
<b><u>Montana</u></b> H.B. 884 (2025) (died in House committee May 20, 2025)	This bill proposed to establish a behavioral health trust fund that could provide behavioral health-related grants for, among other things, expanding or establishing crisis care, jail diversion, and crisis receiving and stabilization services.
<b><u>Montana</u></b> S.B. 537 (2025) (override of governor's veto failed July 11, 2025)	This bill proposed, among many other things, to change the amount of excess funds transferred from the state's cannabis special revenue account to the state board of crime control for CIT training from \$150,000 to 0.25 percent.
<b><u>Nebraska</u></b> L.B. 706 (2025) (pending in committee upon legislature's recess June 2, 2025)	This bill proposes to require specially trained social services specialists to accompany law enforcement officers when responding to calls involving individuals with mental health concerns.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>New Hampshire</u></a> S.B. 255 (2025) (deemed inexpedient to legislate Nov. 3, 2025)	This bill proposes to establish a 9-8-8 Trust Fund (Fund) for programs and services addressing behavioral health crises. The New Hampshire Department of Health and Human Services would be responsible for management and disbursement of the Fund, with consultation from a newly-established Behavioral Health Crisis Services Advisory Commission.
<a href="#"><u>New Jersey</u></a> S.B. 4401 (2025) (second reading and referred to Senate committee May 29, 2025)	This bill proposes to codify in permanent law the Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE) Together Crisis Response Pilot Program established pursuant to P.L.2022, c.36. The bill establishes the Pilot Program in NJDLPS. The bill requires the attorney general to issue guidelines for a mental health services provider or mental health services agency to contract with a law enforcement agency to respond to a request for assistance involving a person alleged, reported or suspected to be experiencing a mental health crisis or substance use crisis.
<a href="#"><u>New Jersey</u></a> A.B. 2591 (2024) (introduced and referred to Assembly committee Jan. 9, 2024)  S.B. 1175 (2024) (introduced and referred to Senate committee Jan. 9, 2024))	These bills propose to require the commissioner of NJDHS, in consultation with others, to establish a statewide mobile crisis response system to provide immediate crisis response services, and ongoing stabilization management services, upon request, to adults with disabilities (i.e., with intellectual or developmental disabilities, or mental illness) who are experiencing a behavioral health crisis, and their families and attendant caregivers or other staff.
<a href="#"><u>New Jersey</u></a> A.B. 1911 (2024) (introduced and referred to Assembly committee Jan. 9, 2024)	This bill proposes to require uniformed law enforcement officers assigned to patrol duty to complete a one day in-service training program adopted by the Police Training Commission (PTC) in NJDLPS to provide them with the skills and knowledge necessary to recognize and respond to a person experiencing a mental health crisis, and when appropriate, divert that person from the criminal justice system. These law enforcement officers are required by the bill to complete an in-service refresher course at least once every five years thereafter. The bill also requires the PTC to adopt the Crisis Intervention Team – New Jersey Center for Excellence Program (CIT-NJ), the state’s county-based 40-hour training and certification program modelled on the national CIT Center of Excellence Program.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>New Jersey</u></a> A.B. 1198 (2024) (introduced and referred to Assembly committee Jan. 9, 2024)	This bill proposes to establish in NJDLPS an 18-month “Law Enforcement Addiction Intervention Pilot Program,” which would refer certain nonviolent offenders to an appropriate treatment program. The pilot program would be established in Burlington County. As part of this, individuals who voluntarily enter a police department and request assistance with their addiction may receive assistance from a member of the department. The bill provides that a person is not to be arrested for certain drug possession crimes when asking for assistance. The bill appropriates \$75,000 from the New Jersey General Fund for expenses incurred in connection with the pilot program.
<a href="#"><u>New Mexico</u></a> H.B. 354 (2025) (action on bill postponed indefinitely June 27, 2025)	This bill proposed to establish the “Community Criminal Justice Diversion Project” (Project) as a six-year pilot initiative. The Project aims to reduce crime, homelessness, and recidivism while improving public health by diverting certain offenders away from the criminal justice system and into community-based services and treatment. The diversion programs in the Project include: (1) community referral processes; (2) mobile crisis response teams consisting of licensed mental health professionals for nonviolent mental health crises; and (3) pre-arrest diversion for, at the minimum, petty misdemeanors or municipal ordinance violations.
<a href="#"><u>New Mexico</u></a> S.B. 54 (2025) (action on bill postponed indefinitely June 27, 2025)	This bill proposed, among many other things, to provide that “any law enforcement agency, first responder entity or local government may establish a law enforcement deflection program . . . in partnership with one or more licensed providers of behavioral health services or substance use disorder treatment services.” This deflection program shall be funded by state and federal grants awarded to counties and federally recognized tribal governments. Such program must include a law enforcement agency, a community-based treatment program, and a licensed behavioral health agency and may also include a treatment provider, district attorney, tribal government, peer support organization, court or local government body.
<a href="#"><u>New York</u></a> A.B. 4274 (2025) (introduced and referred to Assembly committee Jan. 31, 2025)	This bill proposes to amend N.Y. MENTAL HYG. § 36.03 to provide that members of a mobile crisis team shall (instead of may) include any combination of behavioral health professionals, certified peer specialists, certified recovery peer advocates, credentialed family peer advocates, and credentialed youth peer advocates.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>New York</u></a> A.B. 4617 (2025) (introduced and referred to Assembly committee Feb. 4, 2025)  S.B. 3670 (reportered by Senate committee and referred to second Senate committee Mar. 5, 2025)	These bills propose to create a statewide emergency and crisis response council to work in conjunction with NYOMH and NYOASAS commissioners to jointly approve emergency and crisis services plans submitted by local governments, and provide supports regarding the operation and financing of high-quality emergency and crisis services provided to individuals experiencing a mental health, alcohol use, or substance use crisis.
<a href="#"><u>New York</u></a> A.B. 6407 (2025) (introduced and referred to Assembly committee Mar. 4, 2025)  S.B. 5884 S.B. 7444 (introduced and referred to Senate committee Mar. 3, 2025 and Apr. 16, 2025, respectively)	These bills relate to establishing a crisis intervention demonstration program.
<a href="#"><u>New York</u></a> S.B. 1216 (2025) (introduced and referred to Senate committee Jan. 8, 2025)	This bill relates to crisis intervention training for police officers in any city having a population of one million or more.
<a href="#"><u>New York</u></a> S.B. 2583 (2025) (introduced and referred to Senate committee Jan. 21, 2025)	This bill proposes to provide \$10 million annually to be used for the provision of grants related to the expansion and support of crisis intervention services and diversion programs.
<a href="#"><u>New York</u></a> S.B. 4212 (2025) (introduced and referred to Senate committee Feb. 3, 2025)	This bill proposes to establish a state crisis intervention demonstration program and a CIT training fund.
<a href="#"><u>New York</u></a> S.B. 5953 (2025) (introduced and referred to Senate committee Mar. 4, 2025)	This bill proposes to establish a CIT training demonstration program, a CIT training program advisory committee, and a CIT training fund.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>New York</u></b> S.B. 5978 (2025) (introduced and referred to Senate committee Mar. 4, 2025)	This bill proposes to amend N.Y. MENTAL HYG. § 36.03 to provide that members of a mobile crisis team shall (instead of may) include at least one behavioral health professional and any combination of certified peer specialists, certified recovery peer advocates, credentialed family peer advocates, and credentialed youth peer advocates.
<b><u>New York</u></b> S.B. 6054 (2025) (introduced and referred to Senate committee Mar. 5, 2025)	This bill relates to establishing the New York state council on mental health emergency and crisis response to make recommendations on topics including but not limited to: (1) identifying best practices for response to mental health crises; (2) initiatives to increase training opportunities and participation of mental health professionals, and other qualified individuals as members of mobile crisis outreach teams; (3) identifying training needs and methods to improve diversion from hospitalization after response from a mobile crisis outreach team; (4) identifying 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; and (6) any other recommendation deemed appropriate by the council.
<b><u>New York</u></b> A.B. 8016 (2024) (passed Assembly June 7, 2024; died in Senate upon legislature's adjournment Jan. 2, 2025)	Similar to A.B. 4274 described above.
<b><u>New York</u></b> S.B. 7269 (2024) (died in Senate committee upon legislature's adjournment Jan. 2, 2025)	Similar to S.B. 6054 described above.
<b><u>New York</u></b> S.B. 9742 (2024) (died in Senate committee upon legislature's adjournment Jan. 2, 2025)	Similar to S.B. 5978 described above.



<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>North Carolina</u></a> H.B. 504 (2025) (pending in House committee upon legislature's recess Oct. 23, 2025)	This bill proposes to appropriate \$475,000 from the General Fund for each year of the 2025-2027 fiscal biennium to Mecklenburg County to develop a pilot program co-responder model designed to integrate mental health professionals with law enforcement responding to mental health related calls by people in distress needing assistance in three communities. The bill requires the funds be used to hire and integrate within the law enforcement agency of each locality one full-time mental health professional to be paired with law enforcement, either on a dedicated team or as part of a specialized unit, in responding to calls and incidents identified as involving mental health crises or individuals with mental health issues.
<a href="#"><u>North Carolina</u></a> S.B. 181 (2025) (pending in Senate committee upon legislature's recess Oct. 23, 2025)	This bill proposes to appropriate \$2 million in recurring funds for each year of 2025-27 biennium from the General Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Use Services, to support the addition of five new mobile crisis teams with a focus on providing services to the areas of highest need.
<a href="#"><u>North Carolina</u></a> S.B. 440 (2025) (pending in Senate committee upon legislature's recess Oct. 23, 2025)	This bill is the governor's proposed budget for fiscal years 2025-2027. Section 9G.3 recommends that a portion of the funds in the Opioid Abatement Reserve in the General Fund transferred to the Opioid Abatement Fund should go towards establishment or expansion of existing prearrest and post-arrest diversion programs. This includes prearrest diversion, post-arrest diversion, and court-based diversion through treatment or recovery courts.
<a href="#"><u>Oklahoma</u></a> H.B. 1911 (2025) (pending in House committee upon legislature's recess May 30, 2025)	This bill proposes that the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) will have primary oversight over the suicide prevention and crisis service activities and essential coordination with designated 9-8-8 Lifeline Crisis Centers. The oversight and coordination of a 9-8-8 Suicide and crisis Lifeline System will be achieved through infrastructure components covered in the measure.



<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Oklahoma</u></a> S.B. 1643 (2024) (died in Senate committee upon legislature's adjournment May 30, 2024)	This bill proposed to create the Modernized Operations through Data and Evidence-based Restoration Now (MODERN) Justice Task Force (Task Force) until December 31, 2026. Among other things, the bill required the Task Force to conduct a study to assess the feasibility and efficacy of establishing county-based Law Enforcement Assisted Diversion programs, in conjunction with ODMHSAS by November 1, 2026.
<a href="#"><u>Oregon</u></a> H.B. 2505 (2025) (died in House committee upon legislature's adjournment June 27, 2025)	This bill proposed to direct the OCJC to study the Deflection Program and provide the results of the study to the appropriate interim committees of the Legislative Assembly no later than May 1, 2026.
<a href="#"><u>Oregon</u></a> H.B. 2784 (2025) (died in House committee upon legislature's adjournment June 27, 2025)	This bill proposed to require the Oregon Department of Public Safety Standards and Training (ODPSST) to study incorporating deflection training into the training required of police officers. In addition, the bill directs ODPSST to submit findings to the interim committees of the Legislative Assembly related to the judiciary not later than September 15, 2026.
<a href="#"><u>Oregon</u></a> H.B. 3094 (2025) (died in House committee upon legislature's adjournment June 27, 2025)	Among other things, this bill proposed to modify the Deflection Program to provide that the OCJC make funding decisions on grant recipients based on recommendations from the Improving People's Access to Community-based Treatment, Supports and Services Grant Review Committee.
<a href="#"><u>Oregon</u></a> H.B. 3576 (2025) (died in House committee upon legislature's adjournment June 27, 2025)	This bill proposed to require OCJC to develop a formula to support the awarding of grants to counties for deflection programs. It specifies that the formula must consider counties' rurality, number of law enforcement agencies requiring coordination, number of both fatal and nonfatal overdoses, number of drug-related arrests, number of people experiencing homelessness, and the number of people who receive medical assistance.
<a href="#"><u>Oregon</u></a> S.B. 782 (2025) (died in Senate committee upon legislature's adjournment June 27, 2025)	This bill proposed to increase the minimum amount of grant funds that a county may receive to fund a behavioral health deflection program from \$150,000 [now \$300,000] to \$500,000.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Oregon</u></b> S.B. 881 (2025) (died in Senate committee upon legislature's adjournment June 27, 2025)	Among other things, this bill proposed to require OCJC, using funds from the Drug Treatment and Recovery Services Fund, to provide grants and funding to counties, federally recognized Indian tribes, and behavioral health resource networks to support the provision of prevention, treatment, recovery support and harm reduction.
<b><u>Oregon</u></b> H.B. 4036 (2024) (died in Senate committee upon legislature's adjournment Mar. 7, 2024)	Among many other things, the bill proposed to establish the Opioid Overdose Rapid Response Grant Program to assist cities and counties in establishing and supporting opioid rapid response teams.
<b><u>Pennsylvania</u></b> H.R. 63 (2025) (referred to House committee Feb. 10, 2025)	This resolution proposes that the Pennsylvania House of Representatives direct the Joint State Government Commission to study diversion programs and make recommendations for improving existing diversion programs and establishing new diversion programs and issue a report within one year.
<b><u>Pennsylvania</u></b> H.B. 564 (2025) (passed House July 14, 2025; referred to Senate committee July 23, 2025)	This bill proposes to create a public education campaign within the Pennsylvania Department of Human Services (PDHHS) to increase public understanding and engagement with the 9-8-8 Suicide and Crisis Lifeline
<b><u>Pennsylvania</u></b> H.R. 314 (2024) (died in House committee upon legislature's adjournment Nov 30, 2024)	Similar to H.R. 63 described above.
<b><u>Pennsylvania</u></b> H.B. 585 (2024) (died in House committee upon legislature's adjournment Nov 30, 2024)	This bill proposed to authorize PDHHS to administer county and regionally operated Crisis Call Centers and Behavioral Health Response Units to respond to calls regarding crises that arise due to MHD, SUD, and homelessness.
<b><u>Pennsylvania</u></b> H.B. 2533 (2024) (passed House Oct. 23, 2024' died in Senate committee upon legislature's adjournment Nov 30, 2024)	Similar to H.B. 564 described above.
<b><u>Rhode Island</u></b> H.B. 5075 (2025) (died in House upon legislature's adjournment June 20, 2025)	This bill proposed to increase the fiscal year 2025 appropriation for the 9-8-8 hotline from \$1.875 million to \$3.5 million and for crisis intervention training from \$0 to \$1.65 million.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<b><u>Rhode Island</u></b> H.B. 6128 (2025) (died in House upon legislature's adjournment June 20, 2025)	This bill proposed to establish the 9-8-8 lifeline as part of a core state behavioral health crisis services system, to be administered by the director of the department of behavioral healthcare, developmental disabilities and hospitals
<b><u>Rhode Island</u></b> S.B. 892 (2025) (passed Senate June 20, 2025; died upon legislature's adjournment June 20, 2025)	As amended by the legislature, this bill proposed to establish a restricted receipt account known as the 9-8-8 Call Center Fund to be held and administered by the state to support the 9-8-8 call center budget. The funds would support operations and maintenance of the 9-8-8 call center, acquisition and maintenance of technology, training for staff, and outreach efforts.
<b><u>Rhode Island</u></b> H.B. 7035 (2024) (died in House committee upon legislature's adjournment June 14, 2024)  S.B. 2066 (2024) (died in Senate committee upon legislature's adjournment June 14, 2024)	These bills proposed to appropriate \$1.875 million for the creation of a 9-8-8 suicide prevention and mental health crisis hotline within the state department of behavioral healthcare, developmental disabilities and hospitals.
<b><u>Tennessee</u></b> H.B. 954 (2024) (in House committee upon legislature's recess Apr. 22, 2025)  S.B. 904 (2025) (in Senate committee upon legislature's recess Apr. 22, 2025)	These bills propose to require each law enforcement agency to develop and implement an alternative crisis response unit and require the Tennessee peace officer standards and training commission to establish uniform training standards for alternative crisis response units in all law enforcement agencies.
<b><u>Tennessee</u></b> H.B. 2555 (died in House committee upon legislature's adjournment Apr. 25, 2024)  S.B. 1789 (2025) (died in Senate committee upon legislature's adjournment Apr. 25, 2024)	These bills proposed to create the behavioral health crisis intervention services board to provide oversight and input on the development of an integrated behavioral health crisis care system in this state as well as a behavioral health crisis intervention services fund.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Texas</u></a> H.B. 1455 (2025) (died in House committee upon legislature's adjournment June 2, 2025)  S.B. 2264 (2025) (died in Senate committee upon legislature's adjournment June 2, 2025)	These bills proposed to require a peace officer who arrests an individual who the peace officer has reasonable cause to believe is an individual with mental illness or an intellectual disability to report to the officer's law enforcement agency, among other things, whether the law enforcement agency made a good faith effort to divert an individual suffering a mental health crisis or suffering from the effects of substance abuse to a proper treatment center.
<a href="#"><u>Texas</u></a> H.B. 4220 (2025) (died in House committee upon legislature's adjournment June 2, 2025)	This bill proposed to create a committee to review education and training programs on de-escalation and crisis intervention techniques for peace officers.
<a href="#"><u>Texas</u></a> S.B. 188 (2025) (died in Senate committee upon legislature's adjournment June 2, 2025)	This bill proposed to relate to the provision of behavioral health crisis services, including the operation of crisis centers and mobile crisis outreach teams.
<a href="#"><u>Washington</u></a> H.B. 1809 (2025) (pending in House committee upon legislature's recess Apr. 28, 2025)	This bill proposes, among other things, that the Behavioral Health Crisis Outreach Response and Education Center (Center) at the University of Washington and behavioral health administrative service organizations (BHASOs), in consultation with the Authority, must administer a co-response education and training academy (training academy) offering a certification in best practices for crisis response. The training academy must be available in all BHASOs by 2027.
<a href="#"><u>Washington</u></a> H.B. 1816 (2025) (pending in House committee upon legislature's recess Apr. 28, 2025)	This bill proposes to allow political subdivisions with populations over 200,000 to create and maintain a civilian staffed crisis response team (CRT) to respond to certain emergencies and events. The CRT will function as a primary response to 911 calls that do not report a weapon or active or imminent violence in situations where an individual: (1) is in crisis but does not request law enforcement; (2) needs a safety and welfare check; or (3) requests resources such as shelter, food, or transportation.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Washington</u></a> H.B. 2245 (2024) (passed House Feb. 12, 2024; died in Senate upon legislature’s adjournment Mar. 7, 2024)	This bill proposed to require the University of Washington School of Social Work, in consultation with the Authority, to conduct a pilot program to establish a co-response training academy offering certification in co-response best practices. The pilot program must begin in three BHASOs with a significant co-response footprint and expand to all 10 BHASOs by 2026.
<a href="#"><u>West Virginia</u></a> H.B. 3038 (2025) (pending in House committee upon legislature’s recess Apr. 12, 2025)	This bill proposes that the West Virginia Office of Drug Control Policy (WVODCP), in coordination with health care providers, law-enforcement agencies, emergency medical services, and health care facilities, establish a plan for creating QRTs “to serve as a first responder unit in narcotic-related medical emergencies.”
<a href="#"><u>West Virginia</u></a> H.B. 3323 (2025) (pending in House committee upon legislature’s recess Apr. 12, 2025)	This bill proposes to add a provision to WVODCP’s overdose event reporting statute that expands the “Law-Enforcement-Assisted Diversion program” to include felonies in circuit courts with a peer-to-peer based model that provides “diversions for drug-related charges and random urine drug screens.”
<a href="#"><u>West Virginia</u></a> H.B. 4554 (2024) (died in House committee upon legislature’s adjournment Mar. 9, 2024)	Similar to H.B. 3038 described above.
<a href="#"><u>West Virginia</u></a> H.B. 4900 (2024) (died in House committee upon legislature’s adjournment Mar. 9, 2024)	The bill proposed, among other things, that the state provide, or provide funding for, local governments or nongovernmental organizations to provide onsite response services to crisis calls utilizing state funded Mobile Crisis Teams (MCTs) that collaborate with local law enforcement agencies and 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.
<a href="#"><u>Wisconsin</u></a> A.B. 303 (2025) (passage recommended by Assembly committee June 20, 2025)  S.B. 307 (2025) (passage recommended by Senate committee June 13, 2025)	These bills propose to require WDHS to award grants to organizations that provide crisis intervention services and crisis care coordination to individuals who contact the national 9-8-8 Suicide and Crisis Lifeline from anywhere within the state.

<b><u>RECENTLY PROPOSED LEGISLATION</u></b>	
<b><u>State/Bill Number/Status</u></b>	<b><u>Description</u></b>
<a href="#"><u>Wyoming</u></a> H.B. 186 (2024) (died in House committee Feb. 23, 2024)	This bill proposed to appropriate \$40 million from the general fund to the 9-8-8 system trust fund account

## ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) 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 up-to-the-minute comparative analyses, publications, educational brochures, and other tools ranging from podcasts to model laws and policies that can be used by national, state, and local criminal justice and substance use disorder practitioners who want the latest comprehensive information on law and policy. 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 for addiction treatment in correctional settings, and the involuntary commitment and guardianship of individuals with alcohol or substance use disorders.

For more information about LAPPA, please visit: <https://legislativeanalysis.org/>.



LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION