NAMI

National Alliance on Mental Illness

NAMI 2024 STATE LEGISLATION
ISSUE BRIEF SERIES

Trends in Mental Health and Criminal Justice State Policy

MARCH 2025

National Alliance on Mental Illness

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About NAMI

NAMI, the National Alliance on Mental Illness, is the nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Acknowledgements and Gratitude

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Additional thanks are extended to NAMI’s Anne Staab for editing support and to Pamela Krikorian, the designer of this brief. Finally, we deeply appreciate NAMI grassroots advocates who work with legislators to make mental health and criminal justice reforms a priority in state legislatures across the country.

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Introduction

Mental illness is not a crime; however, individuals with mental illness are disproportionately impacted by our nation's criminal justice system and overrepresented in jails and prisons. About two in five people who are incarcerated have a history of mental illness[1], which is twice the prevalence of mental illness among the overall U.S. population. Many people with mental illness who are incarcerated are held for committing non-violent, minor offenses related to the symptoms of untreated illness.

About two in five people

who are incarcerated have a **history of mental illness.**

These numbers reflect a mental health care system lacking the capacity to provide prevention and early intervention for mental health symptoms and to support people when and where they need it. NAMI believes that people with mental illness should be diverted from the criminal justice system and connected to mental health care at every possible opportunity. Fortunately, we know that diversion is possible and contributes to creating safer communities. One of the best tools for understanding how communities can divert individuals with mental health and substance use conditions away from criminal justice system involvement is the Sequential Intercept Model (SIM).

SIM identifies opportunities for intervention and diversion from the criminal justice system at various "intercepts" — from before engagement with law enforcement (Intercept 0) through the end of probation (Intercept 5).

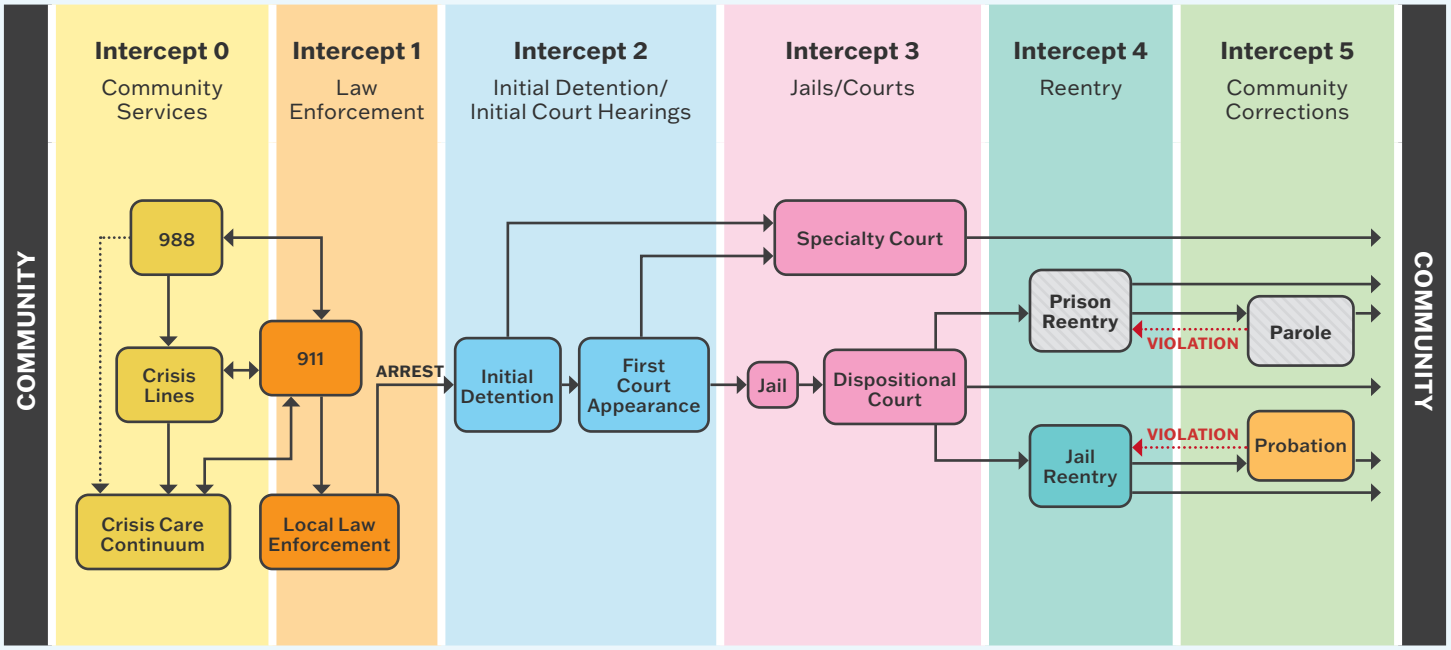
SIM Intercepts

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/ Initial Court Hearings	Jails/ Courts	Reentry	Community Corrections

[1] About 40% of people incarcerated in state and federal prisons and 44% of people held in local jails have a history of mental illness.

Sequential Intercept Model (SIM)

Learn more about SIM at
https://www.samhsa.gov/criminal-juvenile-justice/sim-overview



Adapted from Abreu, D., Parker, T.W., Noether, C.D., Steadman, H.J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law,* 35(5-6), 380-395. https://doi.org/10.1002/bsl.2300

These intercept opportunities can also be applied to areas of state policymaking, which is the focus of this brief. *2024 Trends in Mental Health and Criminal Justice State Policy* offers state legislators and advocates policy recommendations and examples of legislation that supports individuals with mental health conditions who are at risk of being or are justice system-involved.

Recommendations are provided in the following key categories:

- **Diversion**
- **Juvenile Justice**
- **Conditions in Custody**
- **Reentry from Incarceration**
- **Competency Restoration Backlogs**
- **Civil Commitment**
- **Concerning Trend: Using Mental Illness as a Risk Factor in Extreme Risk Protection Orders**
- **Law Enforcement Training and Policies**

Each category includes a description of policymaking trends for that topic followed by highlights in legislation passed the prior year and links to additional legislation. We also delve into a concerning trend of using mental illness as a risk factor in extreme risk protection orders. **It is important to note the limited scope of this brief.** NAMI strongly believes that the best solution for diverting people with mental illness away from criminal justice system involvement is through prevention, early intervention, comprehensive community mental health care, and a robust crisis response system. NAMI wants everyone to be served at Intercept 0 (before they have any justice system contact); however, we must also offer solutions to people who are already justice-involved. As a result, **policies aimed at the intersection of the mental health and criminal justice systems are the primary focus of this brief.** NAMI will be covering state legislation that expands access to early intervention, community-based services, and crisis care in future issue briefs later this year.

NAMI strongly believes that the best solution for diverting people with mental illness away from criminal justice system involvement is through prevention, early intervention, comprehensive community mental health care, and a robust crisis response system.

NAMI deeply appreciates the NAMI State Organization leaders and grassroots advocates who fought for these policy solutions and the state legislators who championed these important reforms. We encourage all policymakers who are interested in the intersection of mental health and criminal justice to reach out to their NAMI State Organization leaders (find your NAMI here) or reach out to NAMI National at mhpolicy@nami.org.

Methodology

The content of this issue brief is focused on mental health legislation that was enacted in 2024 (vetoed bills were not included). The research for this brief was conducted primarily using legislative tracking software (Quorum). Additionally, NAMI National collected NAMI State Organizations' (NSOs) 2024 state legislative summaries (when available) to inform our analysis of major legislation and surveyed NSOs on their 2024 legislative activity.

Mental health policy involves many topics and issues, all of which are important and worthy of policymakers' attention. However, in the interest of creating an accessible and usable brief for advocates and other interested parties, the brief's scope is specific to the intersection of criminal justice involvement and people with mental health conditions. The brief is not comprehensive; it is intended to provide highlights of state mental health legislation that diverts people from and improves care within the criminal justice system.

More than 80 state mental health bills were collected for consideration in this brief. Upon further refinement, 32 bills were included in the final brief.

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Diversion

Diverting people with mental illness away from the criminal justice system is a top policy priority for NAMI. Diversion refers to the policies and programs that communities can implement to prevent incarceration or prosecution and instead connect people to mental health care and supports. Diversion programs take many forms, including (but not limited to): giving law enforcement discretion to refer people to treatment instead of arrest, prosecutor-led diversion, and problem-solving courts like mental health courts.

About 2 million times each year, people with mental illness are booked into jails.

In 2024, one key way state legislatures supported diversion programs was by expanding access to mental health courts, including Kentucky, which funded 10 new mental health courts. Mental health courts allow individuals to have their charges dismissed or to be granted conditional discharge in exchange for completing a mental health treatment program. They have been shown to improve mental health outcomes and reduce recidivism.

Policy Recommendations for Diversion

To increase diversion opportunities, NAMI encourages states to:

- **Invest in a variety of evidence-based pre-booking and post-booking diversion programs, such as crisis intervention programs or mental health courts**
- **Provide funding and structures for state and local community collaboration programs that bring mental health, emergency response, and criminal justice stakeholders to the table to identify solutions and needed system improvements, and to boost cross-system collaboration**

Specialty courts, like mental health treatment courts and veterans treatment courts, are an evidence-based tool that can reduce the number of people with mental illness in our nation's jails and prisons and focus on treatment instead of punishment.

Diversion

Kentucky

Bill Number HB 264

SIM Intercept Intercept 3: Jail/Courts

Sponsor(s)

Rep. Jason Petrie (R), Rep. Adam Bowling (R), Rep. Josh Bray (R) and Rep. Patrick Flannery (R)

Summary

An act that appropriates an estimated $1.6M in FY 24-25 and $1.5M in FY 25-26 for the expansion of mental health courts by 10 sites.

For examples of 2024 diversion legislation, see Appendix A.

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Juvenile Justice

Juvenile justice is the part of the criminal justice system that deals with young people (in most states youth under the age of 18) who are accused of breaking the law. The juvenile justice system encompasses practices and policies designed to serve youth who are at risk of being justice system involved or who are already involved in the criminal justice system. Many policies and practices push youth toward involvement in the criminal justice system, for example, prioritizing punishment over mental health care, creating what is called the "school-to-prison pipeline." Involvement as a juvenile increases the risk for future involvement in the criminal justice system as an adult.

70% of youth in the juvenile justice system have a diagnosable mental health condition.

Prioritizing mental health care in schools, as well as a multisystem approach that emphasizes opportunities for diversion and decriminalization is critical for youth. NAMI believes that access to mental health in schools is part of an early diversion strategy for youth. It is important that states enact juvenile justice system reforms that increase access to care and connections to services that prevent any future system involvement.

Policy Recommendations for Juvenile Justice

To reduce incarceration and recidivism for youth, NAMI encourages states to:

- **Invest in community-based alternatives for youth who are justice-involved and at risk of incarceration**
- **Use current adolescent brain science to inform minimum age of criminal prosecution for youth and youth sentencing standards**
- **Increase accountability for the conditions of juvenile correctional facilities with independent oversight authority**

Juvenile Justice

Trends in state legislation addressing juvenile justice include diverting youth to community-based alternatives in lieu of prosecution and incarceration, raising the minimum age for criminal prosecution for children, and increasing oversight of the juvenile justice system. In an effort to reduce the number of younger children who may be negatively impacted by the juvenile justice system, Minnesota enacted legislation that would raise the age limit that a child may be charged for a crime.

Minnesota

Bill Number HF 5216

SIM Intercept Intercept 0: Community Services

Sponsor(s)
Rep. Kelly Moller (D), Rep. Brion Curran (D), Rep. Jamie Becker-Finn (D) and Sen. Latz (D)

Summary
An act that raises the age limit for when a child may be charged with a delinquent act from age 10 to age 13.

For examples of 2024 juvenile justice legislation, see Appendix B.

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Conditions in Custody

NAMI believes that all people with mental health conditions who are incarcerated deserve access to quality mental health treatment. Many people frequently lose access to health care, including their mental health care, when they become incarcerated. About three in five people (63%) with a history of mental illness do not receive mental health treatment while in state and federal prisons. Further, more than 50% of individuals who were taking medication for mental health conditions at admission did not continue to receive their medication once in prison.

In 2024, states expanded access to quality mental health services in jails. Minnesota enacted legislation that would provide access to long-acting injectable antipsychotics and New Hampshire required behavioral health screening to be used.

Policy Recommendations for Conditions in Custody

To strengthen rehabilitation and mental health care for individuals who are incarcerated, NAMI encourages states to:

- **Expand access to mental health treatment in jail and prison, including but not limited to psychiatric medications, therapy, and recovery support services**
- **Enhance the quality of care provided in jails and prisons with minimum standards that require evidence-based screening tools and treatments to be offered**

Conditions in Custody

Minnesota

Bill Number HF 5247

SIM Intercept Intercept 3: Jail/Courts

Sponsor(s)
Rep. Aisha Gomez (D), Rep. Carlie Kotyza-Witthuhn (D) and Sen. Ann Rest (D)

Summary
An act that creates a pilot program to pay counties to support jails in providing long-acting injectable antipsychotic medication for people with mental illness. The funds can be used for the medications and the staff needed to deliver and monitor the medication.

New Hampshire

Bill Number SB 508

SIM Intercept Intercept 3: Jail/Courts and Intercept 4: Reentry

Sponsor(s)
Sen. Rebecca Whitley (D)

Summary
An act that mandates the superintendent of the county department of corrections to require contracted behavioral health treatment providers to use validated screening tools for mental health conditions and substance use disorders. It also requires that, where possible, licensed community-based treatment providers and certified recovery support workers are allowed to interact with inmates to coordinate services for their reentry into the community, provided they meet security criteria for facility access.

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Reentry from Incarceration

Preparing people who are incarcerated to transition back to their communities should be a top priority of any justice system, and NAMI supports policies and programs that assist people affected by mental illness in returning to the community.

Approximately 80% of individuals released from U.S. prisons each year have a chronic medical, substance use, or psychiatric condition, and far too often, they leave incarceration and face significant barriers to accessing health care, employment, housing, and other services once they return to the community. This abrupt lack of health coverage and other resources can have tragic consequences — the risk of death by suicide or opioid overdose is significantly higher in the time period immediately following release from jail or prison. Other barriers can include prohibitive costs — people often leave custody with limited financial resources — as well as policies that prevent people with previous convictions from accessing jobs or housing.

One policy barrier that contributes to poor health care access in jail and prison is a federal prohibition on Medicaid from paying for services provided in incarcerated settings, sometimes called the "Medicaid Inmate Exclusion Policy." Fortunately, as of 2023, the Centers for Medicare and Medicaid Services (CMS) allows states to apply for a "reentry waiver," which allows a state to request

Policy Recommendations for Reentry from Incarceration

To support reentry, NAMI encourages states to:

- **Remove or reduce policies that prevent people with convictions from accessing employment or housing**
- **Leverage federal reentry waiver opportunities to provide Medicaid coverage to adults and children while they are still incarcerated and upon their reentry into the community**
- **Increase services that help current and formerly incarcerated individuals connect to housing, food assistance, and other supportive services**

Reentry from Incarceration

permission to reinstate Medicaid benefits up to 90 days prior to release. Despite being known as reentry waivers, these policies not only help individuals reentering the community, but they also enable states to provide coverage and care to individuals for a period of time while they are still incarcerated. NAMI supports eliminating the Medicaid Inmate Exclusion Policy and allowing Medicaid coverage for eligible people in jails and prisons.

In 2024, states expanded access to Medicaid coverage upon reentry, including Minnesota via the highlighted legislation below and several others via agency action (see Kaiser Family Foundation Reentry Waiver Report).

Maryland

Bill Number SB 1036 and HB 1037

SIM Intercept Intercept 4: Reentry

Sponsor(s)
Sen. Chris West (R) and Del. Kym Taylor (D), et al.

Summary
An act that establishes a taskforce on the Creation of a Division of Returning Citizens and Expanded Reentry Services. The taskforce will develop a plan to expand services for individuals after release from incarceration.

Minnesota

Bill Number HF 5247

SIM Intercept Intercept 4: Reentry

Sponsor(s)
Rep. Aisha Gomez (D), Rep. Carlie Kotyza-Witthuhn (D) and Sen. Ann H. Rest (D)

Summary
An act that requires the state to submit an 1115 Medicaid waiver application to the federal government to allow for people leaving incarceration to be eligible for Medicaid coverage 90 days before they reenter the community.

Reentry from Incarceration

Virginia

Bill Number HB 1269

SIM Intercept Intercept 4: Reentry

Sponsor(s)
Del. Marcia Price (D)

Summary
An act that permits the Department of Behavioral Health and Developmental Services, providers of substance use or mental health services to adults, and community services boards and behavioral health authorities to hire applicants convicted of certain barrier crimes, provided that such convictions occurred more than four years prior to the application date for employment.

For examples of 2024 reentry legislation, see Appendix C.

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Competency Restoration Backlogs

When a person faces criminal charges, they have a right to a fair trial, including being competent to stand trial, which means they are able to understand the charges against them and contribute to their defense. Limited mental health resources and high rates of people with mental illness being involved in the criminal justice system has resulted in significant competency restoration backlogs. Frequently, individuals wait for long periods of time to get a competency evaluation — sometimes waiting longer than a potential sentence would have lasted. To address these backlogs, NAMI supports public policies and laws that expand and promote the use of community-based competency restoration services.

In 2024, Colorado worked to divert individuals toward comprehensive mental health services with HB 24-1355, which diverts people facing certain criminal charges, and who are determined "incompetent to proceed," into a wraparound community program with the opportunity to have their case dismissed.

Policy Recommendations for Competency Restoration Backlogs

To improve competency restoration processes and reduce backlogs, NAMI encourages states to:

- **Establish standards of competency restoration that support long-term recovery, including allowing community-based competency restoration options**
- **Invest in community mental health infrastructure to support community-based competency restoration options**
- **Create opportunities to divert people facing less serious crimes into community-based wraparound services**
- **Create pathways to care for people deemed incompetent to stand trial**

Competency Restoration Backlogs

Colorado

Bill Number HB 24-1355

SIM Intercept Intercept 2: Initial Court Hearing/Detention

Sponsor(s)

Rep Javier Mabrey (D), Rep. Judy Amabile (D), Sen. Dafna Michaelson Jenet (D), and Sen. Bob Gardner (R)

Summary

An act that reduces the competency waitlist and creates a wraparound program that refers eligible individuals to community-based alternatives to competency proceedings.

For examples of 2024 competency restoration backlogs legislation, see Appendix D.

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Civil Commitment

NAMI believes that everyone has a right to make their own decisions about mental health treatment. Unfortunately a small percentage of people with mental illness may experience clinical deterioration and/or an increase in symptoms and may be unwilling to voluntarily receive treatment. While the focus of this issue brief is criminal justice legislation, civil courts can play a role in diverting people at risk of justice system involvement. NAMI supports involuntary civil commitment only when used as a last resort and only when it is believed to be in the best interests of the individual. Policies that create time limits, opportunities for appeal, or regular clinical assessments to determine if involuntary commitment is still necessary can work toward this policy goal. Additionally, states can expand access to voluntary engagement opportunities to prevent involuntary civil commitment (see Minnesota example below).

Policy Recommendations for Civil Commitment

To improve the civil commitment process, NAMI encourages states to:

- **Include in any new or existing commitment laws the opportunity for appeals, regular clinical assessments, and input from the individual and their loved ones**
- **Expand treatment options to shorten emergency department holding times**

Civil Commitment

Maryland

Bill Number HB 576

SIM Intercept N/A – Civil Court System

Sponsor(s)
Speaker Adrienne Jones (D), by request of the Administration

Summary
An act that establishes an assisted outpatient treatment (AOT) program by July 1, 2026; requires the Maryland Department of Health to establish an AOT program in a county that does not establish the program by July 1, 2027; and requires the Office of Public Defender to provide representation in AOT proceedings.

Minnesota

Bill Number HF 5247

SIM Intercept N/A

Sponsor(s)
Rep. Aisha Gomez (D), Rep. Carlie Kotyza-Witthuhn (D) and Sen. Ann H. Rest (D)

Summary
An act that funds the voluntary engagement project that passed in 2020. This project supports early intervention by using staff such as peer specialists to go out and try to engage a person struggling with their mental health into voluntary treatment for 90 days. Peer support specialists work with people before they are a danger to themselves or others, intervening to avoid commitment, ER use, crisis teams and police. Engagement services are very broad, including making sure the person has health insurance, a provider, housing, food and more and that the family understands how to prevent suicide.

Civil Commitment

Virginia

Bill Number HB 1242

SIM Intercept N/A – Civil Court System

Sponsor(s)
Del. Rodney T. Willett (D)

Summary
An act that allows for a family member or legal guardian to be present and provide support during an evaluation of an individual for temporary detention.

For examples of 2024 civil commitment legislation, see Appendix E.

CONCERNING TREND

Using Mental Illness as a Risk Factor in Extreme Risk Protection Orders

Extreme Risk Protection Orders (ERPOs), sometimes called "red flag laws," are civil court orders issued by judges to temporarily remove firearms or ammunition from people who are identified as posing immediate or imminent risks to the safety of themselves or others. When appropriately implemented, these laws can be lifesaving, especially for people at risk of suicide. NAMI supports ERPOs that focus on specific, current behaviors and evidence-based risk factors for violence. As of January 2025, 21 states and DC have enacted ERPO laws.

However, NAMI opposes any ERPO laws that target, single out, or discriminate against people with mental health conditions. Most people with serious mental illness are not violent toward others. In fact, only 4% of violent acts in the U.S. are associated with serious mental illness. Unfortunately, ERPO laws are sometimes written in a way that targets and discriminates against individuals with mental illness by identifying mental illness as a risk factor for violence, rather than current behaviors and risk factors for violence. Maine is an example of a state that doesn't have an ERPO law, but they have a similar procedure known as a "yellow flag law." In the wake of the Lewiston tragedy, Maine enacted legislation that increased the scope of their yellow flag law to make having a mental illness a primary reason law enforcement can seek a protective custody warrant, a change that NAMI Maine opposed (see the following NAMI State Organization Spotlight to learn more).

Studies have shown that people with mental illness are 23 times more likely to be victims of a violent crime than others.

NAMI Maine's Advocacy for Mental Health and Gun Violence Prevention After the Lewiston Tragedy

The 2024 Maine legislative session was significantly impacted by the Lewiston shooting that occurred in October 2023, during which 18 people were killed and 13 people were injured. When mass shootings occur, it's common for mental illness to be blamed as the reason. However, the evidence is clear that mental illness is not a leading risk factor for violence. NAMI Maine was faced with the challenge of dispelling this myth while also fighting for much-needed mental health resources and using the opportunity for education to increase investment into crisis services.

One of the ways Maine legislators looked to address this tragic incident was by making changes to their "yellow flag" law with LD 2224. Similar to a red flag law (also known as Extreme Risk Protection Orders, or ERPOs), Maine's law allows law enforcement to temporarily remove a person's firearms if they are considered a threat to themselves or others, with the goal of intervening before a violent act occurs.

Unfortunately, the legislature chose to target individuals with mental illness and sought to give law enforcement the ability to attempt to remove an individual's firearms simply because they have or are suspected to have a mental illness, rather than current behaviors and risk factors for violence.

NAMI Maine strongly opposed this proposal and worked tirelessly to educate lawmakers and other stakeholders on why targeting individuals with mental illness as a way to combat gun violence is wrong and ineffective, including providing research-driven presentations and handouts to committees involved in reviewing the bill, as well as both the Republican and Democratic caucuses. In testimony before the Judiciary Committee, Hannah Longley, Clinical Director of Advocacy and Crisis

NAMI Maine's Advocacy for Mental Health and Gun Violence Prevention After the Lewiston Tragedy

Interventions for NAMI Maine, explained, "According to national data, 3-4% of violent crimes are attributed to mental illness, with an even smaller percentage involving a weapon of any sort. Mental illness is not included in the top five risk factors for all types of violence." Longley also highlighted that the bill put the responsibility of determining a mental illness on law enforcement, rather than on mental health professionals.

Although LD 2224 ultimately passed, NAMI Maine was able to channel the attention on mental health into new investments in crisis care services. Working closely with House Speaker Rachel Talbot-Ross (D-Cumberland), they helped to secure over $600,000 for new mobile crisis services and over $2 million to establish three new state crisis receiving centers in the state's supplemental budget (LD 2214). In deciding where to locate the state's new crisis receiving centers, NAMI Maine was able to heavily influence the conversation by providing data from their Crisis Intervention Team (CIT) program to show areas where there were a high number of incidents of police officers transporting individuals to emergency rooms due to a lack of emergency psychiatric care options.

Looking ahead, NAMI Maine will continue to advocate for sustainable funding for crisis services, including more funding for 988 crisis call centers and in-person crisis services. NAMI Maine's advocacy highlights how advocates can use momentum generated by unfortunate circumstances and misunderstandings about mental illness to educate lawmakers and improve mental health services and supports.

NAMI Maine's Advocacy for Mental Health and Gun Violence Prevention After the Lewiston Tragedy

NAMI Maine's Keys to Success

Present a united front with your coalition partners
NAMI Maine focused time and energy on bringing mental health partners together around crisis services, even though they didn't agree on every detail. Longley recommends openly acknowledging where partners disagree, but always providing a united front with policymakers.

Use research and data when making arguments
NAMI Maine used concrete data from their state on gun violence and mental health. On their message to lawmakers, Longley said they emphasized "when making good policy, we have to base it on research, not fear and stigma."

Don't be afraid of non-traditional partnerships
When advocating for increased crisis services, NAMI Maine found an unexpected ally in their local National Rifle Association (NRA) chapter, a powerful organization in a state with one of the highest rates of gun ownership.

"When making good policy, we have to base it on research, not fear and stigma."

Hannah Longley
Clinical Director of Advocacy and Crisis Interventions for NAMI Maine

POLICY HIGHLIGHTS AND EXAMPLE LEGISLATION

Law Enforcement Training and Policies

Individuals with mental illness who are in crisis or experiencing acute symptoms should receive a mental health response. However, even with robust mental health services, law enforcement will still encounter people with mental illness during their everyday duties, which is why NAMI continues to support and advocate for law enforcement training.

Estimates show that people with serious mental illness are more than 10 times as likely to experience use of force in interactions with law enforcement than people without serious mental illness.

Trainings like Crisis Intervention Team (CIT) training can provide law enforcement with skills in de-escalation and other techniques that reduce use of force incidents. NAMI supports policies that reduce and prevent use of force by law enforcement during interactions with people with mental illness.

Policy Recommendations for Law Enforcement Training and Policies

To better prepare law enforcement officers for interacting with people with mental illness, NAMI encourages states to:

- **Invest in mental health and de-escalation trainings for law enforcement that are aligned with valid medical diagnoses**
- **Enact policies that reduce and prevent use of force by law enforcement**

Law Enforcement Training and Policies

2024 saw a continuing trend of states like Colorado and Minnesota moving law enforcement training away from "excited delirium," a now widely rejected "concept" characterized by severe agitation and an observed superhuman strength. This follows a 2023 California law that prohibited excited delirium as being recognized as a cause of death on coroners' reports and an American College of Emergency Physicians' position reversal on the topic. Additionally, states continued to improve policing by increasing transparency around and limiting the use of certain types of physical restraints.

Colorado

Bill Number HB 24-1103

SIM Intercept Intercept 1: Law Enforcement

Sponsor(s)
Rep. Judy Amabile (D), Rep. Leslie Herod (D), Sen. Julie Gonzales (D) and Sen. Janet Buckner (D)

Summary
An act that prohibits training for law enforcement personnel, emergency medical service providers, or other first responders from including the term "excited delirium." It also prohibits using the term in police incident reports or as the cause of death on a death certificate.

Minnesota

Bill Number HF 5216

SIM Intercept Intercept 1: Law Enforcement

Sponsor(s)
Rep. Kelly Moller (D), Rep. Brion Curran (D), Rep. Jamie Becker-Finn (D) and Sen. Ron Latz (D)

Summary
An act that prohibits law enforcement agencies from providing, approving, or reimbursing for excited delirium training.

For examples of 2024 law enforcement training and policies legislation, see Appendix F.

Conclusion

People with mental illness deserve help, not handcuffs. State legislators should prioritize policies that divert people with mental illness to mental health treatment and services at every possible opportunity — before arrest, after arrest and at all points within the justice system. For people who are already justice-involved, states should prioritize efforts to connect people with mental health conditions to care that supports recovery during and after incarceration.

People with mental illness deserve help, not handcuffs.

APPENDIX A

Diversion

State	Bill Number	Summary
Illinois	SB 3405	An act that allows counties to use funds to provide transportation for individuals to attend problem-solving courts.
Louisiana	HCR 11	A resolution that requests the Louisiana Supreme Drug Specialty Court program to study the connection between mental health, homelessness and the criminal justice system and the effectiveness of behavioral health courts as an alternative to the traditional judicial system.
Minnesota	HF 5216	An act that allows law enforcement officers to refer a person suspected of a fifth-degree drug crime to local service providers, including substance use disorder treatment and recovery providers, peer support groups and systems, homeless shelters, detoxification centers, hospital systems, mental health crisis centers, naloxone providers, and harm reduction programs.
New Hampshire	HB 1589	An act that establishes a veterans treatment court in every county or district to address misdemeanor and felony cases involving veterans and active duty military members facing issues such as mental health, substance use and unemployment.
West Virginia	SB 632	An act that continues a study group called the Dangerousness Assessment Advisory Board to 1) develop a strategic plan for a sequential intercept model to divert individuals with mental and cognitive disabilities from the criminal justice system into treatment 2) update the study group's membership and 3) require annual reporting to state legislature, and coordination among state agencies.

APPENDIX B

Juvenile Justice

State	Bill Number	Summary
Alabama	SB 153	An act that provides that a person who has been adjudged a youthful offender where the underlying charge is a misdemeanor offense, violation, traffic violation, or municipal ordinance violation may file a petition to expunge the records relating to the charge and conviction under certain circumstances.
Georgia	HB 873	An act that creates juvenile treatment court diversion that provides alternative adjudication to the traditional judicial system.
Maryland	HB 814	An act that makes changes to the juvenile justice process in the state and makes younger juveniles subject to state oversight in criminal cases. Mandates the development of a State Comprehensive Juvenile Services 3-year Plan which includes inventories of treatment programs, needs assessment and programs dedicated to reducing recidivism and diverting children from the juvenile justice system.
Minnesota	HF 5216	An act that appropriates $500,000 in FY 26 for Anoka, Hennepin, and Ramsey Counties to provide intervention and support services for youth who come into contact with law enforcement. Services must include diversion, promotion of prosocial connections, wraparound services, restorative justice, and job skills.

APPENDIX C

Reentry from Incarceration

State	Bill Number	Summary
Illinois	SB 2626	An act that provides that defendants in diversion programs may pre-file an expungement petition 61 days before the anticipated dismissal of their case, so that upon completion of the diversion program and dismissal of their case, the court shall grant expungement.
Washington	SB 5893	An act that requires the Department of Corrections to provide suitable and presentable clothing, gate money and transportation to a person released or discharged from custody.

APPENDIX D

Competency Restoration Backlogs

State	Bill Number	Summary
Connecticut	HB 5500	An act that revises criminal procedures including the competency restoration process, so that if the defendant is not charged with a felony, the court shall place the defendant in the least restrictive outpatient treatment that is available to restore competency, among other provisions.
Georgia	SB 533	An act that provides jail-based competency restoration programs.
Kentucky	HB 385	An act that streamlines competency evaluation processes at state facilities. Updates guardianship requirements that allows a close friend to who meets requirements to step in to make health care decisions in the event the individual is deemed unable to make a decision or has not executed an advanced directive.
Maine	LD 2046 (HP 1308)	An act that allows the Commissioner of Health and Human Services to place defendants in a mental health unit of a correctional facility if they are found incompetent to stand trial.
New Hampshire	HB 1020	An act that establishes a committee to study competency and restoration needs of New Hampshire.

APPENDIX E

Civil Commitment

State	Bill Number	Summary
Florida	CS/CS/ HB 7021	An act that improves and streamlines processes and grants courts greater flexibility for involuntary outpatient and inpatient treatment and discharge.
Idaho	S 1247	An act that establishes provisions regarding emergency protective placement of persons with a major neurocognitive disorder in acute crisis.
Virginia	SB 574	An act that directs the Behavioral Health Commission to convene a workgroup to study how to effectively align current civil admission laws and processes with new behavioral health and crisis response services and resources in the Commonwealth.

APPENDIX F

Law Enforcement Training and Policies

State	Bill Number	Summary
Alabama	HJR 241	A resolution that acknowledges the significant contributions of Crisis Intervention Team (CIT) programs in addressing situations involving individuals with mental illness or intellectual disability disorder (IDD). It also commends the leadership of NAMI Alabama CIT Division and the State CIT Steering Committee for their work in crisis intervention and encourages law enforcement agencies and community mental health centers to collaborate and establish CIT programs statewide.
Colorado	HB 24-1372	An act that requires law enforcement agencies to establish and publicly share policies on the use of prone restraint, including medical aid procedures and transitioning to recovery positions, with implementation and training required by July 1, 2026.
Washington	SB 6009	An act that prohibits law enforcement from using hog-tying as a restraint method.

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