

### Highlights based on 40 States (including the District of Columbia and Puerto Rico) responding to the Forensic Component of NRI's 2024-2025 State Mental Health Agency (SMHA) Profiling System

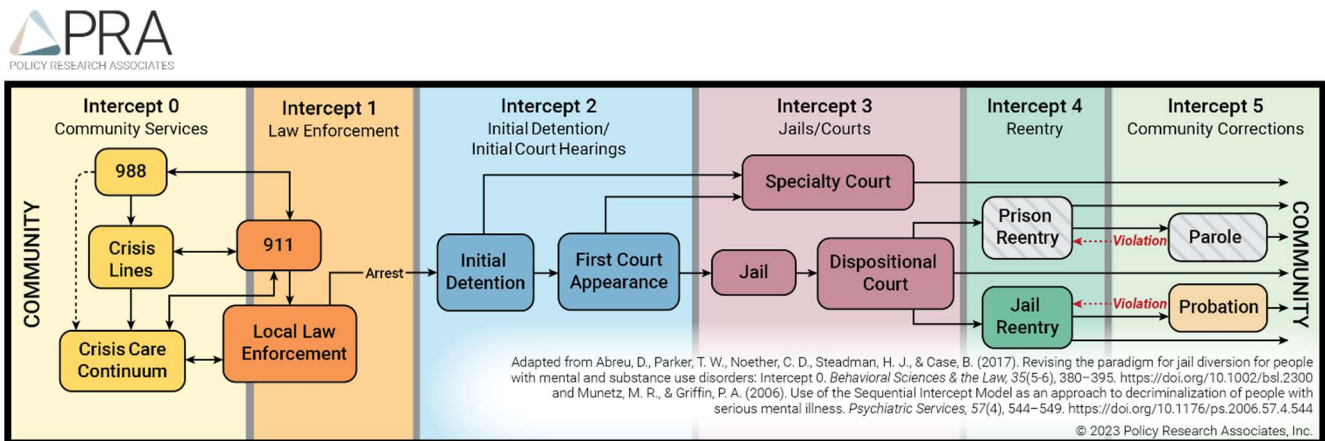
Some states are developing and implementing criminal justice diversion programs to “intercept” and divert adults with mental illness from the criminal justice system to appropriate mental health and substance use services. For diversion programs to function effectively, local community behavioral health agencies, law enforcement, sheriffs, and the courts must work collaboratively; housing authorities and other social services may also play a role.

As part of NRI's 2024-2025 SMHA Profiles System, 40 states (including the District of Columbia and Puerto Rico) responded to the Forensics Mental Health Services Component in the Spring of 2025. This report highlights key findings related to the criminal justice diversion initiatives states are implementing to divert adults with mental illness to appropriate mental health services.

## The Sequential Intercept Model (SIM)

The Sequential Intercept Model (SIM) is used for identifying opportunities to divert individuals from the criminal justice system at various decision points of criminal case processing (Figure 1).<sup>i</sup>

Figure 1: The Sequential Intercept Model (SIM)



Source: Policy Research Associates.<sup>ii</sup>

**34**  
States Offering  
Pre-Arrest Diversion  
Services

**33**  
States Offering  
Post-Booking Diversion  
Services

**30**  
States Offering  
Mental Health Services  
During Re-Entry

Most states have developed and/or implemented diversion initiatives at various decision points of criminal case processing. Thirty-four states indicate having opportunities for **pre-arrest diversion** (Intercepts 0/1; see **Figure 2**). Thirty-three states have opportunities for **post-booking diversion** (Intercepts 2/3; see **Figure 3**), and 30 states provide opportunities for mental health services to adults during **reentry from jail/prison or while individuals are on community supervision** (Intercepts 4/5; see **Figure 4**).

### Pre-Arrest Diversion Initiatives (Intercepts 0 & 1)

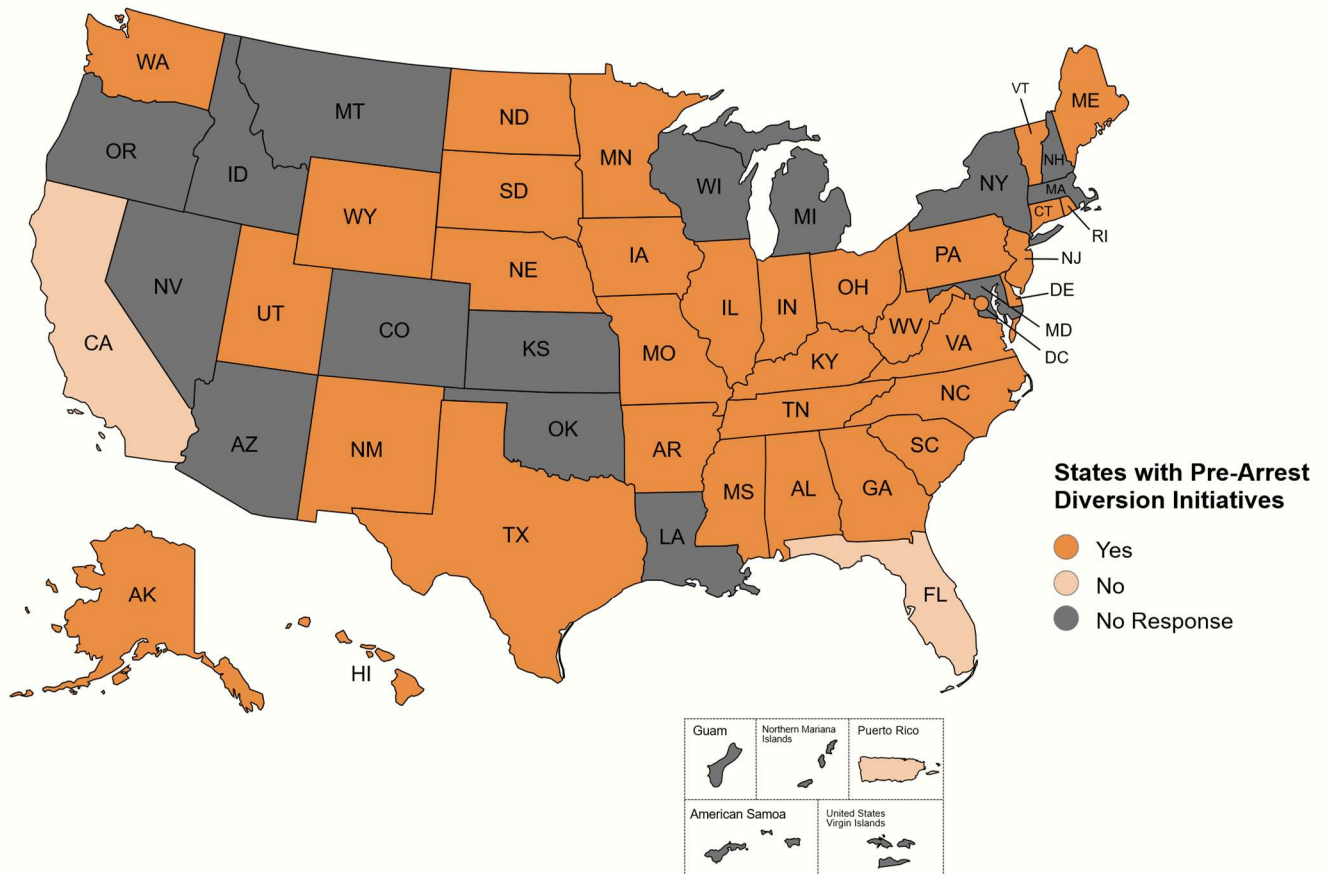
States shared many examples of pre-arrest diversion initiatives, including Crisis Intervention Team (CIT) training for law enforcement and behavioral health care workers, de-escalation training, crisis services (e.g., crisis lines, mobile crisis response, crisis receiving centers), and co-response teams. Some state-specific examples are presented below.

- **District of Columbia:** The Department of Behavioral Health has both a Community Response Team and Co-Response Team Model that works alongside law enforcement.<sup>iii</sup> Additionally, there is a Stabilization and Sobering Center that is often utilized by law enforcement as a pre-arrest diversion.<sup>iv</sup>
- **Georgia:** The Department of Behavioral Health and Developmental Disabilities (DBHDD) funds 10 co-responder programs that are established through a partnership between Community Service Boards (CSBs) and one or more law enforcement agencies to utilize the combined expertise of police 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.
- **New Jersey:** The Division of Mental Health and Addiction Services (DMHAS) received \$2.2 million to establish Mental Health Diversion programs in four counties: Camden, Middlesex, Essex and Morris.<sup>v</sup> The diversion programs target individuals with mental illness who are discharged from the county jail on pre-trial release, typically within 12 to 48 hours. The jails conduct a preliminary screening for mental health issues and refer the individual who is incarcerated going out on pre-release to the mental health diversion provider to conduct or facilitate a mental health evaluation to confirm the presence of a mental illness and develop a treatment plan. The provider also helps the individual to apply for the prosecutor diversion portion of the program, and if accepted, continues to provide the array of support as part of the diversion team.
- **Texas:** The Texas Code of Criminal Procedure (CCP) Article 16.23 requires law enforcement agencies to make a good faith effort to divert a person experiencing a mental health crisis or effects of substance use to a proper treatment center in the agency's jurisdiction if treatment is available. Law enforcement personnel attempt to divert persons to a local facility, such as a hospital, substance use facility or inpatient psychiatric program, if treatment is available. Certain counties operate jail diversion facilities or programs, creating an alternative location for law enforcement to drop off

adults with a serious mental illness or who are experiencing a mental health crisis for access to treatment. Pre-arrest diversion activities in Texas may include specialized training in crisis intervention for peace officers, such as the Mental Health Officer Proficiency Certificate through the Texas Commission on Law Enforcement (Title 37, Texas Administrative Code, § 221.11) or training through the Texas Crisis Intervention Team Association. Some law enforcement agencies partner with their local mental or behavioral health authority to operate a co-responder or multidisciplinary response program, which pairs mental health deputies or officers with trained mental health professionals to help people experiencing a mental health crisis receive appropriate treatment and avoid arrest.

- **Vermont:** Vermont has a broad array of crisis services available in the community in line with SAMHSA's model of someone to respond (enhanced mobile crisis teams of 2 people to respond to individuals in crisis at their location), someone to call (988 national lifeline, crisis teams available by phone at community mental health agencies, and peer run warm lines), and somewhere to go (Living Room model programs and Psychiatric Urgent Care programs around the state for adults and youth). All of these services are available to individuals who are experiencing a mental health crisis. Crisis Screeners often co-respond with local or state law enforcement to incidents in the community.

Figure 2: States with Pre-Arrest Diversion Initiatives



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### Post-Booking Diversion Initiatives (Intercepts 2 & 3)

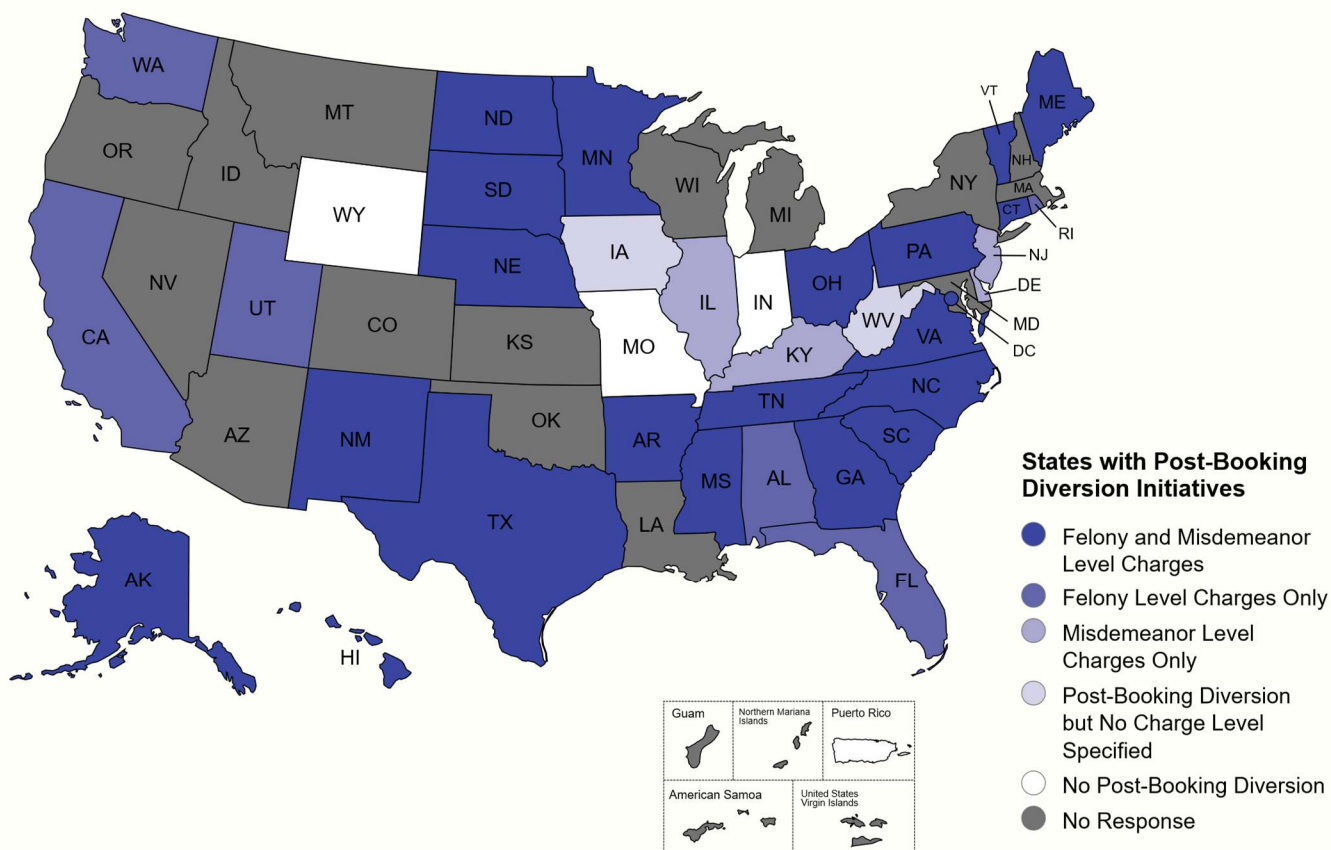
States also shared many examples of post-booking diversion initiatives including, supervised bail conditions, jail diversion, court diversion, specialty courts, and outpatient competency restoration diversion programs. Of the 33 states that have opportunities for post-booking diversion, 25 states offer post-booking diversion for adults charged with misdemeanor level offenses, and 27 states offer post-booking diversion for adults charged with felony level offenses. For example:

- Alaska:** Alaska’s Court System offers several post-booking diversion opportunities in the form of “Therapeutic Courts.” The therapeutic court model is an alternative justice model in which a collaborative team oversees and closely monitors participants who choose the treatment program in lieu of incarceration for some felony and misdemeanor offenses. Eligible participants may be admitted to a therapeutic court if they meet eligibility standards of each court and the substance abuse or mental health treatment

criteria of the provider. The available therapeutic courts include drug and DUI court, family courts, mental health courts, veterans courts, and state/tribal healing to wellness courts.

- **California:** The Department of State Hospitals (DSH) contracts with counties to provide felony mental health diversion programs, allowing felony incompetent to stand trial (IST) defendants to be treated across the continuum of care, including in the community. Defendants who are successful in the program will have their current offense they are charged with dismissed and dropped from their record.<sup>vi</sup>
- **Nebraska** offers opportunities for individuals to be released on a personal recognizance bond with varying conditions, including supportive services such as substance use and/or mental health treatment, supervision and monitoring by community corrections programs/treatment programs, drug testing, GPS monitoring, etc. Some jurisdictions have prosecutorial diversion programs for individuals with substance use or mental health needs. Some of those programs focus on misdemeanor charges, while others focus on felony charges. Specialty courts are available in several jurisdictions.
- **Pennsylvania** has an array of specialty courts. Through Pennsylvania's Law Enforcement Treatment Initiative (LETI), various counties offer post-booking diversion through "Track 3." This typically occurs at the Magisterial District Justice level. If an individual is determined to have substance use disorder and is open to treatment, charges will be held and eventually dropped if and when treatment is successfully completed. The goal of treatment courts is to supervise the treatment and rehabilitation of carefully screened and selected defendants to try to change their behavior. Instead of a jail sentence, defendants are given counseling, treatment for their addictions or illnesses, educational assistance and healthcare support. As of January 10, 2025, across the state there are 39 Adult Drug Courts, 2 Recovery Drug Courts, 10 Adult Drug/DUI Hybrid Courts, 15 DUI Courts, 4 Family Drug Courts, 28 Adult Mental Health Courts, 27 Veterans Courts, 2 Juvenile Drug Courts, 1 Juvenile Mental Health Court, 1 Co-Occurring Courts, 3 Domestic Violence Courts, 1 Sexual Offense Court, and 2 Prostitution Courts.
- **Virginia** has 28 total Jail Diversion and Forensic Discharge Planning programs across the Commonwealth, with funding to 21 Community Services Boards (CSBs). The programs provide services across the Sequential Intercept Model at intercepts 2-5. The programs serve individuals with serious mental illness (SMI) who are currently involved in the criminal justice system. All programs strive for early identification of these individuals, diversion from the criminal justice system or from penetrating more deeply into the system, and connection to meaningful and sustainable services.

Figure 3: States with Post-Booking Diversion Initiatives



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## Reentry and Community Supervision (Intercepts 4 & 5)

States also shared opportunities they provide adults for mental health services during reentry from jail/prison or while on community supervision to prevent further involvement with the criminal justice system or repeating cycle of competency restoration. Examples include expanding connections between community service providers, state hospitals, jail health care staff, and SMHAs; specialized case management and care coordination; and links to housing and substance use treatment. For example:

- Connecticut** described two programs that support individuals with severe psychiatric disabilities and substance abuse histories transitioning from the Department of Corrections (DOC). The Criminal Justice Interagency Program promotes recovery and re-integration for people with severe psychiatric disabilities, who are transitioning from state correctional facilities to the community, through a comprehensive referral program. Individuals are referred to the program 3-6 months prior to their release from the DOC and meet with a representative from the appropriate Local Mental Health Authority to arrange for services in the community. This program also facilitates communication among DMHAS, DOC, the Court Support Services Division of the Judicial Branch,

Probation, and Parole to resolve system issues and coordinate care. Second, DMHAS, in partnership with DOC, established the Transitional Case Management Program for male inmates with significant histories of substance abuse who are discharging to Hartford, Norwich/New London, New Britain/Bristol, and Waterbury. The program includes: pre-release development of a recovery-oriented reentry plan by the community case manager, DOC counselor, and the individual; and transitional case management by the community case manager to implement the plan; and post-release substance abuse treatment, community support/encouragement, transitional housing and employment.

- The **District of Columbia** described efforts to co-locate SMHA staff in the jail and prison to connect individuals to community-based providers. The SMHA has co-located staff that work at the local jail to link individuals to community-based providers within 30 days of their projected release. In addition, the SMHA has co-located staff that work with the Bureau of Prisons and Federal Probation to link individuals to community-based providers within 90 days of their projected release. The SMHA also works with the medical/psychiatric provider in the jail in the sharing of behavioral health information and to coordinate care between the defendants returning to the community.
- **Hawaii**: Licensed Crisis Residential Services (LCRS), that include stabilization beds, are available for temporary placement until an individual has the opportunity to work with his/her assigned case management for more stable housing and entitlements. The LCRS offers short-term, acute interventions to individuals experiencing or recovering from a behavioral health crisis and is an alternative or diversion from psychiatric, inpatient hospitalization.
- The **Texas** Department of Criminal Justice's Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) provides pre-release screening and referral to aftercare treatment services for high-need/high-risk inmates reentering from correctional settings, local jails, or other referral sources. TCOOMMI contracts with local mental health authorities and local behavioral health authorities across Texas to provide continuity of care services for high-risk/high-need persons on probation or parole by linking them with community-based interventions and support services.

Figure 4: States with Reentry and Community Corrections Diversion Initiatives



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<sup>i</sup> Pinals, D.A. and Callahan, L. (2020). Evaluation and restoration of competence to stand trial: Intercepting the forensic system using the Sequential Intercept Model (SIM). *Psychiatric Services*, 71(7):698 - 705.

<sup>ii</sup> For additional information on the Sequential Intercept Model, see <https://www.prainc.com/sim/>

<sup>iii</sup> For additional information on the DC Department of Behavioral Health’s Community Response Team, see <https://dbh.dc.gov/service/community-response-team>

<sup>iv</sup> For additional information on the DC Stabilization Center, see <https://dbh.dc.gov/service/dc-stabilization-center>

<sup>v</sup> For additional information on New Jersey’s Mental Health Diversion Pilot Program see [https://www.njcourts.gov/sites/default/files/forms/13282\\_mh\\_diversion\\_pilot\\_program.pdf](https://www.njcourts.gov/sites/default/files/forms/13282_mh_diversion_pilot_program.pdf)

<sup>vi</sup> For additional information on the CA DSH’s Diversion Program, see [https://www.dsh.ca.gov/Treatment/docs/Diversion%20Pilot%20FACT%20Sheet\\_Final.pdf](https://www.dsh.ca.gov/Treatment/docs/Diversion%20Pilot%20FACT%20Sheet_Final.pdf)