



# INTERRUPTING THE CYCLE OF INCARCERATION FOR INDIVIDUALS WITH MENTAL ILLNESS

## AN ANALYSIS OF LOS ANGELES COUNTY'S RAPID DIVERSION PROGRAM

Jess Bendit, Joshua Segui,  
Courtney B. Taylor & Rachel Vogt

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## DISCLAIMER

This report was prepared in partial fulfillment of the requirements for the Master in Public Policy degree in the Department of Public Policy at the University of California, Los Angeles. It was prepared at the direction of the Department and of the Los Angeles County Public Defender's Office as a policy client. The views expressed herein are those of the authors and not necessarily those of the Department, the UCLA Luskin School of Public Affairs, UCLA as a whole, or the client.

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# GLOSSARY

**California Assembly Bill 1810 (AB 1810):** Legislation which amended the California Penal Code to establish pre-plea mental health diversion and led to the creation of the Rapid Diversion Program<sup>1</sup>

**Acuity:** The level of care needed to address the intensity of an individual's cognitive, emotional, and behavioral challenges<sup>2</sup>

**Arraignment:** A post-arrest hearing where the defendant appears in front of a judge to receive formal charges<sup>3</sup>

**Behavioral health:** A broad term which includes both mental health and substance use disorders<sup>4</sup>

**Case management:** A social work practice that includes assessment, planning, linkage to services, education, coordination, evaluation, monitoring participant progress, implementation, and advocacy<sup>5</sup>

**Clinician:** A licensed professional who diagnoses and creates treatment plans for individuals with behavioral health challenges<sup>6</sup>

**Community-based treatment (or care, or services):** Mental health or substance use treatment provided outside of a jail or institutional setting<sup>7</sup>

**Diversion:** “An array of informal and formal practices that effectively remove criminal cases from the justice system and may place selected defendants out of the reach of criminal sanctions”<sup>8</sup>

**Harm reduction:** “a strategy directed toward individuals or groups that aims to reduce the harms associated with certain behaviours... emphasizes the measurement of health, social and economic outcomes, as opposed to the measurement of drug consumption”<sup>9</sup>

**PC 1001.36:** The California Penal Code which authorizes mental health diversion according to the requirements in AB1810<sup>10</sup>

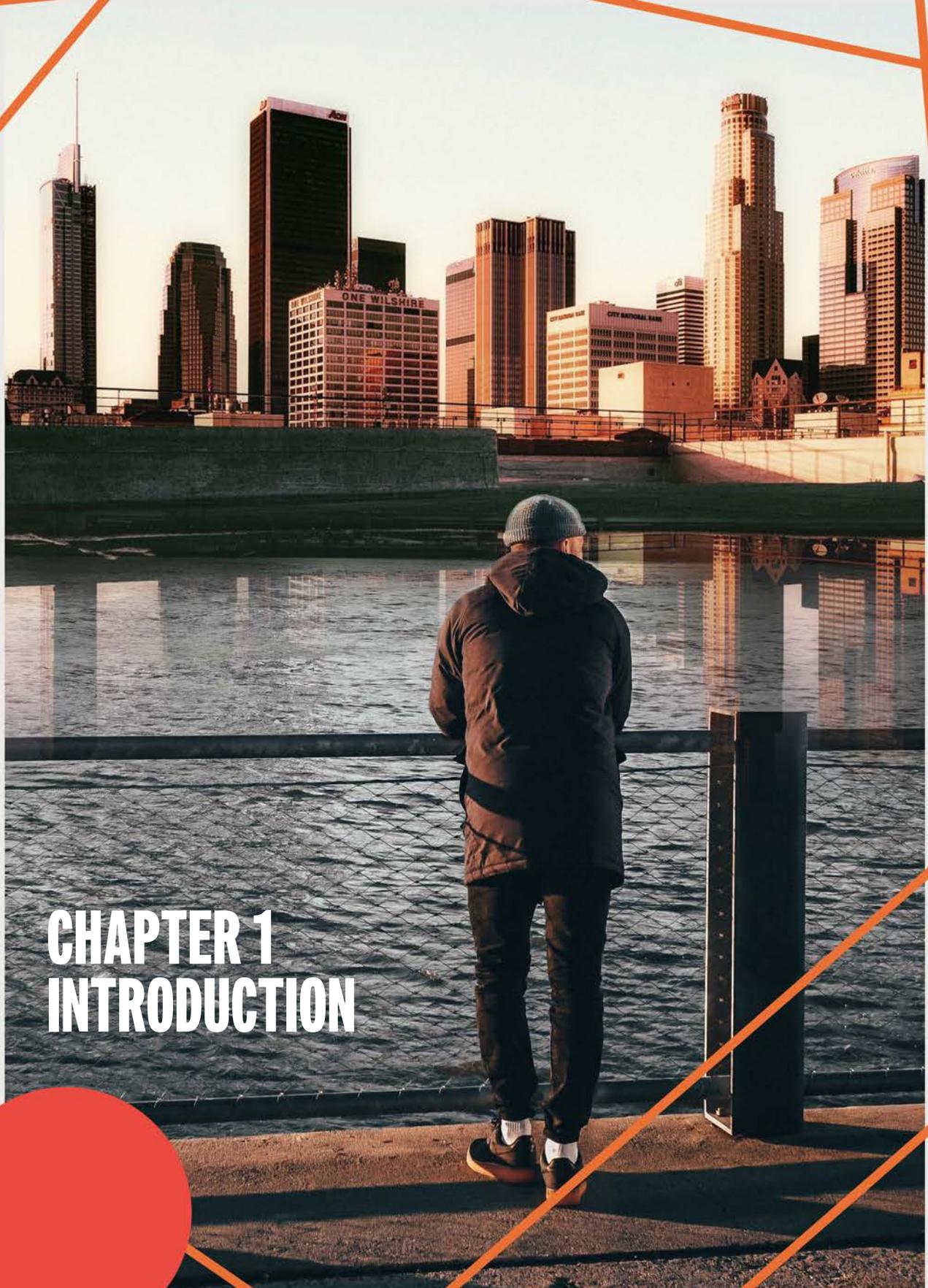


# EXECUTIVE SUMMARY

Los Angeles County, like much of the United States, has seen steady increases in the incarceration of individuals with mental health issues over the past few decades.<sup>11</sup> Simply having a mental illness raises the likelihood that a person will be arrested and incarcerated.<sup>12</sup> In many cases, the offending behavior is directly related to the diagnosis, a phenomenon called the criminalization of mental illness.<sup>13</sup> Jails and prisons are ill-equipped to care for this population.<sup>14</sup>

To address this cycle of incarceration for individuals with mental health issues, the Los Angeles County Office of the Public Defender developed the Rapid Diversion Program (RDP), with technical assistance from the Center for Court Innovation (CCI) and with support from the MacArthur Foundation Safety + Justice Challenge.<sup>15</sup> Since 2019, the RDP has diverted individuals with behavioral health diagnoses out of the criminal justice system and into treatment and services.<sup>16</sup> Currently, the Alternatives to Incarceration initiative (ATI), located within the county's CEO office, is helping to grow the RDP's reach. As of Fall of 2020, ATI has been working with project partners to expand RDP to additional courthouses around the county while leveraging private funding from the MacArthur Foundation.<sup>17</sup> Our team worked with the Public Defender's Office and CCI to analyze the RDP's progress and to provide recommendations for program optimization and capacity expansion at existing and future courthouses. This report attempts to answer the following policy question: How can LA County improve and expand the RDP to break the cycle of incarceration for individuals with unmet behavioral health needs? Our research employs a combination of quantitative data analysis of participant-level and program-level data, and qualitative analysis of intensive interviews conducted from December 2020 through March 2021.

Based on our findings from this analysis, we propose six policies which address potential challenges the RDP may face as it prepares to expand to other courthouses in Los Angeles County. Each policy was evaluated based on five criteria: (1) impact on participants, (2) impact on program capacity, (3) political feasibility, (4) administrative feasibility, and (5) relative cost. From this evaluation, we recommend that the RDP team establish a three-person service referral team with a dedicated case manager at all RDP courthouses, and create a standardized Second Chances training module for the in-court agents at all RDP courthouses. Additionally, we present four policies which could be implemented after the first two policies have taken effect. These include: building partnerships with crisis stabilization treatment providers, improving the RDP data collection infrastructure, shortening the length of offered treatment plans, and basing eligibility on readiness for treatment rather than on charge-based criteria. Together, these policies can assist the RDP in standardizing implementation across jurisdictions, and maintaining program quality while increasing the number of eligible diversion candidates.



# CHAPTER 1 INTRODUCTION

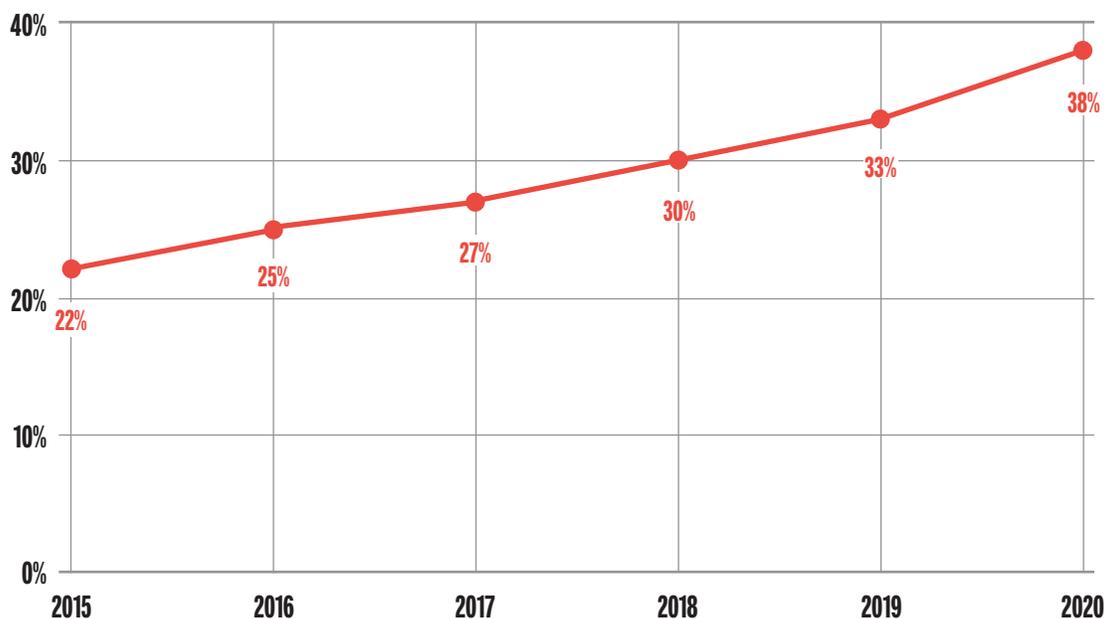
# INTRODUCTION

## THE CRIMINALIZATION OF MENTAL ILLNESS

Jails and prisons are currently the nation's largest providers of mental health services.<sup>18</sup> The U.S. Department of Justice estimates that 37% of people in federal prison and 44% of people in jail have been diagnosed with a mental health problem.<sup>19</sup> Since the 1990s, the number of justice involved individuals with a mental illness has steadily increased.<sup>20</sup> Further, people with a mental health diagnosis are significantly more likely than the rest of the population to ever come into contact with the justice system.<sup>21</sup> The arrest rate for the general population is 1.2%; that number goes up to 2.4% for people with a mental health diagnosis, and 16.1% for those with a dual diagnosis involving both mental illness and substance abuse.<sup>22</sup>

Los Angeles County has the largest jail population of any county in the nation, and has a growing proportion of incarcerated individuals who have a mental health diagnosis (**Figure 1**).<sup>23</sup> In 2020, on average, the jail mental health population represented 38% of all incarcerated inmates.<sup>24</sup>

**Figure 1: Share of Los Angeles County Jail Inmates with a Mental Health Diagnosis**



**Source:** Los Angeles County Sheriff's Department. "Custody Division Population Quarterly & Yearly Reports." Public Data Sharing. Accessed April 11, 2021. [http://www.lasheriff.org/s2/page\\_render.aspx?pagename=info\\_detail\\_20](http://www.lasheriff.org/s2/page_render.aspx?pagename=info_detail_20); Los Angeles County Sheriff's Department. *Custody Division Population Year End Review 2020*. Los Angeles: Los Angeles County Sheriff's Department, 2020. [https://lasd.org/wpcontent/uploads/2021/04/Transparency\\_Custody\\_Division\\_Population\\_2020\\_Year\\_End\\_Report\\_040821.pdf](https://lasd.org/wpcontent/uploads/2021/04/Transparency_Custody_Division_Population_2020_Year_End_Report_040821.pdf); created by authors.

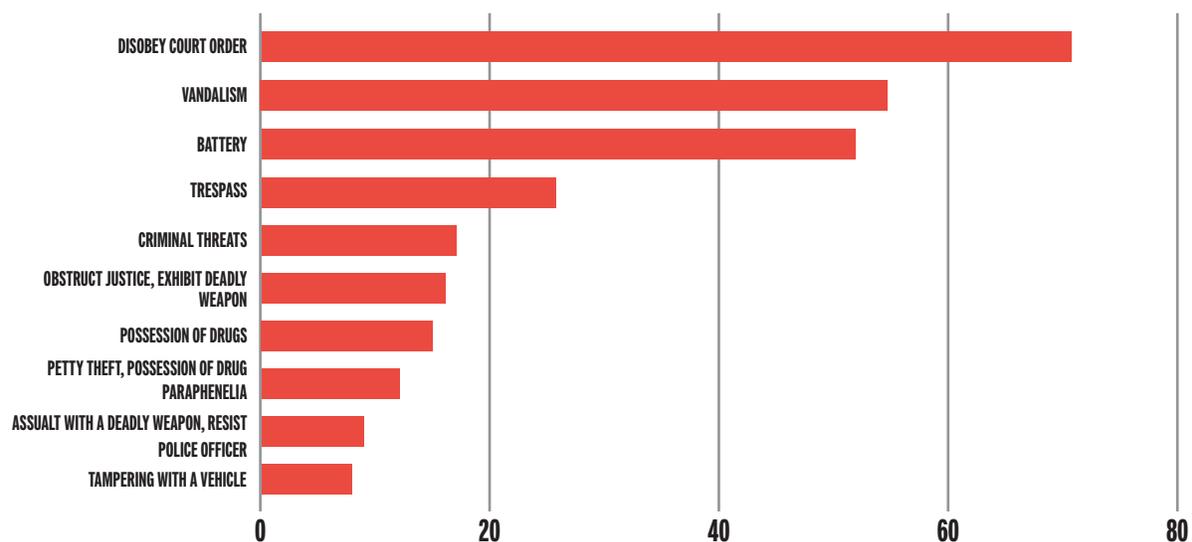
In many cases, there is a link between the arrest charge and the person's mental illness.<sup>25</sup> For example, common misdemeanor charges like criminal threats, disorderly conduct, and disturbing the peace are all frequently associated with mental disorders.<sup>26</sup> As one expert from the Department of Mental Health commented:

From a mental health perspective, severe mental illnesses, substance use disorders, and all the things we just talked about are prominent diagnoses, and they can definitely feed into the cycle of recidivism. It can feed in from direct effects of the conditions themselves. For example, with schizophrenia, symptoms of the condition itself, not being stable enough, and not receiving treatment can affect your interaction with the criminal justice system directly due to effects of the illness. People with uncontrolled symptoms could be hallucinating, experience delusional thinking, and not be fully aware of what they're doing, and end up violating a variety of laws, including misdemeanors such as trespassing.<sup>27</sup>

Housing status is another factor that contributes to the criminalization of mental illness.<sup>28</sup> Lack of housing stability can make it more difficult for individuals with mental health issues to regularly appear for their court dates, which can lead to additional charges.<sup>29</sup> Furthermore, individuals who are unhoused report that they have a mental health condition at higher rates than those who are housed.<sup>30</sup>

Los Angeles County's Rapid Diversion Program (RDP) diverts people with behavioral health disorders out of the justice system and into community treatment.<sup>31</sup> From program data, approximately half of RDP participants were homeless prior to entering the program. The most common charges for the population served by the RDP, as shown in **Figure 2**, mirror common charges for individuals who are mentally ill and homeless. Of the top five charges for participants in the RDP, three are often associated with mental illness or homelessness, indicating that the RDP population also suffers from criminalization of these conditions.<sup>32</sup>

**Figure 2: Most Common Charges for RDP Participants**



*Source:* RDP participant-level data; created by authors.

## IMPACT OF INCARCERATION ON PEOPLE WITH MENTAL ILLNESS

Once incarcerated, people with mental illnesses or substance use disorders end up spending more time in jail than those who do not have a behavioral health disorder.<sup>33</sup> The decision to either release an individual or keep them in custody is based on risk factors for re-arrest, including homelessness, unemployment, and lack of family ties.<sup>34</sup> People with behavioral health challenges often fail to meet these criteria, and spend more time in jail than their less-vulnerable counterparts.<sup>35</sup> This is problematic as spending even a few days in jail during pretrial results in lasting negative consequences for defendants, and may even increase the likelihood of re-offending for low-risk defendants.<sup>36</sup> Furthermore, jail-based mental healthcare is expensive, generating greater costs to taxpayers than community treatment for this population.<sup>37</sup>

Regardless of a defendant's initial mental health status, literature suggests that incarceration imposes some level of baseline psychological strain.<sup>38</sup> If, however, someone already suffers from a mental illness, they may experience higher stress levels than others, and data shows that mentally ill individuals have a higher likelihood of being abused while incarcerated.<sup>39</sup> Coupled with the fact that mental health treatment in jails is often inadequate or nonexistent, this means that an individual's mental health condition is likely to become more severe during incarceration.<sup>40</sup> As current Los Angeles City Councilman Mark Ridley-Thomas aptly wrote, "You simply can't get well in a cell!"<sup>41</sup> The additional negative impact of incarceration on this population therefore necessitates a targeted intervention.

## OVERVIEW OF MENTAL HEALTH DIVERSION

As jails become de facto mental health treatment centers, the staggering increase of the mental health jail population has received national attention and calls for action.<sup>42</sup> One answer to this challenge is a nationwide increase in the use of diversion, "an array of informal and formal practices that effectively remove criminal cases from the justice system and may place selected defendants out of the reach of criminal sanctions."<sup>43</sup> Diversion takes on another form in "problem-solving courts" where non-carceral interventions are used to address a defendant's issues, like connecting them to treatment or social services.<sup>44</sup>

The Los Angeles County Board of Supervisors has recognized the immediacy of this issue and established two offices: the Office of Diversion and Reentry (ODR) in 2015, and the Alternatives to Incarceration (ATI) initiative within the county's CEO office in 2020.<sup>45</sup> These offices play a leading role in diverting individuals from the criminal justice system into community-based services.<sup>46</sup>

In recent years, California has ramped up the use of alternatives to incarceration for individuals with behavioral health issues, as in 2018, state legislators approved a bill which allowed for mental health diversion.<sup>47</sup> The bill addressed various barriers to diversion, including prosecutorial discretion and lack of readily-available treatment services, that had prevented its widespread use.<sup>48</sup> The new law, which established Penal Code §§ 1001.35–1001.36, allows for pre-plea diversion so that individuals are not required to plead guilty to access services.<sup>49</sup>

## CLIENT: THE LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

The Los Angeles County Public Defender's Office is the first public defense office in the nation.<sup>50</sup> The office's mission is to "measurably reduce incarceration and the collateral consequences of contact with the criminal justice system in Los Angeles County" by 2025.<sup>51</sup> Aligned with this mission, the office created the RDP in 2019 to take advantage of newly-available tools for mental health diversion allowed by AB 1810.<sup>52</sup> Through the RDP, defendants with behavioral health challenges are diverted from the criminal justice system and into a social services program that provides them with needed treatment.<sup>53</sup>

The RDP is funded partially by the MacArthur Foundation's Safety + Justice Challenge, an initiative to reduce the jail population nationwide.<sup>54</sup> As part of the MacArthur grant, the Center for Court Innovation (CCI) provides technical assistance for this project.<sup>55</sup> CCI is based in New York City and provides technical assistance to jurisdictions across the country as they implement various criminal justice reform efforts.<sup>56</sup> Additional key partners include the Los Angeles City Attorney's Office, the Los Angeles Alternate Public Defender's Office, the Los Angeles County Department of Mental Health, the Los Angeles County Sheriff's Department, Los Angeles Superior Court, the Probation Department, and Project 180, a non-profit that provides comprehensive wrap-around services to people involved in the criminal justice system.<sup>57</sup>

As of this writing, the Board of Supervisors has approved the expansion of the RDP to a total of eight courthouses across Los Angeles County.<sup>58</sup> As part of this expansion, the Public Defender's Office has created two connected goals for the program:

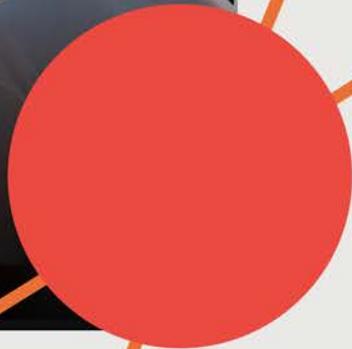
1. Increase uptake: Incentivizing take-up of the RDP is directly related to the Public Defender's mission of reducing incarceration for people with behavioral health issues.<sup>59</sup> Understanding why potential participants may choose not to enter the program is a first step towards increasing the number who do.
2. Ensure uniformity: As the RDP expands to other courthouses and begins accepting felony charges, the Public Defender's Office hopes to establish a consistent program model so that participants can expect a similar level of high-quality service provision regardless of where they are arrested.<sup>60</sup> To achieve this goal, the RDP will need to standardize its model, including staffing, program eligibility, and types of treatment offered.

## POLICY QUESTION

Through this report we seek to answer: How can LA County improve and expand the RDP to break the cycle of incarceration for individuals with unmet behavioral health needs?



# CHAPTER 2 BACKGROUND



# BACKGROUND

## THE RDP

In June 2019, the RDP began diversion at a high-volume LA County courthouse, the Clara Shortridge Foltz Criminal Justice Center.<sup>61</sup> The program diverts individuals with behavioral health issues out of jail through pre-plea diversion.<sup>62</sup> Specifically, the RDP assists a population currently underserved by existing diversion programs: individuals with misdemeanor charges who have unmet behavioral health needs.<sup>63</sup> A driving goal of the RDP is to connect this population to treatment and services.<sup>64</sup>

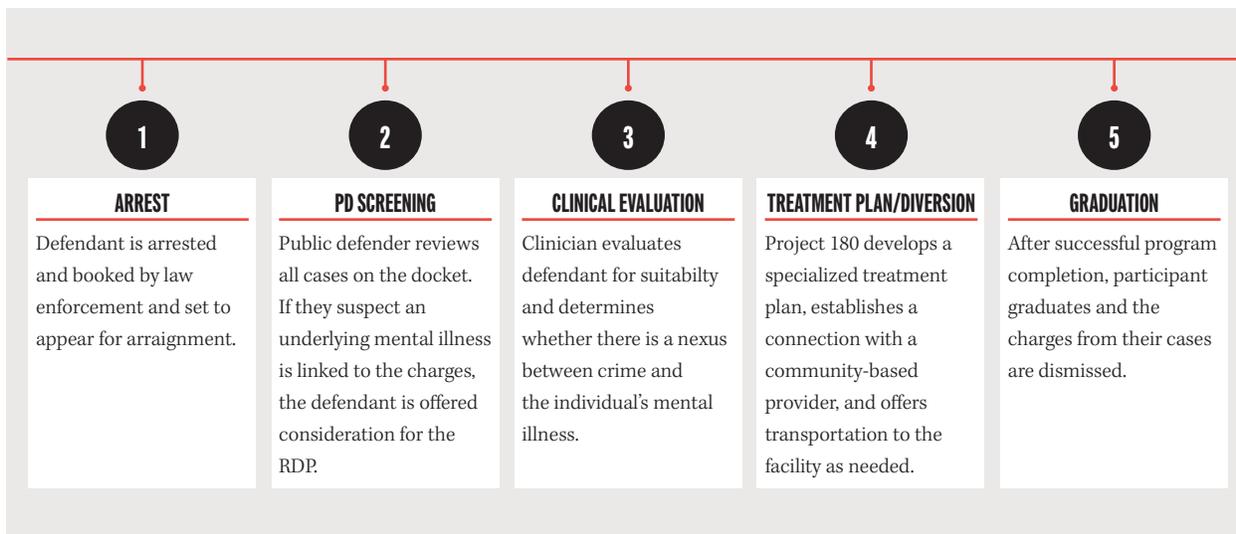
Traditionally, the process to divert a defendant with a mental illness in LA County can take months, as the individual needs to be screened by a clinician, request a hearing for diversion, and be placed into treatment.<sup>65</sup> In contrast, the RDP aims to “rapidly” divert individuals before arraignment—an opportune time when defendants may be willing to consider treatment.<sup>66</sup> Unique among Los Angeles diversion programs, RDP defendants do not have to plead guilty to receive treatment and participate in the program.<sup>67</sup>

## THE RDP PROCESS

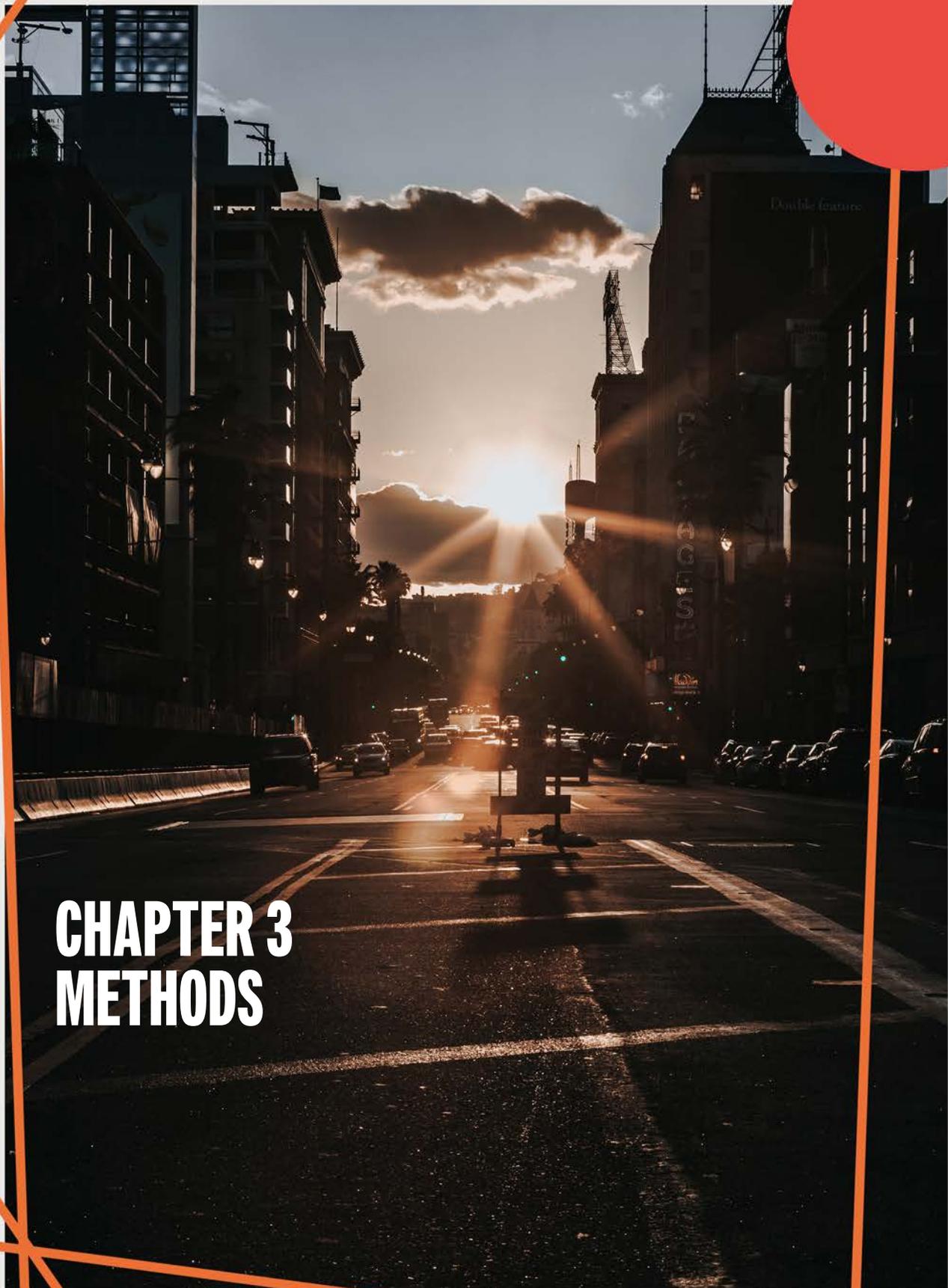
Screening individuals for eligibility to participate in the RDP is grounded in statutory criteria.<sup>68</sup> PC 1001.36(b)(1) states that people with a mental illness as defined by the latest edition of the Diagnostic and Statistical Manual of Mental Disorders qualify for diversion, with several conditions excluded.<sup>69</sup> PC 1001.36(b)(1)(B) also requires a nexus between the alleged crime and the defendant’s mental illness.<sup>70</sup> We refer to these criteria as the “statutory eligibility criteria.”

When a case arrives at the Public Defender’s Office, the defense attorney looks through the police report and criminal history to determine whether or not the defendant shows signs of having a mental illness or a substance use disorder and if there is a connection between their illness and the alleged crime.<sup>71</sup> The public defender then interviews the defendant to see if they (1) identify as having a mental illness, (2) are open to treatment, and (3) are a suitable participant for the program.<sup>72</sup> If the defendant is deemed a good candidate and opts to participate, an in-court clinician evaluates the defendant in coordination with Project 180, a local non-profit services provider, to determine if the defendant would be a good fit for the program.<sup>73</sup> If the defendant agrees to move forward with their tailored treatment plan, Project 180 works to find an appropriate placement.<sup>74</sup> Once a participant is diverted, Project 180 provides them with transportation to the treatment provider and checks in throughout the individual’s participation in the program.<sup>75</sup> Due to its tailored nature, no two participants receive the same services or level of care, resulting in treatment plans best-suited to the individual’s evolving needs over time.<sup>76</sup> Participants who graduate from the program are celebrated at a graduation ceremony at the court, where the judge presents certificates for completion and encouraging remarks.<sup>77</sup> **Figure 3** is a visual depiction of the RDP process.

**Figure 3: Flowchart of the Rapid Diversion Program Process**



**Source:** Project 180 Representative 1, personal interview, January 15, 2021, Project 180 Representative 2, personal interview, January 15, 2021, Public Defender Representative 2, personal interview; created by authors.



# CHAPTER 3 METHODS

# METHODS

This chapter addresses both our data sources and our methodology for analysis. The first section covers quantitative data sources obtained from the Public Defender's Office and Project 180 staff. This consists of a participant-level dataset and an RDP selection and take-up dataset. The second section addresses qualitative data sources and analysis, specifically the intensive interviews conducted which cover the participant experience in the RDP, the administrative procedures of the RDP, and the universe of RDP stakeholders.

## QUANTITATIVE METHODS

We analyzed a variety of quantitative metrics collected and provided to us by staff at the Public Defender's Office and Project 180. We looked at participant-level data to create a demographic profile of participants in the RDP program, as well as data on the number of potential participants screened in a given time period to understand how individuals typically move through the system from arraignment to diversion. The purpose of this analysis was threefold. First, we sought to describe the participant population. Second, we sought to identify any potential roadblocks or opportunities for improvement in the current process structure. Third, we set out to learn what data were currently being collected to provide recommendations for improving the data collection and monitoring process more broadly.

## PARTICIPANT-LEVEL DATA

We received anonymized demographic information including race, age, gender, employment, and housing status for 134 participants, the total number of RDP participants who had received any treatment by the time we were given the data in January of 2021. In addition, we were able to look at the charge as well as the treatment options that were utilized by each participant, including inpatient or outpatient services, and whether the treatment was for substance abuse, mental health, or both. This data also included detailed information on each participant's arraignment dates, graduation dates if they completed treatment, dates they accepted the program, and dates they dropped the program if they ever left for any reason. We calculated based on these dates the length of the time from arraignment to program acceptance for each RDP participant, as well as the length of time spent in treatment. Using these dates, we were also able to identify participants who dropped the program but subsequently re-entered, a critically important group for this program given the cyclical nature of incarceration for this population. Finally, we were given information about each participant's reason for dropping the program, if known, and their current status, which includes an indication of whether participants who are currently out of compliance might potentially return to the program.

## PROGRAM SELECTION & TAKE-UP DATA

In order to investigate how a participant moves from the very first stage of determining statutory eligibility based on the charge through a multi-step screening process to ultimately accepting treatment in the RDP, we were given data on the number of cases that fall into each of these categories from the downtown courthouse. We received eight total weeks of data from September and October in 2019 and 2020. As a result of process changes during the pandemic, pre-COVID data was reported on a daily basis and post-COVID data was reported on a weekly basis. These months were selected for analysis after consultation with our clients at the Public Defender's Office as during this time the program was operating as usual, which allows us to interpret these statistics as average figures for the program. Within these months, the particular days and weeks were randomly selected. To analyze this data, we first looked at the average volume of cases at each screening stage, and then created sums of the number of cases in each category across days to calculate percentages using several different denominators. First, we looked at the number of cases that were eligible, screened, and accepted out of (a) all cases in court each day and then (b) out of all statutorily eligible cases. Second, to understand more about the sequential process to diversion, we constructed percentages where each stage uses the number of participants passed on from the previous screening step as the denominator to calculate the proportion not selected at each stage.

Data cleaning and analysis was conducted using Python and Stata, and Excel was also used for quality assurance. More detail about the data cleaning and variable construction can be found in **Appendix A**.

## QUALITATIVE METHODS

While quantitative data provided a high-level view of the RDP, our analysis required understanding the program's operations and its impact on participants, which numbers alone could not capture. Therefore, we conducted 30 intensive interviews with individuals across five stakeholder groups, all with varying levels of involvement in the RDP program.

## INTERVIEW STRUCTURES

We drafted interview guides based on topics relevant to the respective stakeholder group for each group of interviewees. One member of our team led each interview while at least one other team member took notes. All interviews were conducted over Zoom. With consent from respondents, we recorded interviews to ensure accurate quotation and context.

The selection of our key respondent groups was based on the universe of agencies and organizations involved in RDP. Defining the RDP universe was an iterative process, as interviews with our clients from CCI and the Public Defender's Office helped us identify key players in the RDP's creation and implementation, which are summarized in **Table 1**.<sup>78</sup>

**Table 1: Key Respondent Categories, Titles, & Counts**

<b>STAKEHOLDER CATEGORY</b>	<b>TITLE OF INDIVIDUAL OR AGENCY</b>	<b>INTERVIEWEE COUNT</b>
Participants	RDP Participants	3
Implementation Staff	Public Defender's Office	1
	Alternate Public Defender	1
	Project 180	3
	DMH – Clinician	1
	Los Angeles City Attorney's Office	3
	Judges	1
Experts	Center for Court Innovation	2
	Public Defender's Office	2
	Office of Diversion and Reentry	3
	Department of Health Services	1
	DMH Forensic Psychiatrist	1
	Community Advocates	1
Agencies	Alternatives to Incarceration	2
	LAHSA Commissioner	1
	Los Angeles Sheriff's Department	1
Researchers	Academics	2
	Policy Research Associates, Inc.	1
<b>TOTAL NUMBER OF INTERVIEWS</b>		<b>30</b>

### *Participants*

The experience of RDP participants is crucial to our understanding of program efficacy. From initial police contact, to assessment by the in-court team, to placement and graduation from the RDP, program participants' unique experiences provide insight into what the RDP does well and how it can improve to meet participant needs.

### *Implementation Staff*

The implementation staff are the people responsible for the day-to-day operation of the RDP. These individuals include staff from the Public Defender's Office, the Los Angeles County Department of Mental

Health (DMH), the non-profit Project 180, the Alternate Public Defender's Office, the City Attorney's Office, and sitting judges. These agencies and individuals represent the stages of assessment and approval for participants who may be diverted.

### *Experts*

Experts on diversion fall into three categories: (a) RDP experts, (b) general diversion experts, and (c) community advocates. The RDP program experts include lawyers from the Public Defender's Office and lawyers from CCI who provided technical assistance and were intimately involved with developing the RDP model.

The second category of general diversion experts includes individuals from existing diversion and community care programs in Los Angeles. Experts come from DMH and the Department of Health Services (DHS) and its subsidiaries, specifically the Office of Diversion and Reentry (ODR) and the Law Enforcement Assisted Diversion (LEAD) program.

Finally, we spoke to criminal justice reform advocates to ensure we were including a community advocacy perspective to understand their priorities.

### *Agencies*

Many groups have an indirect impact on the RDP, although they are not involved in everyday operations. Members of this group include the Los Angeles County Sheriff's Department, the Los Angeles Homeless Services Authority (LAHSA), and the newly formed county agency Alternatives to Incarceration (ATI) under the CEO.

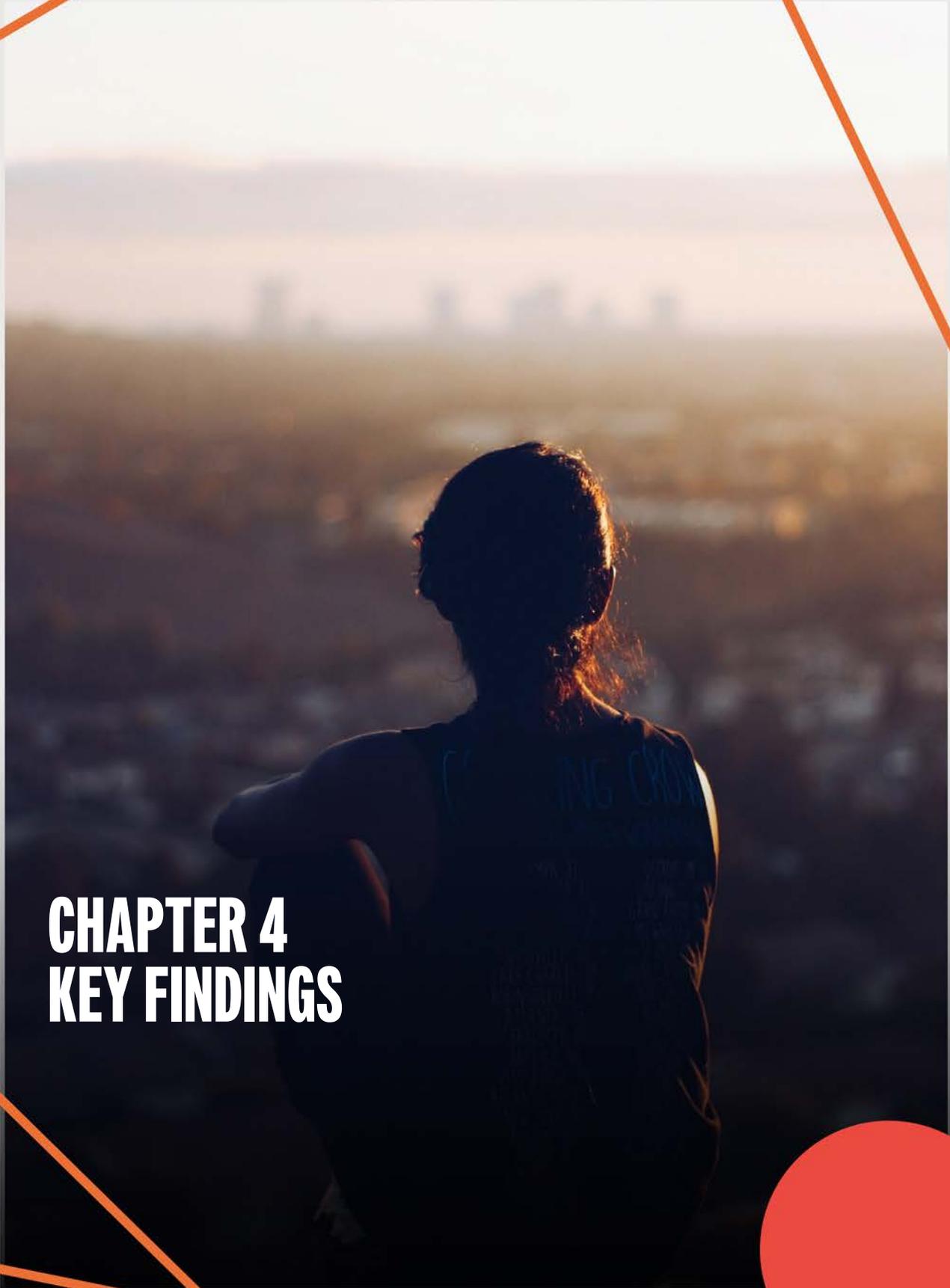
### *Researchers*

To gain some sense of where and how diversion is being implemented across the United States, we interviewed academics and professional researchers who have studied diversion and other alternatives to incarceration for individuals with mental health issues. Their assessments of previous programs provide an understanding of the larger universe of diversion and what steps the current RDP program may take to increase its effectiveness for participants.

## **LIMITATIONS**

The greatest limitation for our qualitative data was the small number of RDP participants we were able to interview. Part of this limitation stemmed from the small pool of participants who had graduated from the RDP since its inception. A second barrier was the nature of the participants' mental health issues. Some RDP graduates were not comfortable discussing their stories, while other graduates could not communicate their experiences to our team. Our client, the Public Defender's Office, reached out to RDP participants on our behalf to request participation in our interviews. While the selection of RDP

participants included some who are in progress, the ability to conduct these interviews was contingent on legal counsel being present for the duration of the interview, as participants were concerned about the possibility of incriminating themselves by participating in these conversations.<sup>79</sup> This filtering process ensured we interviewed participants who could effectively communicate their experiences, but meant that we might not capture the full range of experiences for participants.

A silhouette of a person with their back to the camera, looking out over a cityscape at sunset. The city lights are visible in the distance, and the sky is a mix of orange and blue. The person's hair is tied back. The entire image is framed by a network of orange lines.

**CHAPTER 4  
KEY FINDINGS**



# KEY FINDINGS

From our analysis, we identified eight key findings that speak to challenges and opportunities the RDP faces to expand capacity, ensure program uniformity across courthouses, and provide a high quality experience for all participants. These findings drive our proposed policy options, in **Chapter 5**, which aim to build upon the RDP's success thus far.

**Finding 1: Participants' success in staying with the RDP and developing a hopeful outlook towards the future was rooted in feeling heard & supported by the RDP team.**

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**“This program has done so much for me, and I know there’s so many people out there that are in a position like mine or worse. And I just hope this program is able to reach them.”**

**—RDP Participant 2**

All interviewed participants stated that they were in a better and more stable place than when they were offered participation in the RDP.<sup>80</sup> As one participant discussed,

If it weren't for [the RDP public defender], I don't know where I would be right now, mentally, physically, spiritually, I'm in the best place I've been in for a really long time. I've been wanting to be in a good place like this for such a long time, and if it wasn't for [the RDP public defender] and the work she does... I'm just so grateful and thankful to work on myself and get the treatment I've gotten and continue receiving. It's a second chance at life.<sup>81</sup>

The RDP is well-positioned to entice participation at arraignment by offering an option to avoid jail, a key motivating factor cited by all RDP participants.<sup>82</sup> Beyond this incentive, however, the RDP team's care and attention from initial contact with the public defender to the clinical evaluation made participants feel genuinely supported.<sup>83</sup> Many people coming through the criminal legal system have been routinely failed by various systems and institutions, leading to a lack of trust in systems and their agents.<sup>84</sup> One participant described how the RDP helped build that trust back:

I have been in situations in my past where the people who were supposed to protect me from evil were the ones who were causing that evil...someone who actually wants to help and keep true to their word is unreal... it's like, wow, where's the catch...I realized, hey, there is no catch, these people just want you to focus on you... the fact they were willing to offer the help, which nobody has done, in a genuine manner.<sup>85</sup>

The RDP team's commitment to building meaningful relationships with participants is foundational to diversion candidates' acceptance of and success in the program. As all participants noted, the RDP team was always ready and willing to meet participants' needs.<sup>86</sup> Whether it was securing reliable transportation for appointments, family reunification, or finding housing, participants knew they could always rely on the RDP team. One participant recalled, "I never felt like they forgot about me or let me down, I've been their priority and that's a beautiful feeling."<sup>87</sup>

The RDP team's dedication has had a profound impact: all interviewed participants underscored how they were in a better place in life because of the RDP. One participant mentioned that "[the RDP] opened up my eyes...my future is way different now. I'm able to see my kids. I have a job now... I feel proud of myself that I'm not in the streets, and I'm not feeling bad about myself. I feel good about myself now."<sup>88</sup> Another participant spoke of how the program inspired them to help others: "I even want to go back to school and seek a career in helping people like me, because I know that programs like this can really really make a big difference in people's lives and in their families."<sup>89</sup> These stories and outcomes highlight a critical shift for participants, where they now exhibit hope about their lives and futures, far from the concern and apprehension expressed prior to diversion.

**Finding 2: Current success of the RDP has relied on reform-driven perspectives, as well as the unique skill sets and relationships of RDP leads. Achieving interagency coordination and the alternatives to incarceration mission when scaling up will be a challenge.**

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**“I got a call the other day from [the public defender], she said there’s somebody coming in ... he’s not compliant, he’s not taking his medication. We don’t even know if he’s going to show up. But if he does, would you be willing to consider reinstating him? And without even a second thought, without even looking at the file, without even, you know, considering how long he was not compliant my answer was unequivocally absolutely yes! And guess what? He showed up and he did say he wanted to continue and he was going to be medically compliant. And I don’t care how many times that person has to have another chance or another chance or a other chance because, ultimately, our goal is not to see him in jail. Our goal is to see him do well in his life. That should be our collective goal.”**

—City Attorney Representative 2

The Second Chances model - that dropping out of the RDP does not preclude future participation - is foundational to the RDP.<sup>90</sup> This philosophy aligns with the mentality that relapse is an expected stage in the process of behavioral change.<sup>91</sup> This approach is supported by data analysis of RDP outcomes, which show that of those individuals who drop out of the program at any point, 36% reenter, and of those who re-enter, 32% graduate.

Although many of the reform-oriented diversion experts and agency representatives we spoke to endorsed second chances, the RDP faces significant challenges in implementing this approach as it expands geographically.<sup>92</sup> California's history of carceral expansion and punitive approaches to justice have not disappeared even as Los Angeles implements elements of rehabilitation models for progressive reform.<sup>93</sup>

Early conflict between RDP stakeholders illustrates this slow process of change management. When the RDP was first implemented, there was no way for defendants to complete an intake interview with the clinician and service navigator from a holding cell, a logistical hurdle that slowed down the diversion process.<sup>94</sup> This issue was the result of a longstanding policy within the Sheriff's Department dictating that defendants were not allowed access to a telephone while being held in court.<sup>95</sup> For the defendant, being able to make that call could mean the difference between entering treatment that day and experiencing further deterioration of their mental health in jail. This unwritten policy had to "flex and bend" until the Sheriff's Department staff were comfortable with the change.<sup>96</sup>

The RDP is likely to experience similar setbacks as it moves to jurisdictions with varying approaches to courthouse operations and comfort with alternatives to incarceration, as one of our interviewees noted:

As far as other courthouses and courtrooms, I think it's really just personality-dependent ... Here in our world people really have to work well together because they're in there every day running cases ... These high-volume courtrooms are very challenging for everybody for a lot of reasons, and it just really depends on the ability for people to talk to each other openly, honestly, not in any way that people take it personally, and collaboratively, and I saw a lot of success as well.<sup>97</sup>

This open communication helped RDP stakeholders begin to develop the trusting relationships that underpin the program's success.<sup>98</sup>

**Finding 3: A decentralized and incomplete data collection process inhibits the RDP's ability to gauge its own success or make evidence-based program improvements.**

The RDP has a surfeit of data collection practices, and yet does not track program outcomes that tell a story about participant experiences and overall program success. In our efforts to understand the RDP from a quantitative standpoint, we found structural obstacles to obtaining pertinent metrics. A significant portion of our work on this report involved developing data collection frameworks, requesting specific numbers and outcomes from program staff, and using statistical software to clean, analyze and provide insightful data points about this program.

Prior to this report, data on participants and program metrics were held by three different RDP stakeholders: the Public Defender's Office, the City Attorney's Office, and Project 180. Creating and examining these new data sets required a rigorous, iterative process of quality control which spanned multiple months. This process highlighted the need for a centralized data tracking system to ensure uniform documentation and shared access to this system by all key RDP implementers.<sup>99</sup>

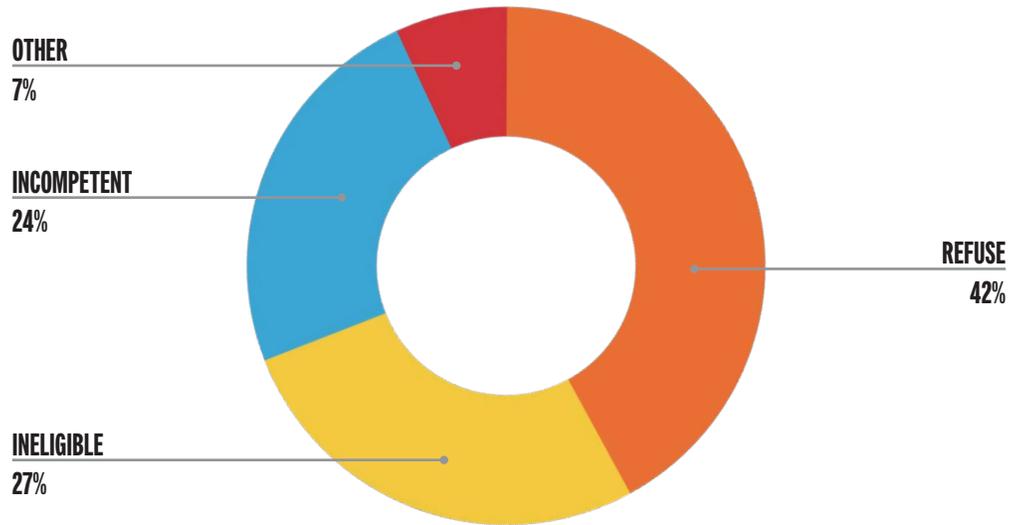
To capture the impact of the program, consistent standardized documentation of metrics is key. Although these consolidated data sets eventually helped us evaluate RDP operations and participant outcomes, the inputs we used are still being stored across multiple databases by various agencies. Additionally, traditional measures of success, like program graduation and compliance rates (21% and 54% for the RDP, respectively), only provide a partial picture of this program's impact.

In this report, qualitative data and participant stories added vibrance and depth to the portrait of program status. Respondents spoke about RDP program goals in terms of system-change concepts, including a decrease in recidivism, jail population reduction, and stopping the cycle of incarceration.<sup>100</sup> In particular, participants discussed the importance of employment, housing, and the supportive network created through the RDP.<sup>101</sup> One participant stated, "my future is way different now. I'm able to see my kids, I have a job now."<sup>102</sup> Similarly, another participant emphasized, "I'm just so glad that I got this opportunity, because now I'm not gonna end up like that, alone, dead...in jail, or any of that stuff."<sup>103</sup> These insights are not captured by simple program metrics, and without a qualitative data collection process, it is impossible to capture the RDP's full impact.

**Finding 4: RDP offerings do not adequately incentivize participants to take up this voluntary program.**

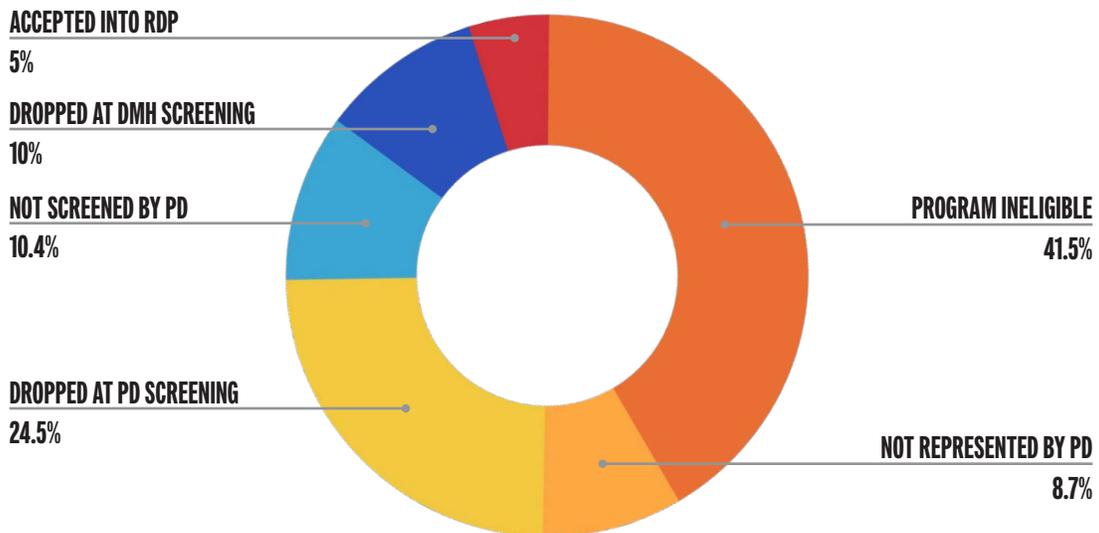
Choosing to participate in the RDP gives defendants the opportunity to access treatment, have their charges dismissed, and avoid jail time. On average, however, 42% of people screened by the public defender refuse services (**Figure 4**). This rate is far higher than those who are screened out due to lack of eligibility (27%) or incompetence (24%). The total number of defendants dropped at the public defender screening reflects 24.5% of statutorily eligible defendants, as shown in **Figure 5**.

**Figure 4: Cases Dropped at PD Screening**



*Source:* RDP selection and take-up data; created by authors.

**Figure 5: Statutorily Eligible Cases**



*Source:* RDP selection and take-up data; created by authors.

A similar pattern appears at the next stage of the diversion process. Of those individuals who are deemed eligible by the public defender and who move on to the clinical screening, **Figure 5** shows that 10% are dropped after this screening. Of these individuals, 55% refuse to participate, either because they do not want to wait in custody (13%), they do not want treatment (21%), or because they decline the specific treatment plan offered (21%).

Anecdotally, multiple interview respondents discussed challenges with incentivizing diversion because of the choice between seemingly cumbersome treatment requirements and a relatively short stay in jail for a misdemeanor conviction.<sup>104</sup> A former RDP judge noted that:

One of the other challenges that was presented a lot in that courtroom in particular, is that a lot of times people would resolve a case because practically speaking they would pretty much get out right away if they just ate the case and took the time, if it was 30 days or something like that, the jail may not hold them 30 days, and they may be out that night. And so people didn't want to deal with diversion, because it's a lot of work, and they just said, 'Give me the time, I don't care.'<sup>105</sup>

This seems to be a particular problem when the recommendation is for an in-patient program, as it can be difficult to find an appropriate program, and the likelihood that the participant will refuse seems to be higher.<sup>106</sup> Finding a placement can often be a time-consuming endeavor; as program data shows, only 42% of defendants are placed same-day, and only 68% are placed within a week.

RDP-eligible defendants are presented with a plan that lasts at least 12 months, much longer than their jail sentence would be if they pled guilty.<sup>107</sup> Typically, the maximum sentence for a misdemeanor is 12 months minus time served if they were in custody.<sup>108</sup> Accordingly, when faced with a shorter sentence if they plead guilty, there is little incentive to commit to a 12-month diversion program, despite the fact that the real length of commitment is often less than a year.<sup>109</sup> In fact, about 82% of the 28 RDP graduates spent less than a year in treatment, and 43% graduated in under 9 months. In these cases, offering a diversion program that is many months longer than the alternative jail sentence disincentivizes defendants from choosing to participate.<sup>110</sup>

**Finding 5: Program criteria are more restrictive than statutory criteria, and screen out potential good-fit participants.**

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**“The idea [of the program criteria] was to have a certain set of things that we could divert without having to have this back and forth between the city attorney and the public defender. Trying to get approval on a lot of individual cases was really difficult. There was a mindset of just... every case being a battle. And so the idea is let's find a subset of cases where it doesn't need to be like that.”**

—Public Defender Representative 2

Although 98% of cases that appear in court every day are statutorily eligible for participation in the RDP, 42% of these statutorily eligible cases are dropped because they are ineligible under the terms of agreement set between the City Attorney's Office and the Public Defender's Office, as shown in **Figure 5**. The net effect of this negotiated policy is that many cases and candidates for the program are being screened out due to charge ineligibility alone, leading to a much smaller subset of the target population being able to benefit from the program.<sup>111</sup>

Charges that are ineligible under program criteria but admissible under statute include: gang, firearm, romantic partner domestic violence, and exceptionally violent offenses.<sup>112</sup> This screen-out process was created in order to satisfy concerns from the City Attorney's Office, and leads to some inconsistencies in application. As the public defender noted, "That means we can take a domestic violence case that involves a brother, a mother, other kinds of relationships. But domestic partners that had a romantic relationship, the city attorney thought that was just not the type of situation they wanted involved in [the program]. Unfortunately that can be a lot of the cases and especially post-COVID that's a huge amount of the cases in custody. So that takes out some chunk. I would say the largest chunk."<sup>113</sup>

These screen-outs are seen as politically necessary, to accommodate the City Attorney's Office and facilitate smooth implementation of the RDP. They also represent precisely the type of obstruction that PC 1001.36, was designed to overcome. Prior to the enactment of PC 1001.36, prosecutors had veto power over mental health diversion, and used this power to obstruct the process. In an interview, one of the AB1810 authors shared that eliminating prosecutorial veto was an essential component of the legislation.<sup>114</sup> These screen-outs undercut the intent of the animating legislation and prevent the RDP from serving as many people as it could.

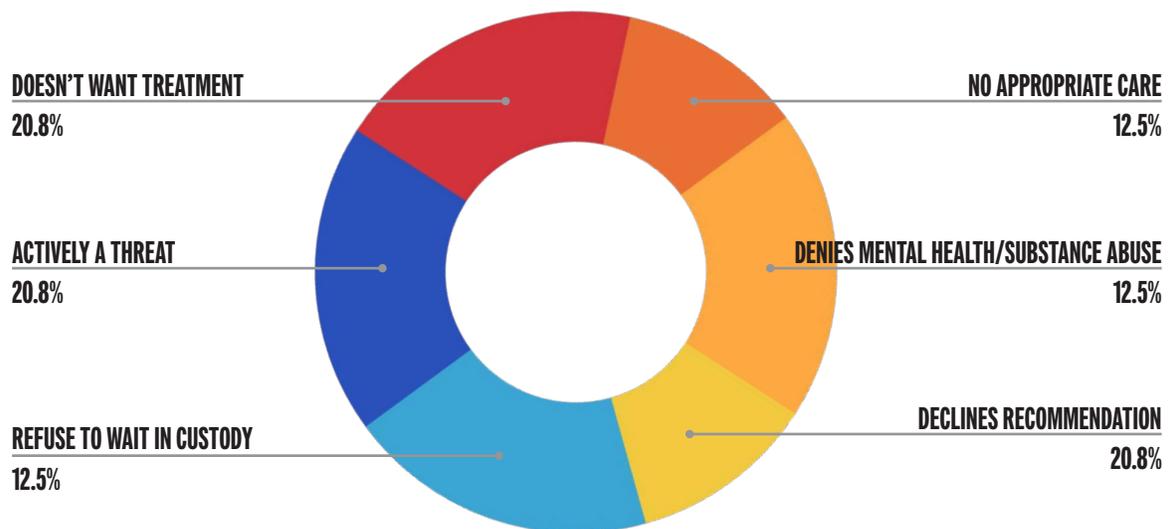
**Finding 6: The RDP currently excludes potential good-fit individuals who, with additional support, could benefit from services. This exclusion stems from a stabilization requirement for RDP admission combined with a lack of community providers who are willing to accept candidates in crisis.**

RDP service referral staff thread a fine line when gauging defendant eligibility for the program. On the one hand, in order to participate in the RDP, there must be a nexus between the charge and the defendant's behavioral health diagnosis, and the defendant must acknowledge that they have a behavioral health issue.<sup>115</sup> On the other hand, defendants who are actively in crisis, or deemed a potential threat to themselves or others, are excluded from the RDP as the original focus of the program was to prioritize low acuity individuals.<sup>116</sup>

Individuals who display signs of instability during the RDP screening process are seen as not being ready to participate.<sup>117</sup> Defendants who talk to themselves out loud, discuss their delusions, or otherwise demonstrate an altered sense of reality while being interviewed by the public defender do not move forward in the screening process.<sup>118</sup> Of the cases screened by the public defender, 24% are dropped because the public defender believes that they appear to be incompetent. In the words of one clinician, "We've had clients where we were in the middle of a screening and it's word salad. It's disorganized speech... You can't follow them. We will not take those clients."<sup>119</sup>

Of the cases screened by the clinician and resource navigator (about 15% of all cases in court each day), 67% are screened out. Of those cases, which represent 10% of all statutorily eligible cases from **Figure 5**, **Figure 6** shows that 21% are turned away because the defendant is actively a threat to themselves or others, and 13% are screened out because there is no appropriate level of care available. Each of these groups constitute a population that may be able to benefit from RDP services, but whose participation is limited by a lack of treatment services available for high acuity individuals.<sup>120</sup>

**Figure 6: Cases Dropped at DMH Screening**



*Source:* RDP selection and take-up data; created by authors.

Defendants with high acuity needs are those who have “challenging medical conditions ... [who] often have significant, unpredictable needs,” and require “frequent observation to ensure that they improve or remain stable.”<sup>121</sup> This category includes those at risk of suicide or harm to others.<sup>122</sup> Individuals may be also screened out if the clinician judges that their substance use might interfere with their ability to participate in the program.<sup>123</sup> One clinician recalled an instance of how substance use prohibited a defendant from achieving diversion:

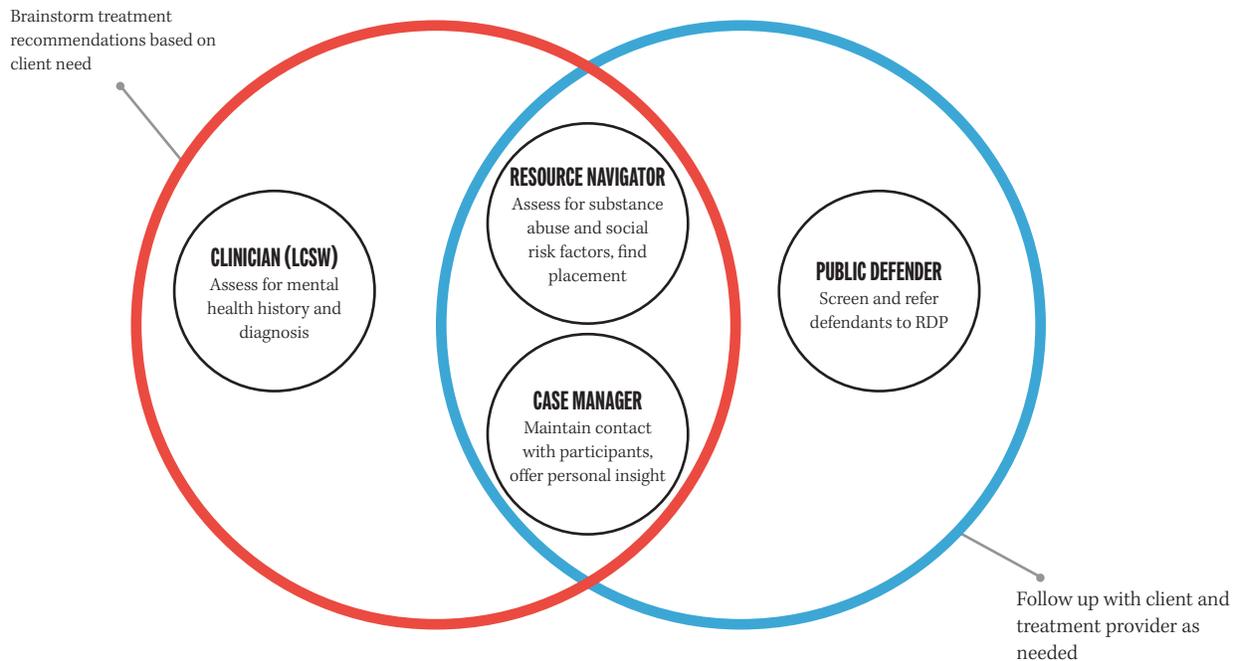
The ones we do not take are people who are unstable, who sometimes are actively using. We had an instance where our client stepped out of our screening session, minimized his use of alcohol [during the assessment], stepped out and chugged liquor.<sup>124</sup>

Identifying more crisis providers for these high acuity candidates could help expand the program and allow more people to benefit from the services offered through RDP.

**Finding 7: The case manager is often the last hire at an RDP site, and as a result, the program is frequently understaffed. When this role is not filled, the RDP service referral team is too overburdened to provide the intensive case management this population needs to comply with RDP requirements.**

The work of linking RDP participants to treatment services is managed by four key roles: clinician, resource navigator, case manager, and public defender. Currently, some RDP courthouses have not yet filled the case manager role.<sup>125</sup> Each of these roles carries distinct responsibilities (see **Figure 7**); without a case manager, the remaining members of the RDP service referral team are both overburdened and ill-equipped to provide ongoing support for participants.

**Figure 7: Network of Diversion Team**



**Source:** Project 180 Representative 1, personal interview; Project 180 Representative 2, personal interview; Project 180 Representative 3, personal interview; created by authors.

A study of Seattle’s Law Enforcement Assisted Diversion (LEAD) Program showed that frequent, high-quality interaction with a case manager increases positive outcomes for participants on diversion.<sup>126</sup> In the RDP, the value of this relationship is evident during the first few months of engagement with the program, a time when participants are especially likely to drop out. Of all RDP participants who drop out of the program, 57% exit within the first two months of participation, and 38% exit within the first month. Participant interviews also confirmed that success in the RDP is partially the result of forming a strong connection with program staff.<sup>127</sup> Without a case manager, the service referral team is limited in its ability to link participants to services and to support them in their ongoing success in the program.

**Finding 8: Lack of affordable (below market-rate) interim and long-term supportive housing in Los Angeles limits both incentives to enter treatment and the efficacy of the RDP itself.**

Access to below market-rate housing was cited by interview respondents as a resource that would improve the RDP's ability to serve its participants, as about half of RDP participants are homeless when initially diverted.<sup>128</sup> In the context of the RDP, housing is both an incentive to enter treatment, and a critical part of the treatment plan itself.<sup>129</sup>

During the RDP screening process, the service referral team is less likely to offer outpatient treatment to someone experiencing homelessness.<sup>130</sup> Although only half of participants were housed prior to entering the RDP, 71% of those in compliance (graduated or currently on diversion) were housed prior to entering. This finding indicates that being housed is itself a predictor of success in diversion.

Diversion experts noted that absent housing, services alone are not enough to help many participants achieve stability: "As much as you want to try to connect folks to services, there is a certain population that can just be released, but there's a large population, particularly in LA County that really needs services and housing or otherwise we'll see them the next day... So the inability to do that it's been a huge frustration."<sup>131</sup>

Further, the housing options available to RDP participants are not always ideal settings in general, and can be detrimental for individuals in treatment and recovery.<sup>132</sup> One participant spoke about living in a mission in Skid Row: "It's a shelter, you see a lot of weird stuff. Some things I wish I never saw, some things I was like, wow, that actually happens."<sup>133</sup> Communal living situations, like shelters, can be difficult for individuals to adjust to and be an obstacle in building a stable life.<sup>134</sup> Those returning home who have struggled with substance use disorder often say that they prefer housing environments that discourage open drug and alcohol use as it challenges their health, wellness and sobriety.<sup>135</sup>

In addition to general housing, the lack of available inpatient and intensive outpatient beds poses a barrier to diversion for some potential candidates, as a candidate can be turned away if the RDP is unable to meet their more intensive needs.<sup>136</sup>



# **CHAPTER 5 POLICY OPTIONS**

# POLICY OPTIONS

**Table 2: Key Findings & Policy Options**

	KEY FINDINGS	POLICY OPTIONS
1	Participants' success in staying with the RDP and developing a hopeful outlook towards the future was rooted in feeling heard and supported by the RDP team.	At each RDP courthouse, hold both an initial Second Chances training module and ongoing all-hands meeting with all RDP staff.
2	Current success of the RDP has relied on reform-driven perspectives, as well as the unique skill sets and relationships of RDP leads. Achieving interagency coordination and the alternatives to incarceration mission when scaling up will be a challenge.	
3	A decentralized and incomplete data collection process inhibits the RDP's ability to gauge its own success or make evidence-based program improvements.	Create a data infrastructure that tracks RDP participants across public health systems to identify frequent utilizers and understand whether RDP participation is an effective tool for interrupting this costly cycle of incarceration.
4	RDP offerings do not adequately incentivize participants to take up this voluntary program.	Shorten the up-front commitment defendants must make to participate in RDP, embracing a harm reduction model and lowering barriers to access.
5	Program criteria are more restrictive than statutory criteria, and screen out potential good-fit participants.	Base eligibility to the RDP on readiness to start treatment and less on charge-based criteria.
6	The RDP currently excludes potential good-fit individuals who, with additional support, could benefit from services. This exclusion stems from a stabilization requirement for RDP admission combined with a lack of community providers who are willing to accept candidates in crisis.	Build partnerships with treatment providers that have the capacity to accept defendants in a crisis or who need round-the-clock supervision before stabilizing.
7	The case manager is often the last hire at an RDP site, and as a result, the program is frequently understaffed. When this role is not filled, the RDP service referral team is too overburdened to provide the intensive case management this population needs to comply with RDP requirements.	Establish a three-person service referral team, including a case manager role to be participant-focused.
8	Lack of affordable (below market-rate) interim and long-term supportive housing in Los Angeles limits both incentives to enter treatment and the efficacy of the RDP itself.	<i>Outside of project scope; discussion of ongoing initiatives in Recommendations section.</i>

This section presents policy options that address our key findings from **Chapter 4**. A central goal of the Public Defender's Office and the RDP is to reduce the incarceration of people with behavioral disorders in Los Angeles.<sup>137</sup> With that goal in mind, each policy option includes an analysis of the impact it might have on overall RDP capacity.

**Option 1: At each RDP courthouse, hold both an initial Second Chances training module and ongoing all-hands meeting with all RDP staff.**

To build buy-in for the RDP model, each courthouse would host:

- A multi-session Second Chances training module during site implementation, which will include the prosecutor, public defender, clinician, resource navigator, case manager, bench officer (presiding judge), and court officer (Sheriff’s Department)
- Ongoing biweekly meetings with all RDP staff, which includes the prosecutor, public defender, and three-person service referral team

The **training session** would be delivered by an experienced facilitator with deep familiarity with the needs of this population. In addition to discussion about the RDP model, the training would provide education about:

- Mental illness, homelessness and substance abuse
- Stages of Change and “meeting people where they are at”
- Holistic defense, harm reduction and person-centered care<sup>138</sup>

This training will help court staff understand the barriers that RDP participants typically face, including homelessness and struggling with mental illness and substance use. This training will provide the foundation for a Second Chances mentality: behavioral change is hard, and relapse is part of the process towards change.<sup>139</sup> As one city attorney mentioned, “the training is absolutely essential both for identifying, recognizing and understanding that they’re going to fall off more than once and you’ve got to keep trying, you’ve got to keep trying, you’ve got to keep trying.”<sup>140</sup>

At an **ongoing all-hands meeting**, each RDP court team will discuss any obstacles, including discussing the current slate of treatment providers, general operations, and participant experiences.<sup>141</sup> Additionally, these meetings should serve as a space to assess the effectiveness of different programs utilized by the RDP.<sup>142</sup> The meeting will not include discussion of adversarial legal issues, which should be managed through an outside process. Instead, meeting attendees will be encouraged to see one another as members of the same team, working towards participant success in the RDP.

We anticipate an indirect increase in RDP capacity as a result of implementing this policy option primarily due to a higher rate of approval of diversion candidates by prosecutors and bench officers in particular. Although this increase is not directly estimable with available data, the Second Chances training module should promote a greater understanding around what success means for individuals with mental illness or substance use disorder and why traditional indicators of success and stability may not be as applicable here, likely leading to an increased rate of approval for diversion requests.

*Cost:* RDP staff already facilitate some training for new RDP staff and sites, so this policy would not result in increased program costs.<sup>143</sup> We anticipate negligible staff time costs for ongoing meetings.

**Option 2: Create a data infrastructure that tracks RDP participants across public health systems to identify frequent utilizers and understand whether RDP participation is an effective tool for interrupting this costly cycle of incarceration.**

Other jurisdictions, including Long Beach, have approached this task as an independent project with dedicated staff and philanthropic financial support.<sup>144</sup> The success of this undertaking relies on the will to collaborate across agencies and work through inevitable challenges, including legal, privacy, and security concerns, and staffing and financial commitments.<sup>145</sup>

The county-wide strategy should include the following:

- Build stakeholder consensus across all agencies: criminal justice, health, and homelessness.
- Establish a framework for data governance and implement a data use and sharing agreement across agencies that is aligned with organization operations.
- Identify needed frequent utilizer data, including 911 calls for service, MET service calls, jail bookings, EMS transports, emergency department visits, and homeless shelter records. Tracking these outcomes will help the RDP understand whether participants are reducing contact with these systems.

The RDP-only strategy should include the following:

- Choose outcome measures that reflect both individual participant success and overall program effectiveness. For example, collect information about both progress towards personal goals (participant success) and program recidivism rates (effectiveness).
- Track compliance, drop-out, re-entry, and qualitative information about these decisions.<sup>146</sup> This information will identify areas where additional support may be most beneficial to further increase the retention and graduation rates.
- Capture reasons for refusal and ongoing data on defendants who are determined to be ineligible. This information will help the program tailor incentives to increase the take-up rate. Both the City Attorney's Office and Project 180 are currently tracking this information, but there are limitations that prevent this information from being shared freely.<sup>147</sup>
- Establish a framework for data governance and implement a data use and sharing agreement across agencies that is aligned with organizational operations.

Both strategies are resource-intensive, and could require hiring a team to project manage the development and implementation over at least a 2-year period. Staff members might include a project manager, IT specialist, and data analyst. These roles would collaborate across agencies, establish necessary metrics, create and maintain the data infrastructure, and track and review data.

Establishing this data infrastructure will allow for an increase in RDP capacity, both in terms of retention and take-up. As the program does not currently have detailed information about why participants leave the program or why they decline to participate in the first place, program changes with the goal of modifying these numbers cannot be sufficiently targeted. While the magnitude of the increase is unknown at this point, a more robust data infrastructure will likely allow for better problem identification and evidence-based solutions to enable further expansion.

*Cost:* For the county-wide strategy, using the City of Long Beach's Data-Driven Justice project as our basis, we estimate the cost to be \$557,000 over a four-year period.<sup>148</sup> For the RDP-only strategy, we estimate the cost of hiring a project manager and IT specialist for a two-year period to be \$338,000. Either strategy would require hiring a data analyst that would become part of the RDP team long-term, costing an additional \$84,500 annually.<sup>149</sup>

**Option 3: Shorten the up-front commitment defendants must make to participate in RDP, embracing a harm reduction model and lowering barriers to access.**

Instead of offering a 12-month treatment plan, the RDP should consider offering shorter treatment plans, with the caveat that if the person is not in compliance or has many slip ups, treatment may be extended. As the program administrative data shows, many people decline to participate in RDP because they do not agree with the treatment plan or do not want to commit to a treatment program for an extended period of time.<sup>150</sup> Shorter treatment plans will allow participants to benefit from both diversion and treatment without needing to make a lengthy commitment to the program.

Research studies from other jurisdictions support the finding that even brief engagement in treatment can have lasting, beneficial effects. An evaluation of the Mental Health Court in Seattle, a voluntary program focusing on misdemeanor charges, showed that all participants, regardless of whether they completed the program or not, increased their use of mental health services, and declined in their number of contacts with the criminal legal system.<sup>151</sup> Another example comes from the Law Enforcement Assisted Diversion program in Seattle, designed for those in need of substance use services, which takes an explicit harm reduction approach, even going so far as to not require that participants remain sober.<sup>152</sup> An evaluation of the program found encouraging outcomes in terms of recidivism, as even after 6 months of service, they found a significant decrease in the likelihood of arrest for program participants.<sup>153</sup> Both Seattle programs indicate that there can still be positive benefits for participants who do not remain in treatment for the full length of the program.

To estimate the magnitude of the expansion this policy option would permit, we consider as an upper bound the average number of defendants who refuse treatment at the public defender screening in addition to the average number of defendants who decline the specific clinical recommendation offered, refuse to

wait in custody, or do not want treatment. Although treatment plans that are considered too long may only be one reason for refusal, potentially biasing this calculation, we estimate based on numbers from the downtown courthouse that implementing this policy option could increase program participation by up to 443 people per year per courthouse.

*Cost:* We estimate that up to 443 additional people per courthouse per year could be diverted with this policy. However, based on the current RDP population, we estimate that 46% will either drop out or be out of compliance after being accepted into the program. Therefore, we estimate that this policy will result in 239 additional RDP graduates per courthouse per year. Accordingly, based on the typical caseload for case managers in community mental health models (40-50), the RDP can expect to hire an additional five case managers per courthouse to implement this policy, costing \$415,350 per year.<sup>154</sup>

#### **Option 4: Base eligibility to the RDP on readiness to start treatment and less on charge-based criteria.**

RDP stakeholders would revisit informal agreements that govern charge eligibility for this program. Interviews revealed that criminal charges can sometimes be inflated and not an accurate portrayal of an individual's intent or actions.<sup>155</sup> For example, for people experiencing homelessness, carrying a weapon can be a critical means of self-defense.<sup>156</sup> However, if police find an object that can be used as a weapon during arrest, that factor may result in additional charges and decreased likelihood that the individual will be eligible for the RDP.<sup>157</sup> This policy option would allow for more flexibility in deciding if a person is a good candidate for the RDP, potentially serving more people than the program is currently screening and admitting.

This policy option would allow for some defendants who are currently ineligible to participate based on charge-specific program criteria to be screened and potentially accepted into the program. Using estimates of the average number of defendants per day in the downtown courthouse who are not eligible to be screened due to their charge, we estimate that implementing this policy option could potentially increase the screening volume at a given courthouse by up to 1,271 defendants per year, which would subsequently increase the number of diverted participants by about per year according to current RDP data.

*Cost:* The policy could increase the number of potentially eligible candidates by up to 1,271 people per year per courthouse. This change would lead to an increased capacity need for the public defender and clinician to conduct these additional screenings. On average, the public defender screens 1,152 defendants annually. Accordingly, to screen up to an additional 1,271 people per year, one more public defender will need to be added for first-stage screening with an estimated cost ranging from \$122,088 to \$173,710.<sup>158</sup> Using current RDP data, we estimate that 483 cases pass the public defender screening and are referred to DMH for evaluation. On average, the clinician screens 463 defendants annually, so one more clinician will need to be hired to accommodate this increased volume, costing about \$100,490.<sup>159</sup> Of these cases, we estimate defendants will be deemed eligible and accept treatment. Lastly, based on current graduation rates, 86 additional people will need ongoing case management services. Given a typical caseload for case managers in community mental health models, this increase in compliant participants would require hiring one to two additional case managers per courthouse, costing about \$83,070 to \$166,140.<sup>160</sup>

**Option 5: Build partnerships with treatment providers that have the capacity to accept defendants in a crisis or who need round-the-clock supervision before stabilizing.**

The RDP would expand its ability to serve participants in crisis or those with serious mental illness by establishing partnerships with treatment centers that can serve this population. These relationships would allow the RDP to provide participants with short-term stabilization services. After a brief stay with a crisis services provider, the participant would transition to a longer-term treatment plan.

The mental health care infrastructure in Los Angeles is too limited to adequately serve this population. A 2019 DMH report on mental health hospital beds found that justice-involved populations are particularly difficult to place:

On any given day, four to five thousand individuals with serious mental illness and often co-occurring substance use disorder are incarcerated in LA County justice systems and need care. Many of their incarcerations could have been prevented entirely had they received needed treatment.<sup>161</sup>

For reference, the ODR Psychiatric Unit at Olive View-UCLA has 18 beds that are reserved for ODR clients with acute psychiatric needs.<sup>162</sup> These 18 beds have served 268 individuals since the unit opened in July 2018, with an average length of stay of 44 days.<sup>163</sup>

Program data on the proportion of all screened defendants that are currently considered too severe to participate in RDP indicates that this is a substantial population. We estimate that implementation of this policy option has the potential to increase program participation by up to 227 individuals per year.<sup>164</sup>

*Cost:* The California Department of State Hospitals crisis bed rate is \$626 per night.<sup>165</sup> We estimate this policy could increase the number of defendants diverted through RDP up to 227 per year per courthouse. In California the average length of stay in a psychiatric hospital is 8.3 days.<sup>166</sup> On average, the cost for each potential participant accepted who needs in-patient hospitalization for stabilization would equal approximately \$5,196.

**Option 6: Establish a three-person service referral team, including a case manager role to be participant-focused.**

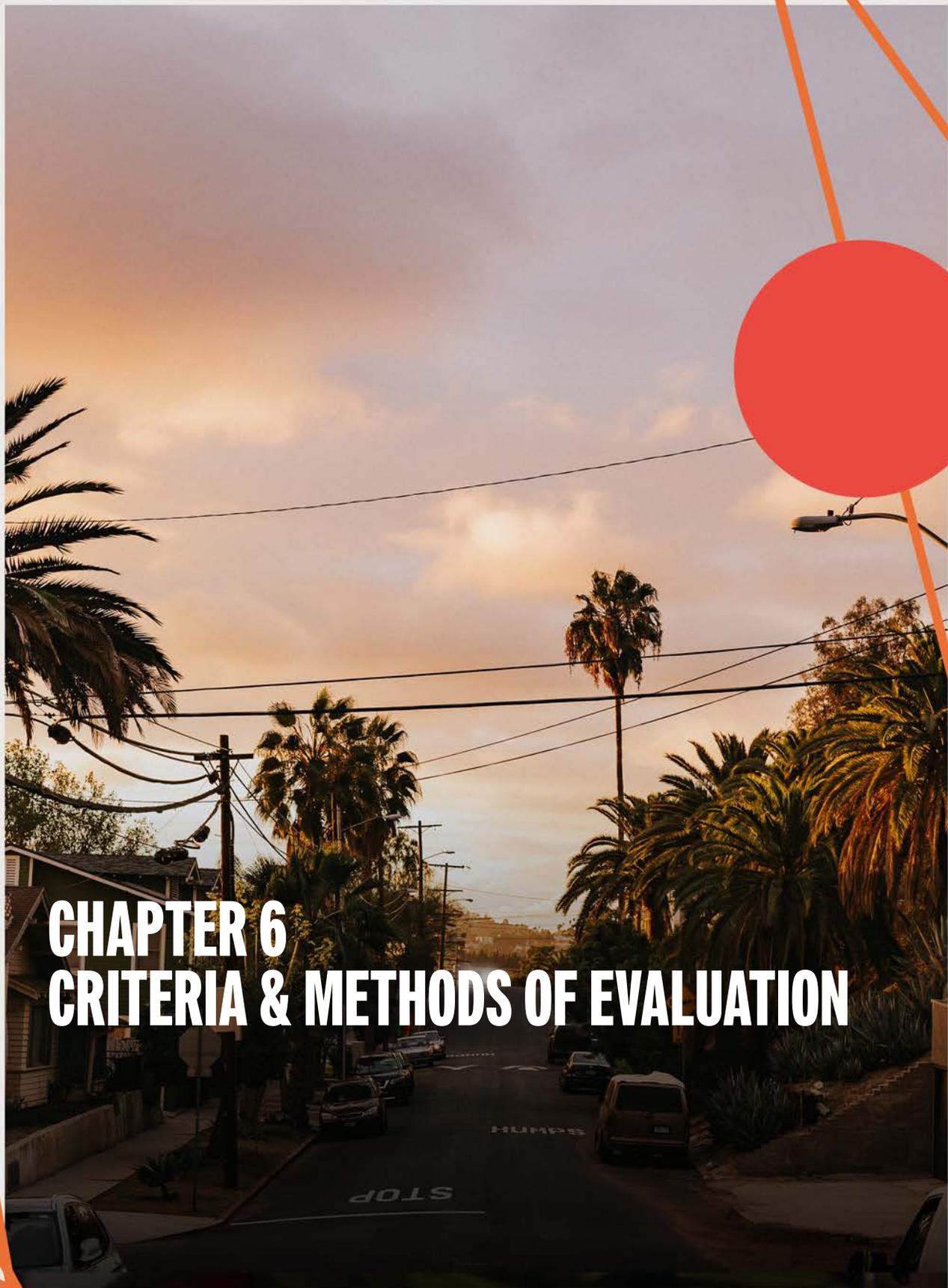
The agency with which the Public Defender's Office has a contract would ensure that the courthouse is "fully staffed" with a complete, three-person service referral team: clinician, resource navigator, and case manager.<sup>167</sup> Currently, a two member team consisting of a clinician and a resource navigator is attempting to take on three distinct tasks: identification of an appropriate treatment program, keeping contact with the participant once admitted to the RDP, and reaching out to treatment providers for court-mandated progress reports.<sup>168</sup> Ideally, these specialized tasks would be carried out by three individuals to avoid overburdening the team and reducing the quality of RDP services. This is particularly important for expansion to new courthouses, where having a fully staffed team prepared prior to diversion rollout would ensure effective implementation from day one.

A Project 180 supervisor reported that the pandemic has created lag time between RDP admission and placement in a treatment program, which has enabled more one on one check-ins and relationship-building with the participant.<sup>169</sup> He expressed concerns over continuing this level of support once caseloads increase. This feedback further indicates the imperative that all teams are fully staffed with a clinician, resource navigator, and case manager. Job descriptions for these roles should include linguistic competency appropriate for the courthouse geography – for example, bilingual Spanish-English in areas with a significant Spanish-speaking population.

We heard from stakeholders involved with other diversion programs in Los Angeles County that service providers are often wary of taking on the responsibility of court progress reports, for fear that providing information about a participant's lack of progress might jeopardize their participation in the program and overall wellbeing.<sup>170</sup> The case manager must have a trusting relationship with the participant in order for this role to be effective.

Given the feedback received from participants on how essential personalized interactions with the screening team were to incentivize them to participate in services, we anticipate that in the long run, having a case manager involved at the screening stage will make defendants feel more comfortable and be more likely to take up the program.<sup>171</sup> We also anticipate an increase in retention rates as a result of maintaining this organizational structure as the RDP expands, as the case manager will be able to assist the participant should a crisis arise.

*Cost:* The policy requires hiring an additional FTE staff member per courthouse, resulting in a permanent increase in program costs. Estimated cost of staffing a case manager, including salary and benefits, is \$83,070.<sup>172</sup> This associated cost only applies to courthouses with a two-person team.



**CHAPTER 6**  
**CRITERIA & METHODS OF EVALUATION**

# CRITERIA & METHODS OF EVALUATION

We evaluate our proposed policy options based on the following five criteria: (1) impact on program participants, (2) impact on program capacity, (3) political feasibility, (4) administrative feasibility, and (5) relative cost. We use these criteria to determine which policy options have the highest chance of effective implementation and the greatest benefit for both program improvement and expansion.

Our primary goal is to recommend policy proposals that will help break the cycle of incarceration for both current and potential RDP participants. Therefore, it is critically important to consider the impact the proposed alternative will have on RDP participants, which can be defined in two different ways. To address program improvement, we consider how the policy will impact an individual participant currently enrolled in the program, and to address program expansion, we consider whether the policy will allow for more participants to enter the program. The remaining three criteria of political feasibility, administrative feasibility, and relative cost speak to the ease of implementation.

## EVALUATION RATING SCALE

### 1. **Impact on Individual Participants:** *Will the policy benefit participants currently involved in the program?*

As this program is designed to break the cycle of incarceration for individuals with behavioral health issues, one essential element to examine will be whether a particular policy benefits RDP participants who are currently on diversion. We define benefit on an individual level and link it to the level of service provision, which should be highly tailored to each participant to maximize positive impact. This criterion allows us to assess what the change will be from the perspective of a participant who is already enrolled in the program according to the following three-point scale.

LOW	MEDIUM	HIGH
The policy will reduce the quality of individualized service provision for participants.	The policy has no discernable impact on the participant experience.	The policy will improve the quality of individualized service provision for participants.

**2. Impact on Program Capacity:** *Will the policy allow for a greater number of individuals to enter the program?*

This criterion is also a measure of impact on participants, but speaks to the RDP’s capacity to take on more people. A high rated policy would allow for the program to be offered to or accepted by a greater number of potential participants. Additionally, a high rated policy would help fulfill the program’s overall goals of diverting more people, above current levels, per courthouse each year.<sup>173</sup>

LOW	MEDIUM	HIGH
The policy will reduce the number of defendants that enter the program each year.	The policy has no impact on the number of defendants that enter the program each year.	The policy will increase the number of defendants that enter the program each year.

**3. Political Feasibility:** *Will there be sufficient buy-in from the most influential stakeholders to move forward with the policy at this time?*

Expanding the RDP requires participation and input from a variety of stakeholders with competing priorities and jurisdictional influence over county-wide implementation. We define political feasibility as the ability to obtain the needed approvals from the most influential stakeholders to implement the policy. These key players include prosecutors, judges, the Los Angeles County Sheriff’s Department, the Los Angeles County CEO’s Alternatives to Incarceration Initiative, the Department of Mental Health, Project 180, and criminal justice community advocates.

LOW	MEDIUM	HIGH
The policy is unlikely to be implemented currently due to opposition by certain influential stakeholders.	The policy may be implementable, with concessions from key groups.	The policy is likely to be implemented as is, since influential stakeholders are amenable to the policy.

**4. Administrative Feasibility:** *Will the policy require a high degree of coordination across agencies, or will implementation only involve the in-court team?*

The degree to which a policy can be implemented easily will depend in part on the number of players that need to be involved. If a potential solution can be implemented by the key in-court team of the Public Defender’s Office, service referral team, and the Department of Mental Health, who already have a strong working relationship, implementation will not be a significant challenge. However, if external approval or collaboration with stakeholders who are more removed from the process is required, this may slow down the implementation process or create problems with moving forward with the policy in the first place.

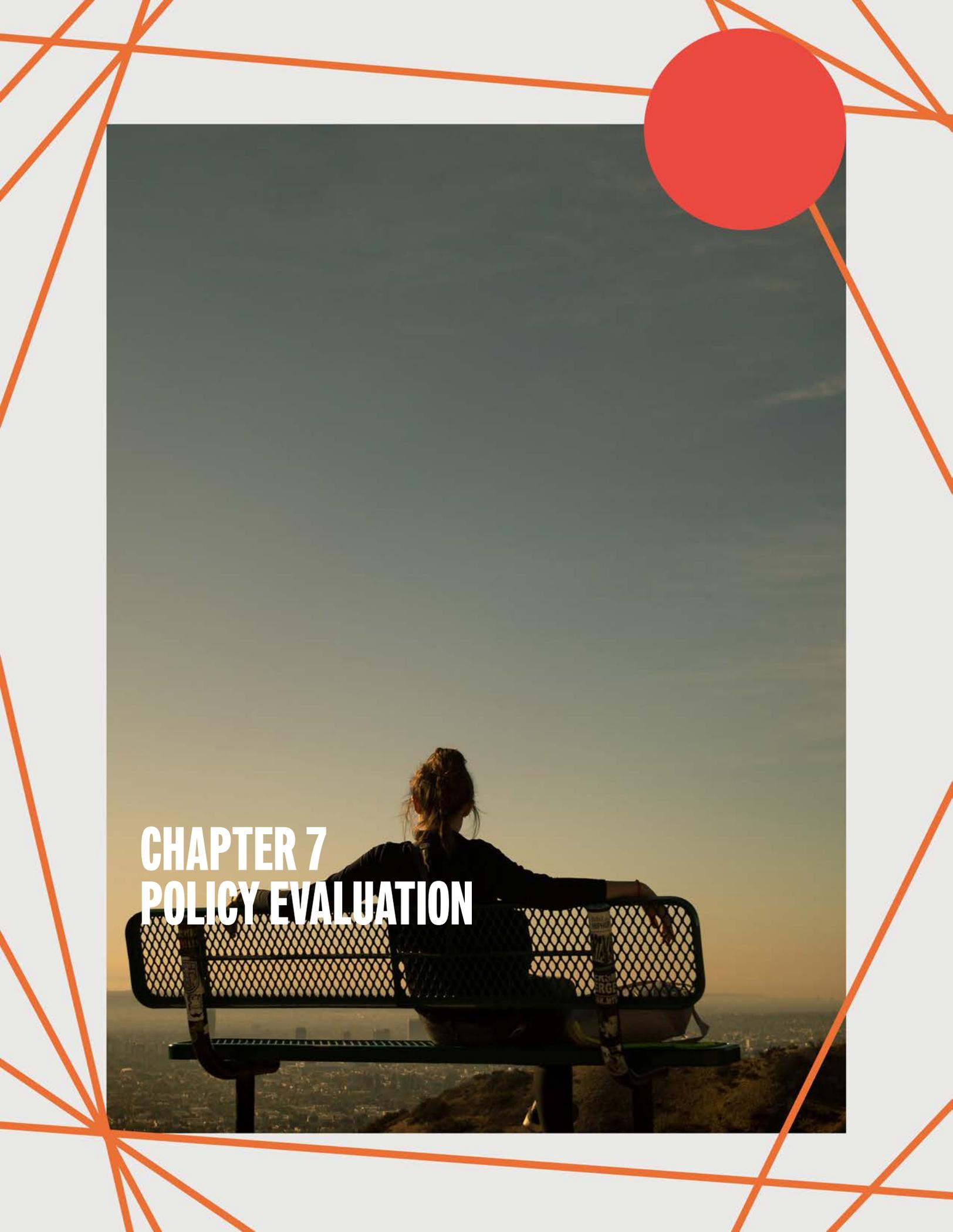
LOW	MEDIUM	HIGH
Implementation of the policy requires external stakeholder approval.	Implementation of the policy requires some collaboration and includes at least one stakeholder outside the in-court implementation team.	Implementation of the policy requires some collaboration, but only between the service referral team, Department of Mental Health, and the Public Defender’s Office.

**5. Relative Cost:** *Does the policy require significant added start-up or sustained annual costs?*

This criterion examines a policy's cost and whether it would require short-term start-up costs or long-term sustained funding at the level of an additional full time staff member or new infrastructure costs. We use RDP's existing operational budget and publicly available data to estimate associated costs for each policy.

LOW	MEDIUM	HIGH
The policy requires additional staff or infrastructure that would result in significant, sustained increased costs annually.	The policy requires additional staff or infrastructure that would result in short-term (up to two years) start-up program costs.	The policy does not require added FTE hours or infrastructure expenses.

We next evaluate our policy options using each of these three-point scales. This is followed by a detailed description of how we used these rankings to select the best policy options to recommend for short-term and long-term implementation.

A person with their hair in a bun is sitting on a black metal bench, looking out over a city at sunset. The sky is a mix of orange and blue. A large red circle is in the top right corner, and orange lines form a geometric pattern around the image. The text 'CHAPTER 7 POLICY EVALUATION' is overlaid on the left side of the image.

# CHAPTER 7 POLICY EVALUATION

# POLICY EVALUATION

## **Option 1: At each RDP courthouse, hold both an initial Second Chances training module and ongoing all-hands meeting with all RDP staff.**

- Impact - Participants: **Medium**  
This policy will help establish the necessary relationships between staff for the program to run smoothly. However, it is not intended to discuss particular participant cases, and will likely not have a direct impact on the participants' experiences.
- Impact - Capacity: **High**  
As the RDP expands to courthouses throughout the county that may be less inclined to welcome diversion, facilitating buy-in from prosecuting attorneys and judges will encourage capacity expansion.<sup>174</sup>
- Political Feasibility: **High**  
Influential stakeholders directly involved in the RDP will likely respond positively to this policy or, at the very least, not oppose participating in this training. This policy is unlikely to receive much attention from community members, but we do not anticipate any objections.
- Administrative Feasibility: **Medium**  
We envision that the ongoing meetings will take place 1 or 2 times per month. The Second Chances training is a one-time occurrence. Both of these policies, but especially the ongoing meetings, require calendaring meeting times between multiple collaborators, a non-trivial administrative requirement.
- Relative Cost: **High**  
We estimate the policy will result in minimal program costs due to existing RDP training procedures. As such, this policy option fits within staff time already allocated to the program.

## **Option 2: Create a data infrastructure that tracks RDP participants across public health systems to identify frequent utilizers and understand whether RDP participation is an effective tool for interrupting this costly cycle of incarceration.**

- Impact - Participants: **High**  
Tracking both program outcomes and qualitative information about participant experiences will allow the RDP to make targeted, data-driven changes to program elements. Although the effect is indirect, the potential to flag problem areas early and learn more about why participants drop the program will likely improve the participant experience for those currently on diversion.

- **Impact - Capacity: High**  
A better understanding of defendants' reasons for rejecting the RDP will help the program adapt its incentives to encourage greater participation in the long-term. Although it may not immediately enable expansion, with intentional implementation, this information could lead to a higher retention or graduation rate.
- **Political Feasibility: Low**  
Institutional resistance to and misconceptions about data sharing are common.<sup>175</sup> Establishing the cross-agency consensus needed to begin working towards an information-sharing infrastructure will take time and effort, and we anticipate initial opposition from multiple influential partner organizations.
- **Administrative Feasibility: Low**  
Full implementation of the RDP-only strategy would require data sharing agreements that do not currently exist between the City Attorney's Office, the Public Defender's Office, and the service referral team. There will likely be significant administrative roadblocks to implementation, and the Public Defender's Office alone is not able to fully implement this strategy. Similarly, the county-wide strategy would encounter the same obstacles at a higher level considering the increased number of stakeholders and consensus needed.
- **Relative Cost: Low**  
We estimate the policy will result in a one-time increase in program costs by hiring additional staff and creating data infrastructure costing between \$338,000 and \$557,000. Although this funding will be a one-time cost used to set up new data systems, the policy also requires bringing on a full-time data analyst to be a part of RDP staff moving forward and thus includes long-term costs.

**Option 3: Shorten the up-front commitment defendants must make to participate in RDP, embracing a harm reduction model and lowering barriers to access.**

- **Impact - Participants: Medium**  
The policy has no discernable impact on current participants.
- **Impact - Capacity: High**  
The policy would encourage greater participation rates by reducing barriers to entry. Offering a shorter treatment plan may allow some candidates to take up the program who initially refuse diversion at the public defender screening stage and those who reject the proposed treatment plan at the clinician screening stage. Estimates indicate that this has the potential to increase program participation by up to almost four and a half times the current annual acceptance rate.
- **Political Feasibility: Low**  
We anticipate the policy will be met with opposition from many influential stakeholders. Clinicians may be concerned that short treatment plans are ineffective for the level of behavioral health needs for this population. Public safety advocates, including the Sheriff's Department, the prosecutor's

office, and the bench officer, may be concerned about insufficient supervision of defendants released to the community, making immediate implementation unlikely.

- **Administrative Feasibility: Low**  
The policy would require updating program agreements between the prosecutor's office, the service referral team, clinicians, and the Public Defender's Office.
- **Relative Cost: Low**  
We estimate the policy will result in a permanent increase in program costs by hiring additional case managers to accommodate the influx of new program participants, costing \$415,350 annually.<sup>176</sup>

**Option 4: Base eligibility to the RDP on readiness to start treatment and less on charge-based criteria.**

- **Impact - Participants: Medium**  
The policy has no discernable impact on current participants.
- **Impact - Capacity: High**  
The policy will have a substantial impact on RDP capacity, as potential candidates who are denied entry on the current charge-based exclusion represent 43% of all dropped candidates. Estimates indicate that implementing this policy could double the current screening volume, potentially doubling the pool of RDP participants at any given courthouse.
- **Political Feasibility: Low**  
The RDP's excluded charges list contains charges which judges, prosecutors, and other public safety advocates believe indicate an individual poses a risk to public safety. As such, the opposition from these influential stakeholders makes immediate passage of the policy unlikely.
- **Administrative Feasibility: Low**  
Since the criteria for charge-based exclusion were jointly agreed upon by the Public Defender's Office and the City Attorney's Office, the parties must agree to amend the existing exclusions which may be unlikely due to public safety concerns.
- **Relative Cost: Low**  
The policy will result in a permanent increase in program costs as a result of hiring an additional public defender and clinician to screen newly eligible defendants, as well as additional case managers to accommodate new program participants. We estimate this will cost between \$305,648 and \$440,340.<sup>177</sup>

**Option 5: Build partnerships with treatment providers that have the capacity to accept defendants in a crisis or who need round-the-clock supervision before stabilizing.**

- **Impact - Participants: High**  
The policy will enable participants to engage in longer-term treatment and possibly allow participants to remain in the program who might otherwise drop out.
- **Impact - Capacity: High**  
The policy will enable more people to participate, potentially doubling the number of candidates who accept diversion annually at any given courthouse.
- **Political Feasibility: High**  
The policy is likely to be met with a positive response from influential stakeholder groups.
- **Administrative Feasibility: Low**  
Implementation of this policy will require external partnership with treatment providers that have crisis beds available. These entities may include DMH, county hospitals, private psychiatric hospitals, and the Department of State Hospitals. However, it may be challenging to acquire these beds as Los Angeles is already struggling to source and maintain a supply of intensive care beds.<sup>178</sup>
- **Relative Cost: Low**  
We estimate the policy will result in a permanent increase in program costs averaging \$5,196 per participant. While we do not estimate the number of participants who will accept this new offer, this will be a new annual cost for the program.<sup>179</sup>

**Option 6: Establish a three-person service referral team, including a case manager role to be participant-focused.**

- **Impact - Participants: High**  
In our interviews, RDP staff and participants highlighted the importance of having a dedicated team member who provided routine support throughout the diversion process.<sup>180</sup> We anticipate that having three individuals to fulfill the three specialized roles on the service referral team will benefit diversion participants.
- **Impact - Capacity: High**  
Providing participants with this one-on-one support may indirectly encourage more individuals to take up the program.
- **Political Feasibility: High**  
We do not anticipate opposition from any influential stakeholder group regarding the policy.
- **Administrative Feasibility: High**  
While the Public Defender's Office will need to rely on a contracted service referral organization to hire and operate the three-person service assessment and connection team, the Public Defender's Office will not need to gain external approval prior to implementation. This would allow for an

almost immediate rollout of the policy.

- **Relative Cost: Low**

We estimate the policy will result in a permanent increase in program costs by hiring an additional case manager at the cost of \$83,070 annually per courthouse.<sup>181</sup>

## EVALUATION OF POLICY OPTIONS

We selected the ranking for each policy collectively based on evidence from interviews, quantitative data analysis, and research on the criminal justice landscape in Los Angeles County. We then used a tiered ranking system to differentiate between policies and selected the best policies to recommend for implementation. **Figure 8** illustrates the selection process.

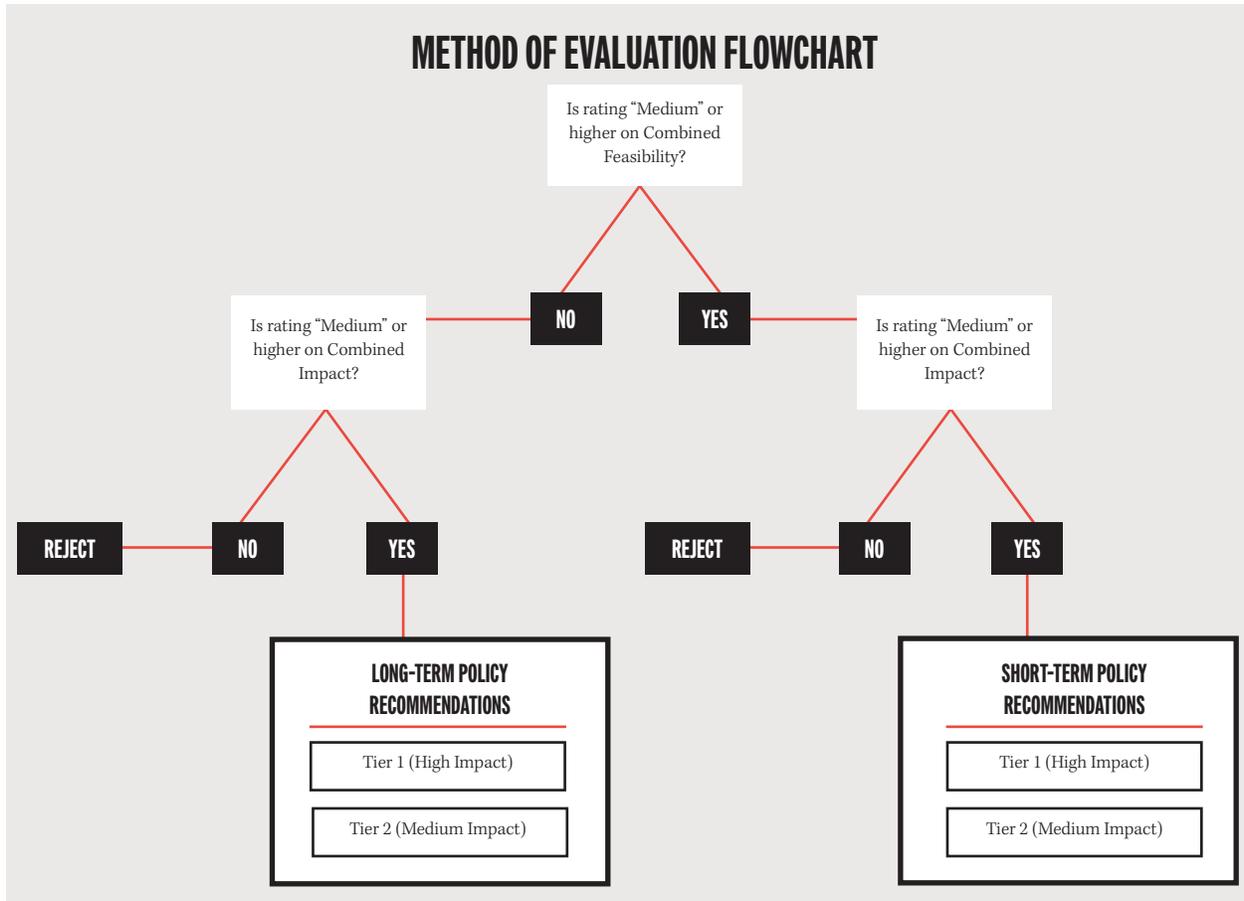
### CREATING SHORT- & LONG-TERM POLICIES

We first average the rankings for political feasibility, administrative feasibility, and relative cost, to identify the timeframe for implementation. Policies with an average score of “Medium” or higher are short-term policies and can be implemented without requiring structural change. Policies with an average score lower than the “Medium” ranking are placed in the long-term branch. Even though these policies are not immediately feasible, they may still contribute to program improvement or expansion.

### ASSESSING IMPACT ON PARTICIPANTS & PROGRAM CAPACITY

Our client, the Public Defender’s Office, identified impact on participants and RDP operating capacity as joint priorities. Accordingly, these criteria are equally important and assessed together. Policies that are “High” on both impact measures become Tier 1 recommendations. Policies with an average impact of “Medium” or higher will still be considered as Tier 2 recommendations. Finally, policies that receive a “Low” rating on either impact measure will not serve our client’s goals and are rejected.

Figure 8: Method of Evaluation Flowchart





# CHAPTER 8 RECOMMENDATIONS

# RECOMMENDATIONS

Based on the evaluation of the proposed policies, we recommend that the RDP implement the policies listed below by timeframe and respective ranking (**Table 3**).

**Table 3: Policy Recommendations**

<b>SHORT-TERM RECOMMENDATIONS</b>	
Tier 1	<b>Policy Option 6:</b> Establish a three-person service referral team, including a case manager role to be participant-focused.
Tier 2	<b>Policy Option 1:</b> At each RDP courthouse, hold both an initial Second Chances training module and ongoing all-hands meeting with all RDP staff.
<b>LONG-TERM RECOMMENDATIONS</b>	
Tier 1	<p><b>Policy Option 5:</b> Build partnerships with treatment providers that have the capacity to accept defendants in crisis or who need round-the-clock supervision before stabilizing.</p> <p><b>Policy Option 2:</b> Create a data collection strategy that allows for information sharing across stakeholders and supports evaluation as RDP expands.</p>
Tier 2	<p><b>Policy Option 3:</b> Shorten the up-front commitment defendants must make to participate in RDP, embracing a harm reduction model and lowering barriers to access.</p> <p><b>Policy Option 4:</b> Base eligibility to the RDP on readiness to start treatment and less on charge-based criteria.</p>

## COMPLEMENTARY IMPLEMENTATION OF POLICIES

In addition to being relatively easy to implement, the short-term policies described here can pave the way for long-term policies by generating increased support for diversion more broadly. As previously noted in the text, the RDP diversion model may face resistance as it expands. Establishing faith in the diversion model and its process is central to acceptance of mental health diversion. Creating a standard RDP training curriculum will address and alleviate the concerns of defenders, judges, prosecutors, and law enforcement agents who are unfamiliar with diversion. Courthouses that are fully staffed with a three-person service referral team are likely to see improved participant outcomes, creating support for the RDP through observed program success.

These policies can help normalize diversion as an effective alternative to incarceration for individuals with mental health issues. As diversion increasingly becomes the rule, instead of the exception, RDP stakeholders will experience less political and administrative resistance to adopting some of the long-term policies discussed here.

## HOUSING INITIATIVES IN LOS ANGELES

Lack of access to affordable housing came up again and again in our interviews and research.<sup>182</sup> Our client, the Public Defender's Office, has limited ability to implement solutions to this systemic issue. Nevertheless, the criminalization of mental illness in Los Angeles is strongly linked to homelessness in the region.<sup>183</sup> Therefore, we offer a brief summary of our learnings about current opportunities to expand access to housing for RDP.

Two LAHSA interim housing programs offer a promising model to address this challenge:

- **Project RoomKey:** This temporary COVID-19 housing initiative offers short-stay hotel rooms.<sup>184</sup>
- **A Bridge Home (ABH):** This initiative creates emergency bridge housing for unhoused residents.<sup>185</sup> As of December 31, 2020, ABH had served 959 unhoused individuals with a maximum capacity of 1,665 beds.<sup>186</sup> LAHSA estimates that in 2020 there were 66,436 unhoused individuals in Los Angeles, 26% of whom experience mental health issues.<sup>187</sup> Although this need greatly outpaces current capacity, ABH provides a foundational template upon which to expand.

Additionally, the ATI initiative has recommended that the Los Angeles County Board of Supervisors allocate funding from Measure J for the construction of supportive housing.<sup>188</sup> This recommendation for investment in housing highlights the fact that increasing the use of diversion in Los Angeles County necessitates an increase in available housing. The RDP should join with ATI and LAHSA in vocal advocacy for these funding allocations.

A woman with long, dark, curly hair is seen from behind, looking up at a tall, multi-story apartment building. The building has many windows and a fire escape on the left side. The scene is bathed in a warm, golden light, suggesting sunset or sunrise. The entire image is framed by a network of orange geometric lines. A large red circle is positioned in the bottom left corner.

# CHAPTER 9 CONCLUSION

# CONCLUSION

The RDP provides an avenue toward restoration for a population whose involvement with the criminal legal system is a direct result of their mental health needs and a service system which could not preemptively address these needs. Relegating these people to jails rather than connecting them to services exacerbates their trauma, effectively perpetuating a cycle of incarceration which may eventually escalate beyond minor offenses into long-term imprisonment. The RDP's model intercepts people with mental health issues at an early stage to avoid this escalation, and this report has provided a number of recommendations to bolster current RDP operations and standardize the implementation at other courthouses as the RDP expands.

Through our intensive interviews and analysis of quantitative program and participant data, we developed a set of recommendations which focus on improving the participant experience and increasing the number of diversion candidates the program can accept. Understanding that diversion is a tool which some jurisdictions and court agents have not yet bought into, we further filtered our recommendations through a set of feasibility criteria to determine the best options for current implementation. These recommendations are the first steps in refining the RDP process and they are intended to address the current state of the RDP. As the program gains buy-in, especially in the context of Los Angeles's shift toward alternatives to incarceration, greater strides can be taken to provide services and restoration to a larger group of justice involved individuals who will benefit from care, rather than incarceration.

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# APPENDIX: DATA CLEANING

## DATA INTEGRITY

Before we began working with the data, we went through a rigorous QA process to verify the dates that were provided to us by our clients at the Public Defender's Office. Through our subsequent conversations, we learned that a lot of this information was pulled from a combination of paper records cross-checked against the public defender's electronic database.<sup>189</sup> As a result, we were cautioned that some of the dates may be estimates, so any calculations using the arraignment date, acceptance date, date dropped, or graduation date from the participant-level data may contain some error as the precise dates were not always known. This includes calculations of the length of time spent in treatment as well as the length of time between arraignment and program acceptance, which we defined as time to diversion for analysis purposes. Another necessary clarification about the acceptance dates is that some of these participants were from pretrial cases.<sup>190</sup> As a result, the length of time between arraignment and program acceptance is not necessarily meaningful given that this process was not linear in the same way as it was for defendants screened directly in court on the same day as arraignment.<sup>191</sup> However, we did not have the information necessary to distinguish these cases, and thus are not able to identify which cases were pretrial and which were not. This means that the findings on time to program acceptance may be slightly inflated given the number of pretrial cases.

Due to the COVID-19 pandemic, the data collection process and manner in which potential participants move through the various stages of screening has changed drastically.<sup>192</sup> As such, our client provided data from two time frames within which the RDP operated: pre-COVID and post-COVID. In the program selection and take-up data, we assumed a linear screening process only for the pre-COVID data we were given. As a result of the pandemic, there may be weeks between each screening stage, so we were only able to draw conclusions about the volume of cases post-COVID.<sup>193</sup> Our analysis of the percentage of individuals passed on at each screening stage is thus restricted to the pre-COVID dates.

For the pre-COVID data, our clients at the Public Defender's Office informed us that there may be some inconsistencies between the number of individuals screened by the public defender and the clinician, as each entity has a different procedure for logging when a screening took place.<sup>194</sup> Thus there are certain cases where the numbers that should add to 100% do not due to a lag in screening by a day, or an additional pretrial case added to a subsequent stage.<sup>195</sup> We decided not to modify this in the original dataset, but changed our strategy for how we calculate these percentages, detailed below.

Finally, it is important to note that some of the categorical reasons individuals are unable to be diverted at a certain stage of the screening process are somewhat imprecise. For instance, we know the number of program ineligible cases, but are unable to separate them out by the type of case. These could be violent cases or DV cases involving romantic partners, but we are not able to distinguish between these various categories.<sup>196</sup> There are some additional discrepancies between the number of individuals eligible

for public defender or DMH screening and those who were in fact screened, but we do not necessarily know why this is the case. This could be an instance of a date lag, or it could be that there was no mental health condition.<sup>197</sup> As a result, conclusions drawn from this analysis cannot be interpreted as causal, but are merely intended to provide a snapshot of the current eligibility process and identify patterns where defendants are dropping out.

## CALCULATION NOTES

For our analysis of the participant-level data, we calculated percentages in several different ways. For the variables indicating status prior to entering the program, the denominator is the full dataset of 134 participants. For variables about graduation status, the denominator only includes participants who graduated (n=28). We also report some percentages that represent the proportion of participants who are compliant (graduated or currently on diversion), or who are potential returns (participants who are pending re-enrollment or who have an outstanding bench warrant and may reappear in court). These participants, if they re-enter a courtroom, will have the opportunity to re-enter the RDP if they choose.<sup>198</sup> The final category is participants who have ever dropped the program at any point. The number of participants who fall into each category are listed in **Table 4** below.

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**Table 4: Number of RDP Participants by Category**

<b>COMPLIANT</b>	72
<b>POTENTIAL RETURNS</b>	25
<b>ON DIVERSION</b>	44
<b>GRADUATED</b>	28
<b>DROPPED</b>	70

For our analysis of the program selection and take-up data, we artificially constructed several denominators to account for some missing or inaccurate data that we were unable to verify or correct. Finally, percentages reported in the text are rounded to the nearest whole number. More detailed information on some of these statistics is displayed in the figures.

# ENDNOTES

<sup>1</sup> Assem. Bill 1810, 2017-2018 Reg. Sess., ch. 34, 2018, Cal. Stat.

<sup>2</sup> North Carolina Department of Public Safety Prisons, *Patient Acuity Rating System* (Raleigh: North Carolina Department of Public Safety, April 2016), 1, <https://files.nc.gov/ncdps/documents/files/A-9.pdf>.

<sup>3</sup> “Initial Hearing/Arrestment,” Justice 101, Office of the United States Attorneys, accessed April 12, 2021, <https://www.justice.gov/usao/justice-101/initial-hearing>.

<sup>4</sup> County Behavioral Health Directors Association, *What is Behavioral Health?* (Sacramento, CA: County Behavioral Health Directors Association, 2018), 1, <https://www.cbhda.org/s/What-is-BH.pdf>.

<sup>5</sup> “What is a Case Manager?” Who We Are, Case Management Society of America, accessed April 12, 2021, <https://cmsa.org/who-we-are/what-is-a-case-manager/>.

<sup>6</sup> Project 180 Representative 3, personal interview, February 10, 2021; “Quality Measures & You: Clinicians,” Medicare, Centers for Medicare & Medicaid Services, accessed April 12, 2021, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/QMY-Clinicians>.

<sup>7</sup> Policy Research Associates, Inc. Representative, personal interview, February 7, 2021.

<sup>8</sup> “What is Diversion?” The Human Toll of Jail, Vera Institute of Justice, accessed April 11, 2021, <http://humantollofjail.vera.org/what-is-diversion/>.

<sup>9</sup> Karen M. Leslie, Canadian Paediatric Society, and Adolescent Health Committee, “Harm Reduction: An Approach to Reducing Risky Health Behaviours in Adolescents,” *Paediatrics & Child Health* 13, no. 1 (January 2008): 53, <https://dx.doi.org/10.1093/pch/13.1.53>.

<sup>10</sup> Cal. Pen. Code § 1001.36.

<sup>11</sup> Richard D. Schneider, “Mental Health Courts and Diversion Programs: A Global Survey,” *International Journal of Law and Psychiatry* 33, no. 4 (2010): 201-2, <https://dx.doi.org/10.1016/j.ijlp.2010.07.001>.

<sup>12</sup> “Criminalization of Individuals with Severe Psychiatric Disorders,” Mental Illness Policy Org, accessed April 11, 2021, <https://mentalillnesspolicy.org/consequences/criminalization.html>.

<sup>13</sup> Mental Illness Policy Org, “Criminalization of Individuals with Severe Psychiatric Disorders.”

<sup>14</sup> Craig Haney, *The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment* (Washington, DC: U.S. Department of Health & Human Services, 2001), 5-7, <https://aspe.hhs.gov/system/files/pdf/75001/Haney.pdf>.

<sup>15</sup> Chidinma Ume and Brett Taylor, “Expanding the Toolkit: Mental Health Diversion in Los Angeles,” Center for Court Innovation, last modified May 18, 2020, <https://www.courtinnovation.org/about/announcements/LA-mental-health-diversion>.

<sup>16</sup> Ume and Taylor, “Expanding the Toolkit.”

<sup>17</sup> CCI Representative 1, email to authors, May 7, 2021; CCI Representative 2, email to authors, May 7, 2021.

<sup>18</sup> E. Fuller Torrey, Aaron D. Kennard, Don Eslinger, Richard Lamb, and James Pavle, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (Arlington, VA: Treatment Advocacy Center, 2010), 1, [https://www.treatmentadvocacycenter.org/storage/documents/final\\_jails\\_v\\_hospitals\\_study.pdf](https://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf).

<sup>19</sup> Jennifer Bronson and Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2017), 1, <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>.

<sup>20</sup> Schneider, “Mental Health Courts and Diversion Programs,” 201-2.

<sup>21</sup> Cristie Glasheen, Sarra L. Hedden, Larry A. Kroutil, Michael R. Pemberton, and Ingrid Goldstrom, *Past Year Arrest among Adults in the United States: Characteristics of and Association with Mental Illness and Substance Use* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012), 5, <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.362.442&rep=rep1&type=pdf>.

<sup>22</sup> Glasheen, *Past Year Arrest among Adults in the United States*, 5.

<sup>23</sup> Sarah B. Hunter, Maya Buenaventura, and Matthew Cefalu, *Local Evaluation Report for Los Angeles County’s Mentally Ill Offender Crime Reduction (MIOCR) Program* (Santa Monica, CA: RAND, 2018), 1, [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR2400/RR2411/RAND\\_RR2411.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR2400/RR2411/RAND_RR2411.pdf); “Custody Division Population Quarterly & Yearly Reports,” Public Data Sharing, Los Angeles County Sheriff’s Department, accessed April 11, 2021, [http://www.la-sheriff.org/s2/page\\_render.aspx?pagename=info\\_detail\\_20](http://www.la-sheriff.org/s2/page_render.aspx?pagename=info_detail_20); Los Angeles County Sheriff’s Department, *Custody Division Population Year End Review 2020* (Los Angeles: Los Angeles County Sheriff’s Department, 2020), 4, [https://lasd.org/wp-content/uploads/2021/04/Transparency\\_Custody\\_Division\\_Population\\_2020\\_Year\\_End\\_Report\\_040821.pdf](https://lasd.org/wp-content/uploads/2021/04/Transparency_Custody_Division_Population_2020_Year_End_Report_040821.pdf).

<sup>24</sup> Los Angeles County Sheriff’s Department, *Custody Division Population Year End Review 2020*, 4.

<sup>25</sup> Mental Illness Policy Org, “Criminalization of Individuals with Severe Psychiatric Disorders.”

<sup>26</sup> Mental Illness Policy Org, “Criminalization of Individuals with Severe Psychiatric Disorders”; The Sentencing Project, *Mentally Ill Offenders in the Criminal Justice System: An Analysis and Prescription* (Washington, DC: The Sentencing Project, 2002), 7, <https://www.sentencingproject.org/wp-content/uploads/2016/01/Mentally-Ill-Offenders-in-the-Criminal-Justice-System.pdf>.

<sup>27</sup> DMH Forensic Psychiatry Division Representative, email to authors, March 25, 2021.

<sup>28</sup> Allard K. Lowenstein International Human Rights Clinic, *“Forced into Breaking the Law”: The Criminalization of Homelessness in Connecticut* (New Haven, CT: Yale Law School, 2016), 2, [https://law.yale.edu/sites/default/files/documents/pdf/news/criminalization\\_of\\_homelessness\\_report\\_for\\_web\\_full\\_report.pdf](https://law.yale.edu/sites/default/files/documents/pdf/news/criminalization_of_homelessness_report_for_web_full_report.pdf).

<sup>29</sup> Allard K. Lowenstein International Human Rights Clinic, *“Forced into Breaking the Law,”* 2.

<sup>30</sup> Janey Rountree, Nathan Hess, and Austin Lyke, *Health Conditions among Unsheltered Adults in the U.S.* (Los Angeles: California Policy Lab, 2019), 4, <https://www.capolicylab.org/wp-content/uploads/2019/10/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S.pdf>.

<sup>31</sup> Ume and Taylor, "Expanding the Toolkit."

<sup>32</sup> Mental Illness Policy Org, "Criminalization of Individuals with Severe Psychiatric Disorders"; DMH Forensic Psychiatry Division Representative, email to authors, March 25, 2021; Allard K. Lowenstein International Human Rights Clinic, "*Forced into Breaking the Law*," 2.

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<sup>34</sup> Substance Abuse and Mental Health Services Administration, *Municipal Courts*, 6-7.

<sup>35</sup> Substance Abuse and Mental Health Services Administration, *Municipal Courts*, 3, 6-7.

<sup>36</sup> RDP Participant 3, personal interview, January 22, 2021; Will Dobbie, Jacob Goldin, and Crystal S. Yang, "The Effects of Pretrial Detention on Conviction, Future Crime, and Employment: Evidence from Randomly Assigned Judges," *American Economic Review* 108, no. 2 (2018): 201, <https://pubs.aeaweb.org/doi/pdfplus/10.1257/aer.20161503>; Christopher T. Lowenkamp, Marie VanNostrand, and Alexander Holsinger, *The Hidden Costs of Pretrial Detention* (Houston, TX: The Laura and John Arnold Foundation, 2013), 4, [https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF\\_Report\\_hidden-costs\\_FNL.pdf](https://craftmediabucket.s3.amazonaws.com/uploads/PDFs/LJAF_Report_hidden-costs_FNL.pdf); Nick Pinto, "The Bail Trap," *The New York Times Magazine*, August 13, 2015, <https://www.nytimes.com/2015/08/16/magazine/the-bail-trap.html>.

<sup>37</sup> Sarah Liebowitz, Peter J. Eliasberg, Ira A. Burnim, and Emily B. Read, *A Way Forward: Diverting People with Mental Illness from Inhumane and Expensive Jails into Community-Based Treatment that Works* (Los Angeles: ACLU of Southern California, 2014), 2, [http://www.bazelon.org/wp-content/uploads/2017/11/A-Way-Forward\\_July-2014.pdf](http://www.bazelon.org/wp-content/uploads/2017/11/A-Way-Forward_July-2014.pdf); ODR Representative 1, personal interview.

<sup>38</sup> Haney, *The Psychological Impact of Incarceration*, 5-7.

<sup>39</sup> E. Fuller Torrey, Mary T. Zdanowicz, Aaron D. Kennard, H. Richard Lamb, Donald F. Eslinger, Michael C. Biasotti, and Doris A. Fuller, *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey* (Arlington, VA: Treatment Advocacy Center, 2014), 14-18, <https://www.treatmentadvocacycenter.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>.

<sup>40</sup> Haney, *The Psychological Impact of Incarceration*, 5-7.

<sup>41</sup> Mark Ridley-Thomas (@mridleythomas), "You simply can't get well in a cell! Moving from incarceration to hope. @LADAOoffice @LAPubDef @EveryoneIn\_LA @LAHomeless," Twitter, August 8, 2019, <https://twitter.com/mridleythomas/status/1159505046431682561>.

<sup>42</sup> Matt Ford, “America’s Largest Mental Hospital Is a Jail,” *The Atlantic*, June 8, 2015, <https://www.theatlantic.com/politics/archive/2015/06/americas-largest-mental-hospital-is-a-jail/395012/>; “Position Statement 56: Mental Health Treatment in Correctional Facilities,” Mental Health America, accessed April 11, 2021, [https://www.mhanational.org/issues/position-statement-56-mental-health-treatment-correctional-facilities#\\_edn1](https://www.mhanational.org/issues/position-statement-56-mental-health-treatment-correctional-facilities#_edn1); Heather Stringer, “Improving Mental Health for Inmates,” *Monitor on Psychology* 50, no. 3 (2019): 46, <https://www.apa.org/monitor/2019/03/mental-health-inmates>.

<sup>43</sup> Vera Institute of Justice, “What is Diversion?”

<sup>44</sup> “Problem-Solving Courts,” The Courts, New York State Unified Court System, accessed April 11, 2021, [http://ww2.nycourts.gov/COURTS/problem\\_solving/index.shtml](http://ww2.nycourts.gov/COURTS/problem_solving/index.shtml).

<sup>45</sup> “Alternatives to Incarceration Initiative,” Priorities & Initiatives, Los Angeles County Chief Executive Office, accessed April 11, 2021, <https://ceo.lacounty.gov/ati/>; “Office of Diversion & Reentry,” Los Angeles County Department of Health Services, accessed April 12, 2021, <https://dhs.lacounty.gov/office-of-diversion-and-reentry/>.

<sup>46</sup> Los Angeles County Chief Executive Office, “Alternatives to Incarceration Initiative”; Los Angeles County Department of Health Services, “Office of Diversion & Reentry.”

<sup>47</sup> Ume and Taylor, “Expanding the Toolkit.”

<sup>48</sup> Public Defender Representative 3, personal interview, January 6, 2021.

<sup>49</sup> Cal. Pen. Code § 1001.35-1001.36.

<sup>50</sup> “About Us,” Law Offices of Los Angeles County Public Defender, accessed April 12, 2021, <https://pubdef.lacounty.gov/about-us/>.

<sup>51</sup> Law Offices of Los Angeles County Public Defender, “About Us.”

<sup>52</sup> “Los Angeles County, CA,” Safety + Justice Challenge, accessed April 12, 2021, <https://www.safetyandjusticechallenge.org/challenge-site/los-angeles-county/>; Ume and Taylor, “Expanding the Toolkit.”

<sup>53</sup> Safety + Justice Challenge, “Los Angeles County, CA;” Ume and Taylor, “Expanding the Toolkit.”

<sup>54</sup> Safety + Justice Challenge, “Los Angeles County, CA.”

<sup>55</sup> Ume and Taylor, “Expanding the Toolkit.”

<sup>56</sup> “About,” Center for Court Innovation, accessed April 12, 2021, <https://www.courtinnovation.org/about>.

<sup>57</sup> Safety + Justice Challenge, “Los Angeles County, CA;” Ume and Taylor, “Expanding the Toolkit.”

<sup>58</sup> CCI Representative 1, email to authors, March 29, 2021.

<sup>59</sup> Law Offices of Los Angeles County Public Defender, “About Us”; CCI Representative 2, personal interview.

<sup>60</sup> CCI Representative 1, personal interview, January 11, 2021; CCI Representative 2, personal interview.

<sup>61</sup> Ume and Taylor, "Expanding the Toolkit."

<sup>62</sup> Ume and Taylor, "Expanding the Toolkit."

<sup>63</sup> Ume and Taylor, "Expanding the Toolkit"; CCI representative 1, email to authors, April 6, 2021.

<sup>64</sup> Ume and Taylor, "Expanding the Toolkit"; CCI representative 1, email to authors, April 6, 2021.

<sup>65</sup> CCI Representative 2, personal interview; Public Defender Representative 2, personal interview; ODR Representative 2, personal interview.

<sup>66</sup> Ume and Taylor, "Expanding the Toolkit."

<sup>67</sup> Ume and Taylor, "Expanding the Toolkit"; CCI representative 1, personal interview.

<sup>68</sup> Cal. Pen. Code § 1001.36(b)(1).

<sup>69</sup> Cal. Pen. Code § 1001.36(b)(1).

<sup>70</sup> Cal. Pen. Code § 1001.36(b)(1)(B).

<sup>71</sup> Public Defender Representative 2, personal interview.

<sup>72</sup> Public Defender Representative 2, personal interview.

<sup>73</sup> Project 180 Representative 2, personal interview.

<sup>74</sup> Public Defender Representative 2, personal interview.

<sup>75</sup> Project 180 Representative 1, personal interview.

<sup>76</sup> Public Defender Representative 2, personal interview.

<sup>77</sup> Public Defender Representative 2, personal interview.

<sup>78</sup> Robert Weiss, *Learning from Strangers: The Art and Method of Qualitative Interview Studies* (New York: The Free Press, 1994), 25.

<sup>79</sup> Public Defender Representative 2, email to authors, March 29, 2021.

<sup>80</sup> RDP Participant 1, personal interview, January 22, 2021; RDP Participant 2, personal interview, January 22, 2021; RDP Participant 3, personal interview.

<sup>81</sup> RDP Participant 2, personal interview.

<sup>82</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview; RDP Participant 3, personal interview.

<sup>83</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview; RDP Participant 3, personal interview.

<sup>84</sup> Policy Research Associates, Inc. Representative, personal interview.

<sup>85</sup> RDP Participant 2, personal interview.

<sup>86</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview; RDP Participant 3, personal interview.

<sup>87</sup> RDP Participant 2, personal interview.

<sup>88</sup> RDP Participant 1, personal interview.

<sup>89</sup> RDP Participant 2, personal interview.

<sup>90</sup> City Attorney Representative 2, personal interview, February 3, 2021; Public Defender Representative 2, personal interview.

<sup>91</sup> CCI Representative 1, personal interview.

<sup>92</sup> City Attorney Representative 2, personal interview; LA County Judge, personal interview, February 10, 2021.

<sup>93</sup> Alternate Public Defender Representative, personal interview, February 5, 2021.

<sup>94</sup> CCI Representative 1, email to authors, May 29, 2021.

<sup>95</sup> LASD Representative, personal interview, February 12, 2021; CCI Representative 1, email to authors, May 29, 2021.

<sup>96</sup> LASD Representative, personal interview.

<sup>97</sup> LA County Judge, personal interview.

<sup>98</sup> LA County Judge, personal interview.

<sup>99</sup> For additional information on the process of data collection and cleaning, see **Appendix A**.

<sup>100</sup> LA County Judge, personal interview; LASD Representative, personal interview; Project 180 Representative 1, personal interview.

<sup>101</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview; RDP Participant 3, personal interview.

<sup>102</sup> RDP Participant 1, personal interview.

<sup>103</sup> RDP Participant 2, personal interview.

<sup>104</sup> DMH Forensic Psychiatry Division Representative, personal interview, February 3, 2021; LA County Judge, personal interview.

<sup>105</sup> LA County Judge, personal interview.

<sup>106</sup> DMH Clinician, personal interview, January 15, 2021; Project 180 Representative 3, personal interview.

<sup>107</sup> Project 180 Representative 2, personal interview.

<sup>108</sup> Substance Abuse and Mental Health Services Administration, *Municipal Courts*, 10.

<sup>109</sup> Substance Abuse and Mental Health Services Administration, *Municipal Courts*, 10.

<sup>110</sup> Substance Abuse and Mental Health Services Administration, *Municipal Courts*, 10.

<sup>111</sup> Public Defender Representative 2, personal interview.

<sup>112</sup> Public Defender Representative 2, personal interview; Public Defender Representative 3, email to authors, April 2, 2021.

<sup>113</sup> Public Defender Representative 2, personal interview.

<sup>114</sup> Public Defender Representative 3, personal interview.

<sup>115</sup> Public Defender Representative 2, personal interview.

<sup>116</sup> CCI representative 1, email to authors, March 29, 2021.

<sup>117</sup> Public Defender Representative 2, personal interview.

<sup>118</sup> Public Defender Representative 2, personal interview.

<sup>119</sup> Project 180 Representative 3, personal interview.

<sup>120</sup> Public Defender Representative 2, personal interview; Project 180 Representative 2, personal interview; Project 180 Representative 3, personal interview.

<sup>121</sup> "What is High-Acuity Nursing?" Nursing, Arkansas State University, last modified February 6, 2017, <https://degree.astate.edu/articles/nursing/high-acuity-nursing.aspx>.

<sup>122</sup> Public Defender Representative 2, personal interview.

<sup>123</sup> Project 180 Representative 3, personal interview.

<sup>124</sup> Project 180 Representative 3, personal interview.

<sup>125</sup> Project 180 Representative 1, personal interview.

<sup>126</sup> Seema L. Clifasefi, Heather S. Lonczak, and Susan E. Collins, “Seattle’s Law Enforcement Assisted Diversion (LEAD) Program: Within-Subjects Changes on Housing, Employment, and Income/Benefits Outcomes and Associations with Recidivism,” *Crime & Delinquency* 63, no. 4 (2017): 429, <https://dx.doi.org/10.1177/0011128716687550>.

<sup>127</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview; RDP Participant 3, personal interview.

<sup>128</sup> CCI Representative 1, personal interview; CCI Representative 2, personal interview; Public Defender Representative 2, personal interview.

<sup>129</sup> ATI Representative 1, personal interview, February 17, 2021; ATI Representative 2, personal interview, February 17, 2021.

<sup>130</sup> Project 180 Representative 2, personal interview.

<sup>131</sup> ATI Representative 2, personal interview.

<sup>132</sup> RDP Participant 3, personal interview.

<sup>133</sup> RDP Participant 3, personal interview.

<sup>134</sup> RDP Participant 3, personal interview.

<sup>135</sup> ATI Representative 1, personal interview.

<sup>136</sup> Public Defender Representative 2, personal interview; DMH Forensic Psychiatry Division Representative, personal interview; ATI Representative 2, personal interview.

<sup>137</sup> Law Offices of Los Angeles County Public Defender, “About Us.”

<sup>138</sup> ODR Representative for LEAD, personal interview, February 18, 2021; Policy Research Associates, Inc. Representative, personal interview; Public Defender Representative 2, personal interview.

<sup>139</sup> CCI Representative 1, personal interview.

<sup>140</sup> City Attorney Representative 2, personal interview.

<sup>141</sup> CCI Representative 1, email to authors, March 29, 2021.

<sup>142</sup> CCI Representative 1, email to authors, March 29, 2021.

<sup>143</sup> Public Defender Representative 2, personal interview.

<sup>144</sup> “Early Lessons from Data-Driven Justice Pilot Sites,” Arnold Ventures, accessed April 12, 2021, <https://craftmediabucket.s3.amazonaws.com/uploads/DDJ-Lessons.pdf>.

<sup>145</sup> Arnold Ventures, “Early Lessons from Data-Driven Justice Pilot Sites.”

<sup>146</sup> City Attorney Representative 3, personal interview, February 24, 2021.

<sup>147</sup> City Attorney Representative 3, personal interview; Project 180 Representative 3, personal interview.

<sup>148</sup> “City of Long Beach,” Grants, Arnold Ventures, accessed April 12, 2021, <https://www.arnoldventures.org/grants/city-of-long-beach-1>.

<sup>149</sup> We estimate this cost using existing RDP budget data.

<sup>150</sup> Public Defender Representative 2, personal interview; Project 180 Representative 2, personal interview; Project 180 Representative 3, personal interview; CCI Representative 2, personal interview.

<sup>151</sup> Law & Policy Associates, *Seattle Municipal Mental Health Court Evaluation* (Seattle: City of Seattle, 2013), 6, 10, <https://www.seattle.gov/Documents/Departments/Court/MHCEvaluation2013.pdf>

<sup>152</sup> Susan E. Collins, Heather S. Lonczak, and Seema L. Clifasefi, “Seattle’s Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes,” *Evaluation and Program Planning* 64 (2017): 49, <http://dx.doi.org/10.1016/j.evalprogplan.2017.05.008>.

<sup>153</sup> Collins, Lonczak, and Clifasefi, “Seattle’s Law Enforcement Assisted Diversion,” 52.

<sup>154</sup> All salaries, except for the public defender salaries, come from the RDP budget given to us by RDP staff; Case Management Society of America and the National Association of Social Workers, *Case Management Caseload Concept Paper: Proceedings of the Caseload Workgroup* (Washington, DC: National Association of Social Workers), 12, [https://www.socialworkers.org/LinkClick.aspx?fileticket=y\\_q0WefZ\\_Ho%3D&portalid=0](https://www.socialworkers.org/LinkClick.aspx?fileticket=y_q0WefZ_Ho%3D&portalid=0); Joseph G. Hromco, Michael W. Moore, and Robert E. Nikkel, “How Managed Care Has Affected Mental Health Case Management Activities, Caseloads, and Tenure,” *Community Mental Health Journal* 39, no. 6 (2003): 503, <https://dx.doi.org/10.1023/b:comh.0000003011.82050.4b>; We estimate this cost using existing RDP budget data.

<sup>155</sup> Community Organizer and DHS Representative, personal interview; ODR Representative for LEAD, personal interview; LAHSA Commissioner, personal interview, January 28, 2021.

<sup>156</sup> ODR Representative for LEAD, personal interview.

<sup>157</sup> ODR Representative for LEAD, personal interview.

<sup>158</sup> This number reflects the salary range for a Deputy Public Defender III; “Los Angeles County Class and Salary Listing,” County of Los Angeles, accessed April 12, 2021, [http://file.lacounty.gov/SDSInter/lac/1043266\\_alpha.pdf](http://file.lacounty.gov/SDSInter/lac/1043266_alpha.pdf).

<sup>159</sup> We estimate this cost using existing RDP budget data.

<sup>160</sup> Case Management Society of America and National Association of Social Workers, *Case Management Caseload Concept Paper*, 12; Hromco, Moore, and Nikkel, “Managed Care,” 503.

<sup>161</sup> Jonathan E. Sherin, *Report Response to Addressing the Shortage of Mental Health Hospital Beds* (Los Angeles: Department of Mental Health, 2019), 6, [http://file.lacounty.gov/SDSInter/bos/bc/1064024\\_BOSReportonAddressingtheShortageofMentalHealthHospitalBeds\\_Item8\\_AgendaofJanuary22\\_2019.pdf](http://file.lacounty.gov/SDSInter/bos/bc/1064024_BOSReportonAddressingtheShortageofMentalHealthHospitalBeds_Item8_AgendaofJanuary22_2019.pdf).

<sup>162</sup> ODR Representative 1, personal interview.

<sup>163</sup> Office of Diversion and Reentry, *Quarterly Report January to March 2020* (Los Angeles: Department of Health Services, 2020), 14, [http://file.lacounty.gov/SDSInter/bos/bc/1071954\\_OfficeofDiversionandReentryQuarterlyReportPacket.pdf](http://file.lacounty.gov/SDSInter/bos/bc/1071954_OfficeofDiversionandReentryQuarterlyReportPacket.pdf).

<sup>164</sup> Calculated by counting the number of defendants that the public defender did not pass on to the next screening stage due to identifying them as potentially incompetent, plus the number of defendants the clinicians deemed were actively a threat to themselves or others, plus the number of defendants they could not find an appropriate treatment placement for.

<sup>165</sup> “Fiscal Year 2016-17 State Hospital Bed Rates,” State Hospitals, Department of State Hospitals, accessed March 12, 2021, [https://www.dsh.ca.gov/About\\_Us/docs/Hospital\\_Bed\\_Rates-Rates.pdf?=1206](https://www.dsh.ca.gov/About_Us/docs/Hospital_Bed_Rates-Rates.pdf?=1206).

<sup>166</sup> This estimate is based on psychiatric hospitals, as California’s Department of State Hospitals does not have data on average length of stay; Amanda Lechner, Matthew Niedzwiecki, Megan Dormond, Jasmine Little, and Melissa Azur, *Bed Check: Inpatient Psychiatric Care in Three California Counties* (Oakland: California Health Care Foundation, 2020), <https://www.chcf.org/wp-content/uploads/2020/04/BedCheckInpatientPsychiatricCareThreeCACounties.pdf>.

<sup>167</sup> Project 180 Representative 1, personal interview; Project 180 Representative 2, personal interview; Project 180 Representative 3, personal interview.

<sup>168</sup> Project 180 Representative 3, personal interview.

<sup>169</sup> Project 180 Representative 1, personal interview.

<sup>170</sup> ODR Representative for LEAD, personal interview.

<sup>171</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview.

<sup>172</sup> We estimate this cost using existing RDP budget data.

<sup>173</sup> CCI Representative 2, personal interview.

<sup>174</sup> Alternate Public Defender Representative, personal interview.

<sup>175</sup> Melissa Reuland, “Point-of-Service Information Sharing Between Criminal Justice and Behavioral Health Partners: Addressing Common Misconceptions,” National Association of Counties, last modified September 7, 2018, <https://www.naco.org/blog/point-service-information-sharing-between-criminal-justice-and-behavioral-health-partners>.

<sup>176</sup> We estimate this cost using existing RDP budget data and the number reflects the salary range for a Deputy Public Defender III; County of Los Angeles, “Los Angeles County Class and Salary Listing”; Case Management Society of

America and National Association of Social Workers, *Case Management Caseload Concept Paper*, 12; Hromco, Moore, and Nikkel, "Managed Care," 503.

<sup>177</sup> We estimate this cost using existing RDP budget data.

<sup>178</sup> DMH Forensic Psychiatry Division Representative, personal interview; ODR Representative 1, personal interview.

<sup>179</sup> See **Option 5** for a more detailed calculation for the cost estimate.

<sup>180</sup> RDP Participant 1, personal interview; RDP Participant 2, personal interview; RDP Participant 3, personal interview; Public Defender Representative 2, personal interview; City Attorney Representative 2, personal interview; Project 180 Representative 1, personal interview; Project 180 Representative 3, personal interview

<sup>181</sup> We estimate this cost using existing RDP budget data.

<sup>182</sup> CCI Representative 1, personal interview; CCI Representative 2, personal interview.

<sup>183</sup> Allard K. Lowenstein International Human Rights Clinic, "*Forced into Breaking the Law*," 2.

<sup>184</sup> "Project RoomKey Interim Housing Program Policies and Procedures," Documents, Los Angeles Homeless Services Authority, last modified January 8, 2021, <https://www.lahsa.org/documents?id=4464-project-roomkey-interim-housing-program-policies-and-procedures>.

<sup>185</sup> "A Bridge Home," Documents, Los Angeles Homeless Services Authority, last updated July 11, 2019, <https://www.lahsa.org/documents?id=3517-a-bridge-home.pdf>.

<sup>186</sup> "A Bridge Home (ABH) Dashboard," Data, Los Angeles Homeless Services Authority, last updated April 1, 2021, <https://www.lahsa.org/data?id=50-a-bridge-home>.

<sup>187</sup> "2020 Greater Los Angeles Homeless Count Results," News, Los Angeles Homeless Services Authority, last updated September 3, 2020, <https://www.lahsa.org/news?article=726-2020-greater-los-angeles-homeless-count-results>.

<sup>188</sup> "FY 2021-22 Measure J Recommended Set-Aside," Alternatives to Incarceration, Chief Executive Office, accessed April 12, 2021, <https://ceo.lacounty.gov/wp-content/uploads/2021/03/Board-Memo-FY-2021-22-Measure-J-Recommended-Set-Aside.pdf>.

<sup>189</sup> Public Defender Representative 2, personal interview.

<sup>190</sup> Public Defender Representative 2, personal interview.

<sup>191</sup> Public Defender Representative 2, personal interview.

<sup>192</sup> Public Defender Representative 2, personal interview.

<sup>193</sup> Public Defender Representative 2, personal interview.

<sup>194</sup> Public Defender Representative 2, personal interview.

<sup>195</sup> Public Defender Representative 2, personal interview.

<sup>196</sup> Public Defender Representative 2, personal interview.

<sup>197</sup> Public Defender Representative 2, personal interview.

<sup>198</sup> Public Defender Representative 2, personal interview.

