



National Alliance on Mental Illness

NAMI 2023 STATE LEGISLATION  
ISSUE BRIEF SERIES

# Trends in Mental Health and Criminal Justice State Policy

MARCH 2024

## ACKNOWLEDGEMENTS

### 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

This brief was prepared by NAMI's state affairs team, Samira Schreiber, Stephanie Pasternak and Kathryn Gilley, with contributions from Shannon Scully, Jessica Tornabene and Hannah Wesolowski. NAMI is grateful to NAMI State Organization (NSO) executive directors and public policy leaders for providing information on their legislative priorities and accomplishments, which serve as the basis for this brief. We are also indebted to Matthew Camarda and NAMI New Jersey for providing insights into their advocacy strategy for the spotlight in this brief.

Additional thanks are extended to NAMI staff members who helped to edit (Anne Staab) and provide key facts and figures (Jessica Walthall), and to Pamela Krikorian, the designer of this brief. Finally, we deeply appreciate NAMI grassroots advocates who communicate with legislators to make mental health and criminal justice reforms a priority in state legislatures across the country.

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National Alliance on Mental Illness

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# INTRODUCTION



## About two in five people

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

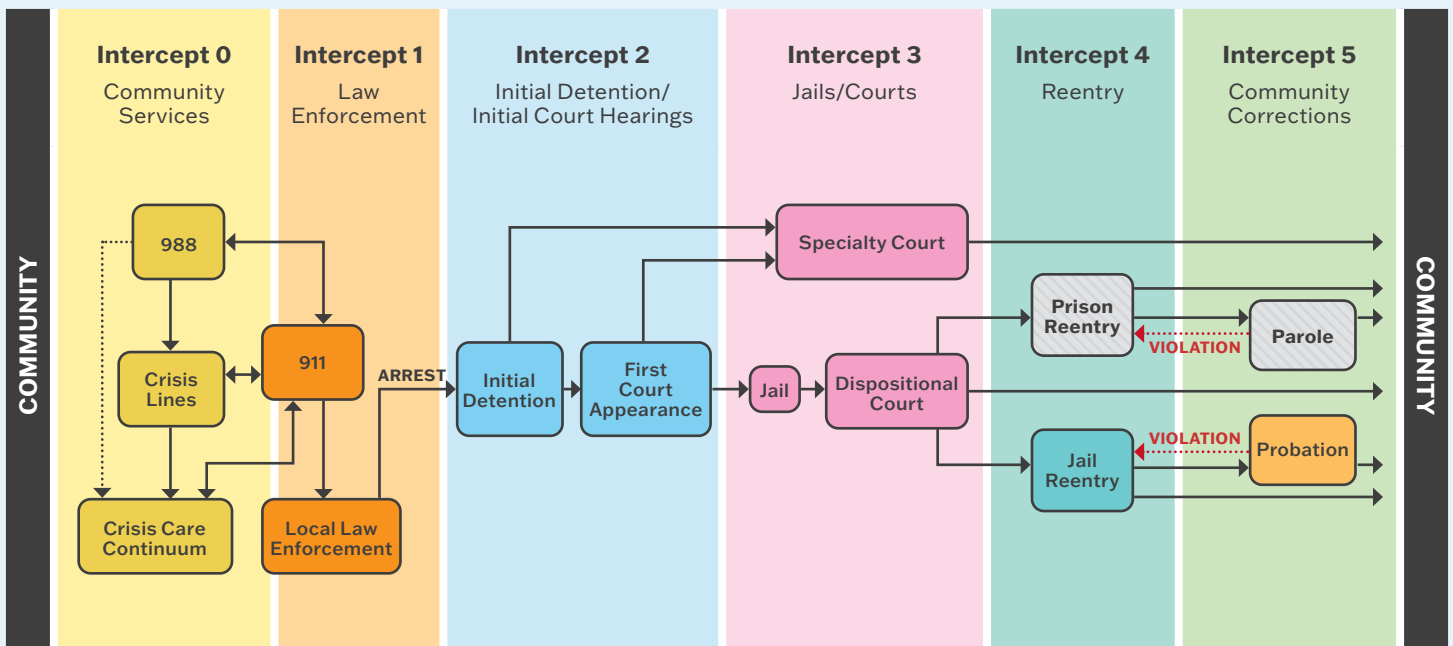
People with mental illness are disproportionately represented in our nation’s criminal justice system. About two in five people who are incarcerated have a history of mental illness.<sup>1</sup> This is twice the prevalence of mental illness within the overall population.

These numbers represent real people that our mental health system has failed. Fortunately, we know that diversion from the criminal justice system is possible, and NAMI believes that people with mental illness should be diverted at every possible opportunity and be connected to mental health care. 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 (often referred to as SIM).

### 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>  
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<sup>1</sup> About 40% of people incarcerated in state and federal prisons and 44% of people held in local jails have a history of mental illness.

SIM spans from Intercept 0, which refers to community services aimed at preventing any criminal justice system involvement, to key intercept points along the criminal justice system continuum, including:

**Intercept 0:** Community Services

**Intercept 1:** Law Enforcement

**Intercept 2:** Initial Detention and Court Hearings

**Intercept 3:** Jails and Courts

**Intercept 4:** Reentry

**Intercept 5:** Community Corrections

These concepts can also be applied to areas of state policymaking, which is the focus of this brief. *NAMI 2023 State Legislation Issue Brief Series: Trends in Mental Health and Criminal Justice State Policy* is intended to provide legislators with policy recommendations that support individuals with mental health conditions who are at risk of being or are justice system-involved. Recommendations are provided in five categories:

- **Diversion**
- **Juvenile Justice**
- **Conditions in Custody**
- **Competency Restoration**
- **Civil Commitment**

Each category includes a description of policymaking trends for that topic followed by highlighted legislation passed in the prior year and links to additional legislation. **It is important to note the limited scope of this brief. NAMI strongly believes that the best solution for diverting individuals with mental illness away from criminal justice system involvement is through 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 those who are already justice-involved. Thus, **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.

## INTRODUCTION

NAMI is grateful to the NAMI State Organization leaders and grassroots advocates who fought for these policy solutions and to 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 ([look up your NAMI here](#)) or reach out to NAMI National at [mhpolicy@nami.org](mailto:mhpolicy@nami.org).

### **Methodology**

The content of this issue brief is focused on mental health legislation that was enacted in 2023 (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) 2023 state legislative summaries (when available) to inform our analysis of major legislation and surveyed NSOs on their 2023 legislative activity.

Mental health policy spans many 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. This brief is not comprehensive; it is intended to provide highlights of state mental health legislation that intersect with the criminal justice system.

Even within these limits, more than 69 state mental health bills were collected for consideration in this brief. Upon further refinement, 33 bills were included in the final brief.

## POLICY HIGHLIGHTS

# Diversion

## About **2 million times each year**

people with mental illnesses **are booked into jails.**

NAMI believes that people with mental illness should be diverted from justice system involvement at every possible opportunity. Diversion is a term used to describe informal and formal interventions that act as an “exit ramp” to move people away from involvement in the criminal justice system and that offer an alternative to address the underlying reason for someone becoming involved with the justice system.

In 2023, states made efforts to increase access to local programs that divert eligible individuals away from the criminal justice system and into the appropriate mental health services. Some highlights include New Jersey’s S 524, which created the Mental Health Diversion Program, and Texas’ SB 1677, which should be noted for directing local community mental health and justice system collaborations in rural areas.

### POLICY RECOMMENDATIONS

**To increase diversion opportunities, NAMI encourages states to:**

- **Provide funding for local community collaboration programs** that bring mental health, emergency response, and criminal justice stakeholders to the table
- Invest in a variety of **effective pre-booking and post-booking diversion programs**

## HIGHLIGHT LEGISLATION

# Diversion

### New Jersey



**Bill Number** [S 524](#)

**SIM Intercept** Intercept 3: Jail/Courts

#### Sponsor(s)

Sen. Teresa Ruiz (D), Sen. Sandra Cunningham (D), Assemb. Annette Quijano (D), Sen. Raj Mukherji (D), and Assemb. Reginal Atkins (D)

#### Summary

An act that creates the Mental Health Diversion Program to divert eligible persons away from the criminal justice system and into appropriate mental health services. This bill creates mental health courts in three separate parts of the state and is modeled after existing county efforts.

#### NAMI STATE ORGANIZATION SPOTLIGHT

### NAMI New Jersey

NAMI NJ believes the bill is crucial to support more people with mental illness to engage in their recovery in the community, rather than in jail or prison.

#### NAMI New Jersey (NAMI NJ) prioritized the passage of S 524.

According to NAMI NJ's Advocacy & Public Policy Director, Matt Camarda, creating the Mental Health Diversion Program was important because "criminal justice mental health diversion efforts in New Jersey are fragmented, and options differ based on county." Camarda shared that **key actions** to support the bill included:

- **Bringing in the voices of a county prosecutor's office** to showcase their successful diversion program and graduates of that program;
- **Sharing academic research** that showed how programs reduce recidivism;
- **Crafting advocacy messaging** that everyone deserves the opportunity for recovery no matter where they live in the state; and
- Having a bill sponsor in leadership who was **highly committed to the bill's success.**

NAMI NJ believes the bill is crucial to support more people with mental illness to engage in their recovery in the community, rather than in jail or prison, and to build a stronger base of evidence and political support to allow for statewide expansion in the future.



## HIGHLIGHT LEGISLATION

### Diversion



**Bill Number** [SB 1677](#)

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**SIM Intercept** Intercept 3: Jail/Courts

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**Sponsor(s)**  
Sen. Charles Perry (R)

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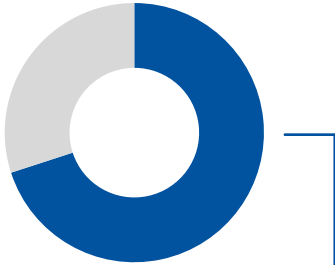
#### Summary

An act that requires the Health and Human Services Commission (HHSC) to identify procedures to assist a community collaborative with counties whose population is less than 250,000 when seeking a grant from the jail diversion grant program. Requires HHSC and Local Mental Health Authorities (LMHAs), if funding is available, to contract with nonprofit organizations to establish or expand regional behavioral health centers or jail diversion centers in the LMHA's service area.

**For more examples of 2023 diversion legislation, see [Appendix A](#).**

## POLICY HIGHLIGHTS

# Juvenile Justice



**70%**

of youth in the juvenile justice system **have a diagnosable mental health condition**

Juvenile justice encompasses practices and policies designed to serve nonadult offenders who are at risk of being justice involved or who are already involved in the criminal justice system. Youth are best served when they receive age-appropriate services, support and care through a multisystem approach that emphasizes opportunities for diversion and decriminalization. Trends in state legislation pertaining to juvenile justice include diverting youth to community-based alternatives in lieu of prosecution and incarceration, considerations of raising the minimum age for criminal prosecution for children, and increasing oversight for the juvenile justice system.

The use of community-based alternatives involves the cross-collaborative efforts of various agencies that work together to provide youth services that support rehabilitation and reduce further justice system involvement. One state that passed juvenile justice legislation was South Dakota (SB 6). This bill authorizes community response teams to recommend alternative community-based interventions and rehabilitative resources to the court on behalf of the juvenile prior to adjudication.

## POLICY RECOMMENDATIONS

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

- **Invest in community-based alternatives to incarceration** including but not limited to mental health services offered to affected youth and family
- **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

## HIGHLIGHT LEGISLATION

### Juvenile Justice

#### South Dakota



**Bill Number** [SB 6](#)

**SIM Intercept** Intercept 2: Initial Court Hearing/Detention

**Sponsor(s)**

Sen. David Wheeler (R) and Rep. Mike Stevens (R)

**Summary**

An act that authorizes a support team, known as a community response team, to recommend alternative community-based resources to the court to help rehabilitate children alleged to be delinquent and children alleged to be in need of supervision in community-based settings.

#### Colorado



**Bill Number** [HB 23-1249](#)

**SIM Intercept** Intercept 3: Jail/Courts

**Sponsor(s)**

Rep. Ryan Armagost (R), Rep. Serena Gonzales-Gutierrez (D);  
Sen. Cleave Simpson (R) and Sen. James Coleman (D)

**Summary\***

An act that requires every county to participate in a local collaborative management program that provides a service and support team and plan for any youth in need of services who are 10-12 years of age.

\* Correction: An earlier edition of this issue brief described CO HB 23-1249 as changing the minimum age of a child who is subject to the juvenile court's jurisdiction to 13 years old. This was an error – the original bill did include such a provision, but that provision was not included in the final bill language.

## HIGHLIGHT LEGISLATION

### Juvenile Justice

Illinois



**Bill Number** [SB 2197](#)

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**SIM Intercept** Intercept 3: Jail/Courts

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**Sponsor(s)**

Sen. Karina Villa (D), Sen. Javier Cervantes (D), Sen. Meg Loughran Cappel (D), Sen. Laura Murphy (D), Sen. Laura Fine (D), Sen. Elgie Sims, Jr. (D), Sen. Mary Edly-Allen (D); Rep. Edgar Gonzalez, Jr. (D), Rep. Patrick Windhorst (R), Rep. Justin Slaughter (D) and Rep. Mary Flowers (D)

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**Summary**

An act that increases protection for youth in county juvenile detention centers by expanding the oversight powers of the existing Office of Independent Juvenile Ombudsman to include county juvenile detention centers. With the expanded oversight, it allows youth in county detention centers to access an independent office to request assistance, obtain information, communicate confidentially, or seek relief.

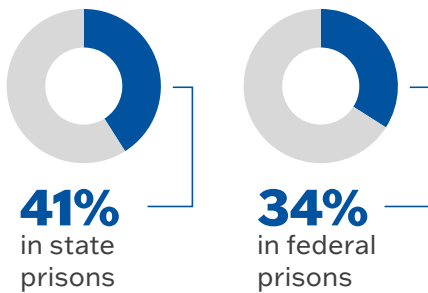
**For more examples of 2023 juvenile justice legislation, see [Appendix B](#).**

## POLICY HIGHLIGHTS

# Conditions in Custody

## Fewer than half

of people with a history of mental illness **are currently receiving treatment in state and federal prisons.**



Despite the overrepresentation of incarcerated people with mental illness, the conditions in prisons and jails are often far from rehabilitative. Harmful practices like forceful restraint, solitary confinement, inadequate access to medication and treatment, and limited visitation with loved ones can worsen an individual's mental health and negatively affect their path to recovery and reentry. Public policies aimed at ensuring incarcerated individuals have adequate access to treatment and programming, personal development, and appropriate reentry options can have a major impact on individuals' mental health and success returning to their communities post-incarceration.

In 2023, states moved toward minimum standards on restraint and seclusion practices and tailored incarceration and discharge plans for people with mental illness.

## POLICY RECOMMENDATIONS

**To strengthen rehabilitation for individuals who are incarcerated, NAMI encourages states to:**

- **Eliminate the use of solitary confinement** and restrict the use of seclusion and restraint practices for individuals with mental health conditions
- **Strengthen discharge/reentry planning** to prioritize individuals' mental health needs, including ensuring individuals reentering the community have an adequate supply of any needed psychiatric medications and an appointment to see a community-based mental health provider, as appropriate

## HIGHLIGHT LEGISLATION

# Conditions in Custody

### Colorado



**Bill Number** [HB 23-1013](#)

**SIM Intercept** Intercept 3: Jail/Courts

**Sponsor(s)**

Rep. Judy Amabile (D), Sen. Rhonda Fields (D) and Sen. Robert Rodriguez (D)

**Summary**

An act that requires the Department of Corrections (DOC) to implement policies and practices that conform to nationally recognized minimum standards concerning restraint and seclusion of inmates and to uniformly document restraint incidents.

### Minnesota



**Bill Number** [SF 2909](#)

**SIM Intercept** Intercept 3: Jails/Courts and Intercept 4: Reentry

**Sponsor(s)**

Sen. Ron Latz (D)

**Summary**

An act that requires the Department of Corrections (DOC) to study and make recommendations on the cost benefits of constructing, repairing, or merging and consolidating jail facilities, and alternatives to incarceration for people with mental illnesses. Strengthens existing law to require county human services to complete a discharge plan with people who 1) have a serious and persistent mental illness and 2) have been sentenced to jail for three or more months.

**For more examples of 2023 conditions in custody legislation, see [Appendix C](#).**

## POLICY HIGHLIGHTS

# Competency Restoration

Some defendants can **wait weeks or months in jail** for assessment and restoration services to become available.

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. Many states' competency restoration systems are overwhelmed and face significant backlogs due to limited mental health resources. This means that some defendants can wait weeks or months in jail for assessment and restoration services to become available.

Competency restoration services are designed to prepare someone to participate in a court proceeding; these services do not focus on treating underlying mental illnesses. However, to avoid unnecessary incarcerations, [NAMI believes](#) that states should leverage community-based competency restoration or diversion programs for people deemed incompetent to stand trial and prioritize connection to appropriate mental health care.

In 2023, Washington and Colorado made significant efforts to connect individuals to treatment and focus on long-term recovery.

## POLICY RECOMMENDATIONS

**To improve competency restoration processes, NAMI encourages states to:**

- **Invest in community mental health infrastructure** to support community-based competency restoration
- **Create pathways to care** for those deemed incompetent to stand trial
- **Establish standards of competency restoration** that support long-term recovery

## HIGHLIGHT LEGISLATION

# Competency Restoration

### Colorado



**Bill Number** [HB 23-1138](#)

**SIM Intercept** Intercept 2: Initial Court Hearing/Detention

**Sponsor(s)**

Rep. Judy Amabile (D), Rep. Matt Soper (D) and Sen. Robert Rodriguez (D)

**Summary**

An act that establishes a procedure for initiating short term involuntary treatment (either inpatient or community-based) if someone in a criminal proceeding has been deemed incompetent to stand trial. The act establishes roles and responsibilities for both court professionals (including prosecuting attorneys) and the behavioral health authority and provides due process protections for the person under consideration for involuntary treatment.

### Washington



**Bill Number** [SB 5440](#)

**SIM Intercept** Intercept 3: Jail/Courts

**Sponsor(s)**

Sen. Manka Dhingra (D)

**Summary**

An act that improves the competency restoration process by adding new clinical intervention specialists to help ensure time spent in jail contributes to the process of recovery. The act creates new diversion programs, new admission flexibility, and shorter stays for certain cases, and adds a requirement for courts to find “genuine doubt” over competency before ordering restoration services.

**For more examples of 2023 competency restoration legislation, see [Appendix D](#).**



## POLICY HIGHLIGHTS

# Civil Commitment

NAMI works to ensure that changes in civil commitment laws do not expand the role of the court system and involuntary treatment **beyond what is necessary.**

Over the last several legislative sessions, state policy leaders have continued to grapple with approaches to reforming state systems for civil commitment. Policy discussions continue to balance how to connect those with the greatest need to necessary care, while protecting the rights of people with mental illness and avoiding past mistakes of institutionalization. Driven by the stories of families, NAMI works to ensure that changes in civil commitment laws do not expand the role of the court system and involuntary treatment beyond what is necessary.

This past legislative session, states continued to revise definitions of eligibility for civil commitment to go beyond the traditional standards of “dangerousness” and focus on clinical need (Indiana HB 1006 and Texas SB 1624). States also took steps to improve the transition between institutional commitment and community-based care and to ensure people do not remain in involuntary care beyond what is clinically necessary (Virginia SB 1299/HB 1976). It is also important to note the changes happening in California ([SB 35](#)) and the implementation of the CARES Court program. While its overall impact has yet to be seen, it is a significant policy change in terms of establishing the court’s role to engage people with complex mental health needs.

## HIGHLIGHT LEGISLATION

### Civil Commitment

#### Indiana



**Bill Number** [HB 1006](#)

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**SIM Intercept** N/A: Civil Court System

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#### **Sponsor(s)**

Rep. Gregory Steuerwald (R), Rep. Wendy McNamara (R), Rep. Chris Jeter (R) and Rep Chuck Moseley (D)

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#### **Summary**

An act that specifies the circumstances under which a person may be involuntarily committed to a facility for mental health services to a definition that makes these services medically necessary.

#### Texas



**Bill Number** [SB 1624](#)

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**SIM Intercept** N/A: Civil Court System

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#### **Sponsor(s)**

Sen. Judith Zaffirini (D), Sen. Royce West (D) and Rep. Jeff Leach (R)

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#### **Summary**

An act that amends current law relating to services for incapacitated persons and to emergency detention of persons with mental illness. Requires a judge to allow for an electronic submission of emergency detention warrants and gives facilities the authority to detain a person once an electronic warrant from a judge is received. Requires the Office of Court Administration of the Texas Judicial System to develop a process to electronically apply and receive emergency detention warrants.

## HIGHLIGHT LEGISLATION

# Civil Commitment

### Virginia



**Bill Number** [SB 1299/HB 1976](#)

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**SIM Intercept** N/A: Civil Court System

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#### **Sponsor(s)**

Sen. R. Creigh Deeds (D) and Sen. T. Montgomery Mason (D) ); Del. Robert Bell (R)

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#### **Summary**

An act that permits the director of a facility where a person is awaiting transport to the facility of temporary detention pursuant to a temporary detention order to release the person if an employee or a designee of the local Community Services Board (CSB), in consultation with the person's physician, 1) conducts an evaluation of the person, 2) determines that the person no longer meets the commitment criteria, 3) authorizes the release of the person, and 4) provides a discharge plan.

**For more examples of 2023 civil commitment legislation, see [Appendix E](#).**

## CONCLUSION

**People with mental illness deserve care, not incarceration.**

People with mental illness deserve care, not incarceration. Yet we continue to see the criminalization of mental illness that perpetuates the overrepresentation of people with mental illness in our criminal justice system. Policymakers have the opportunity to change this. Policies should prioritize diverting people with mental health conditions to treatment and services at every opportunity — before arrest, after arrest and at all points within the justice system. For those who are justice-involved, states should prioritize efforts to connect individuals with mental health conditions to care that supports recovery during and after incarceration.

## APPENDIX A

### Diversion

State	Bill Number	Summary
California	<a href="#"><u>AB 1412</u></a>	An act that removes borderline personality disorder as an exclusion for pretrial diversion.
Washington	<a href="#"><u>SB 5415</u></a>	An act that improves legal representation for people who are found “not guilty by reason of insanity” as a result of a mental health condition and who are committed to state psychiatric care.
West Virginia	<a href="#"><u>SB 232</u></a>	An act that creates a study group to make recommendations and develop a strategic plan to divert persons with disabilities, mental illness, and substance use from the criminal justice system and into treatment.

## APPENDIX B

# Juvenile Justice

State	Bill Number	Summary
Colorado	<a href="#"><u>HB 23-1012</u></a>	An act that decreases wait times for juvenile competency evaluations and decreases the length of time a juvenile may be held without resolution of their competency based on the severity of crime level. It also clarifies that juveniles are eligible for an initial evaluation and also a re-evaluation. Outlines what information can be shared by evaluators about a juvenile’s progress toward competency with certain case-pertaining parties.
Colorado	<a href="#"><u>HB 23-1042</u></a>	An act that requires law enforcement officials or agents to electronically record all juvenile custodial interrogations.
Maine	<a href="#"><u>LD 155 (HP 96)</u></a>	An act that establishes a workgroup to conduct a review of best practices and organizational structure for juvenile justice services. The Department of Corrections and Health and Human Services must make public of the number of juveniles involved in the juvenile justice system and update this data monthly. Sets up annual reporting requirements.
Minnesota	<a href="#"><u>SF 2909</u></a>	An act that prohibits life without parole sentences for juveniles, creates parole eligibility for juveniles previously sentenced to life without parole, limits use of solitary confinement for juveniles, and appropriates funds for community-based prevention and diversion programs.

## APPENDIX B

### Juvenile Justice *(Continued)*

State	Bill Number	Summary
Nevada	<a href="#"><u>AB 68</u></a>	An act that requires each county to pay an assessment for the operation of each regional facility for the treatment and rehabilitation of children that is partially supported by the State of Nevada and is operated by a county whose population is less than 700,000 and outlines requirements.
Oregon	<a href="#"><u>HB 2372</u></a>	An act that directs the Youth Development Council (YDC) to collaborate with the Youth Development Division (YDD) to coordinate the statewide youth reengagement system. Expands the role of YDC to review high-risk youth crime prevention plans with federally recognized Indian tribes. Requires YDC to send funds to Indian tribes to support tribal high-risk youth prevention plans.

## APPENDIX C

# Conditions in Custody

State	Bill Number	Summary
Maine	<a href="#"><u>LD 118</u></a>	An act that allows the release of prior records to the facility providing treatment.
Texas	<a href="#"><u>HB 2708</u></a>	An act that requires the Texas Department of Criminal Justice (TDCJ) to uphold a uniform visitation policy for eligible individuals, including both in-person and virtual visitations. Exceptions to the in-person visitation policy requirement can be made under a health or safety emergency.
Virginia	<a href="#"><u>SB 887</u></a>	An act that requires that an incarcerated person who has been placed in restorative housing be offered a minimum of four hours of out-of-cell programmatic interventions or other congregate activities per day aimed at promoting personal development or addressing underlying causes of problematic behavior. The bill also requires the facility administrator to have a defined and publicly available policy and procedure for the process of transitioning an incarcerated person placed in restorative housing out of such housing and back to the general population of the facility.



## APPENDIX D

# Competency Restoration

State	Bill Number	Summary
Florida	<a href="#"><u>HB 1349</u></a>	An act that requires consideration of Community Treatment for forensic patients, and speeds up the competency restoration process for clients designated as “incompetent to proceed” among other provisions.
Texas	<a href="#"><u>SB 1677</u></a>	Expands competency restoration services and also requires an audit of inmates awaiting a forensic bed for restoration services. The audit must look at disparities in treatment based on race, ethnicity or age. Also expands diversion services.
Vermont	<a href="#"><u>S 91</u></a>	An act that shortens the length of time it takes for the judiciary to work with someone who is accused of a crime who may be incompetent to stand trial or who wishes to use insanity as a defense. House and Senate Judiciary committees, as well as House and Senate Health Care committees, ensured that competency to stand trial is determined before someone is evaluated for insanity related issues.
West Virginia	<a href="#"><u>SB 568</u></a>	An act that continues the Dangerous Assessment Advisory Board and provides opinion, guidance, and informed objective expertise to ensure that persons who have been judicially determined incompetent to stand trial or not guilty by reasons of mental illness are in the least restrictive environment available to protect the person, other persons and the public.

## APPENDIX E

# Civil Commitment

State	Bill Number	Summary
California	<a href="#"><u>SB 43</u></a>	An act that expands the definition of “gravely disabled” within the Lanterman-Petris-Short (LPS) Act to provide for the needs, more accurately and comprehensively, of individuals living with a serious mental illness or SUD. It would expand the definition of “gravely disabled” to include a condition in which a person is unable to provide for the basic needs for nourishment, personal or medical care, adequate shelter, adequate clothing, self-protection, or personal safety.
Minnesota	<a href="#"><u>SF 2934</u></a>	An act that creates the Department of Direct Care and Treatment which is where state operated services are, and thus moves it out from under the Department of Human Services. Legislation will be introduced in 2024 to make this happen. For the next two years, counties do not have to pay for the care for people who are committed as having a mental illness and being dangerous and are awaiting transfer to another state operated program.
Montana	<a href="#"><u>SB 6</u></a>	An act that requires an individual to remain under the supervision of the Department of Public Health and Human Services until the committing court discharges the person. Requires the director of the Department of Public Health and Human Services to provide written notice of the conditions of the person’s release to any community facility or program that is treating the person, the county attorney of the county in which the person was committed, and the county attorney of the county in which the person is required to receive treatment.

APPENDIX E  
**Civil Commitment** *(Continued)*

State	Bill Number	Summary
Virginia	<a href="#"><u>HB 2410</u></a>	An act that includes termination of a period of involuntary temporary detention, if the minor or individual has been admitted to a facility of temporary detention, on any day or part of a day on which the clerk’s office is lawfully closed as a reason to extend the duration of the period of involuntary temporary detention for adults and juveniles.



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