Research Report

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Process Evaluation of the Los Angeles County Rapid Diversion Program

A Pretrial Mental Health Diversion Program

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About This Report

The Los Angeles County Rapid Diversion Program (RDP) is a pretrial mental health diversion program operating in seven courthouses in Los Angeles County, California. Established in 2019, RDP uses California Penal Code § 1001.36, a state statute that allows for the diversion of individuals who have a mental health diagnosis or substance use disorder and certain qualifying charges. In Los Angeles, RDP was established as a faster approach to mental health diversion. Since its launch, RDP has expanded to six additional courthouses and has shifted from diverting individuals with misdemeanor charges to also diverting individuals with felony charges.

An early evaluation of RDP, published in 2021, demonstrated the promise of this approach but also identified some opportunities for improvement. Although RDP conducts internal analyses to support continuous quality improvement, the evaluation we describe in this report presented the opportunity to do a formal assessment of program implementation to date. In this mixed-methods evaluation, we explore current program implementation, case outcomes for individuals who participate in RDP, and strengths and areas for improvement. Lessons learned from this evaluation have the potential to inform efforts to scale the program within Los Angeles County and to other counties interested in implementing a similar pretrial diversion program.

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Summary

Background

In 2019, Los Angeles County, California, established the Rapid Diversion Program (RDP), a pretrial mental health diversion program. Initially supported by the MacArthur Foundation Safety and Justice Challenge, RDP serves individuals whose mental health diagnosis (which can include substance use disorders) played a role in the criminal charges that they are facing. The program began by diverting misdemeanor cases in a single courthouse and has since expanded to diverting both misdemeanor and felony cases in seven courthouses.

Methods

We conducted a process evaluation of RDP to assess how the program is being implemented, what the implementation process has looked like, who is being served by RDP and the barriers to serving a larger population, the early outcomes for RDP participants, and the strengths and areas for improvement for the program. To address the research questions, our methods included (1) a document review and courtroom observations; (2) qualitative interviews with implementation partners, including RDP supervisors and leadership, defense attorneys, prosecutors, service navigators, clinicians, and case managers; (3) qualitative interviews with RDP graduates; and (4) quantitative analysis of program data.

Findings

RDP has filled an important place in the continuum of options for people in Los Angeles County who have behavioral health concerns and are involved in the legal system. Prior to RDP, their options were focused more on post-plea programming or were targeted to people with more-serious clinical needs or higher-level criminal charges (e.g., the Office of Diversion and Reentry's jail diversion program). When RDP began, the goal was simple: reduce the inefficiencies in the traditional mental health diversion process. It accomplished this goal by embedding the diversion infrastructure within the court setting, focusing on individuals with minor behavioral health concerns and low-level charges, and finding ways to streamline the evaluation and linkage process. But while the goal was simple, accomplishing it has required time, funding, and the dedication of implementation partners—such as defense attorneys, prosecutors, judges, and clinicians—all with the support of the MacArthur Foundation's Safety and Justice Challenge.

RDP has grown substantially since it launched in 2019. It now exists in seven courthouses, which vary substantially in terms of demographics and the communities they serve, from the Airport Courthouse, serving much of the west side of Los Angeles County, to the Lancaster Courthouse, serving much of the northern portions of the county. After the program demonstrated its ability to successfully divert individuals with misdemeanor cases, it began to take on individuals with felony cases. The program has served a large volume of clients: Even just focusing on March 2022 to April 2024, more than 4,300 people have been clinically evaluated, with nearly two-thirds being approved, and more than 1,200 have been diverted. Our analysis suggests that at least 53 percent of individuals diverted go on to graduate from the program. And rates of recidivism are low among program graduates; among the 669 public defender clients who have graduated from the program since it began, 607 (91 percent) have not had a new case filed for an offense occurring after their graduation.

Although the program has grown substantially, it has faced challenges in implementation. These include

- concerns about relying on the brief evaluation and diversion report as the program expands to individuals with more-serious charges
- challenges linking certain clients to treatment, especially those with mental health diagnoses only or dual diagnoses, individuals with complex medical issues or physical disabilities, and undocumented individuals
- turnover and high caseloads among case managers, who are in a demanding role
- philosophical resistance among some partners within the county, which affects current sites and expansion efforts.

At the same time, the program has considerable strengths, including

- a rapid timeline (compared with traditional mental health diversion), which is possible because of the collaborative efforts of attorneys, clinical evaluators, service navigators, and case managers
- mutual respect between attorneys and clinicians
- the understanding that mental health and substance use disorder recovery is not a linear process
- the dedication and availability of case managers who are respected and trusted by clients
- the development of formal procedures, a memorandum of understanding, and standardized forms to support growth and expansion.

RDP graduates emphasized how this program gave them a new chance at life and supported their growth throughout their participation.

Recommendations

We developed several recommendations based on these findings. Some of these recommendations relate to the nature of RDP and factors within the program and its implementation partner organizations. Other recommendations are more related to the larger context in which the program operates, such as funding and availability of services. Our recommendations are summarized in the box on the next page.

Recommendations

Recommendations Related to RDP and Implementation Partners

We recommend the following actions related to RDP and implementation partners:

- **Improve awareness of the program among implementation partners.** This could include development of a one-pager program description and attorney trainings that come with participation incentives.
- **Formalize program documentation.** This could include development of a detailed program guide, including courthouse-related variations and the cases that may be reasonable for exception protocol requests.
- **Revisit the exception protocol process.** Much of the tension that arises between the defense and the prosecution relates to this process, and it may be worth considering whether the process could involve an expanded evaluation.
- **Create more opportunities for formal contact between the defense and prosecution to build stronger relationships.** More regular meetings or participation in cross-training can help build relationships and trust.
- **Provide sufficient support for case managers.** Case managers have a challenging job, and strategies to mitigate burnout could include reducing caseloads, sharing caseloads, and providing professional development opportunities.
- **Collect and share data frequently with implementation partners.** Transparency will help build trust among partners, and sharing data can be the basis for quality improvement initiatives.

Recommendations Related to the Larger Implementation Context

We recommend the following actions related to the larger implementation context:

- **Provide additional funding to support dedicated staff roles within the program.** Having a fully dedicated staff member at each courthouse could support implementation of the previous recommendations and ensure that responsibility for supporting implementation is distributed across more individuals.
- **Fund dedicated treatment centers that can be used for RDP clients.** More dedicated treatment beds could help to ensure that RDP clients obtain an initial treatment placement faster, allowing them to be out of custody and begin treatment sooner and facilitating the process of linkage to the next treatment.
- **Improve collaboration and interagency partnership within the county.** This includes improving the relationship between RDP and other agencies, such as the Office of Diversion and Reentry, and strengthening the role of the Los Angeles County Justice, Care and Opportunities Department in overseeing and supporting implementation.

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CHAPTER 1

Background

A disproportionate number of people in U.S. correctional facilities experience mental health diagnoses and substance use disorders. Compared with 22.8 percent of the general population (National Institute of Mental Health, 2023), an estimated 64 percent of the jail population has at least one diagnosed disorder, and 26 percent has a serious mental illness, such as schizophrenia or bipolar disorder (Bronson and Berzofsky, 2017). This problem is particularly salient in California, where the country's largest jail system, located in Los Angeles County, has been described as the "largest mental health institution in the United States" (McCann, 2022).

Once incarcerated, people have limited access to treatment, and the carceral setting can exacerbate symptoms (National Research Council and Institute of Medicine, 2013). Furthermore, people who are released from jail or prison can face significant barriers to employment, housing, and education, putting them at an increased risk of unemployment, homelessness, relapse, and re-offense, a cycle of recidivism that has been described as a "revolving door" (Freeman, 2003).

Communities have looked to interrupt this cycle by providing pathways of diversion away from the criminal legal system and toward community-based treatment. The Sequential Intercept Model provides a framework for communities to understand how and where individuals with mental illness enter and exit the criminal legal system, from interactions with law enforcement and initial court hearings to community reentry, probation, and parole (Munetz and Griffin, 2006). Importantly, the model helps communities identify alternatives to this system and create pathways for diversion. For example, communities have implemented problem-solving courts, such as mental health courts and drug courts, in which individuals plead guilty and complete treatment and a probation term in lieu of incarceration (National Institute of Justice, 2020). Further downstream, jurisdictions have invested in housing, employment services, and other supports for individuals who have been released from jails and prisons.

With these options, however, individuals still have a conviction on their record. As a result, they can still face substantial difficulties, such as barriers to employment or housing, often referred to as the "collateral consequences" of criminal legal system involvement (Kirk and Wakefield, 2018, p. 172). Therefore, communities have looked to implement diversion options further upstream (Bonfine, Munetz, and Simera, 2018). One of these upstream options is pretrial mental health diversion. Although pretrial diversion programs have been implemented in several jurisdictions, research on these programs remains somewhat limited, in part because analyses of their effectiveness have often been combined with jail diversion programs (Heilbrun et al., 2017). However, some evidence has shown that pretrial mental health diversion is associated with reduced convictions and jail sentences (Davis et al., 2021).

In California, pretrial mental health diversion was established through Assembly Bill 1810, signed into law in 2018, and codified under California Penal Code (PC) § 1001.36, Diversion of Individuals with Mental Disorders. Under this statute, individuals can be diverted if there is a nexus between their charge and their diagnosis, specifically a diagnosis that is listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*; American Psychiatric Association, 2013). Since 2023, this nexus is presumed by the California courts, as set forth in § 1001.36(b)(2): "If the defendant has been diagnosed with a mental disorder, the court shall find that the defendant's mental disorder was a significant factor in the commission

of the offense *unless there is clear and convincing evidence that it was not a motivating factor, causal factor, or contributing factor* to the defendant's involvement in the alleged offense" (emphasis added). There are exceptions to this rule, specifically individuals with antisocial personality disorder or pedophilic disorder and those who are charged with murder, voluntary manslaughter, or rape. In general, the standard stated in § 1001.36(c)(4) is that individuals must not pose an "unreasonable risk of danger to public safety . . . if treated in the community."

Implementation of Assembly Bill 1810 across the state has varied because counties have discretion in how to implement the policy. Some counties have instituted formal programs. One such program, established in 2019, is the Rapid Diversion Program (RDP) in Los Angeles County. RDP is a pre-plea diversion program for individuals with a mental health diagnosis or substance use disorder in Los Angeles. Clients receive treatment, housing, and case management resources, and those who successfully complete the program have their case dismissed.

RDP was initially funded by the John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge (SJC). SJC aims to address the misuse and overuse of jails in the United States. Grants from the foundation support 57 locations across the country, largely comprising cities and counties. Through these grants, SJC supports a variety of multipronged efforts in grantee communities. According to data submitted by grantees, SJC partners have collectively achieved a 20-percent reduction in their average daily jail population since 2016 (MacArthur Foundation Safety and Justice Challenge, undated). In addition to addressing overincarceration in U.S. jail systems, SJC has been explicitly focused on addressing racial and ethnic disparities in incarceration. This is evidenced by SJC's investment in such strategies as local racial equity workgroups (MacArthur Foundation SJC, 2024).

In Los Angeles County, SJC funds have been used to support multiple initiatives. Similar to other network sites, SJC supports programs, including RDP and a prefiling diversion program (Ume and Hauslik, 2023), and interagency collaboration. Together, the aim of these programs is to reduce the jail population within the county. Additionally, the goal of RDP, in particular, was to develop a more rapid approach to mental health diversion by embedding the program within the early stages of case processing. RDP launched at the Central Courthouse in downtown Los Angeles in June 2019 with diversion of misdemeanor cases and subsequently expanded to six additional courthouses and diversion of felony cases over the following four years (Los Angeles County Justice, Care and Opportunities Department [JCOD], 2022).

In 2021, the Luskin Institute on Inequality and Democracy at the University of California, Los Angeles, published a mixed-methods analysis of RDP (Bendit et al., 2021). At the time, data were available for 134 RDP participants, and researchers conducted interviews with 30 program stakeholders, who were implementation staff of relevant partner agencies, experts from other local agencies and departments (e.g., Department of Health Services, Department of Mental Health [DMH]), community advocates, researchers, and RDP participants. These early findings suggested that participants perceived substantial benefits from the program and felt supported during the process and that the collaboration among partner agencies was critical to the success of the program. The report also highlighted certain implementation challenges, including the limited data being collected by the program and barriers to incentivizing potential RDP clients to participate in the program when other options may appear more appealing for their case (e.g., pleading guilty and being released quickly). The authors noted that a substantial proportion of clients who are eligible for mental health diversion under PC § 1001.36 were not eligible for RDP, given the more-restrictive eligibility criteria for RDP—for example, there are more charges that are considered presumptively ineligible for RDP than defined by statute. They suggested that people who might benefit from services were being screened out of the program. They made several recommendations to address the challenges identified within their analysis.

Since that time, RDP has expanded substantially. As noted, RDP launched in 2019 and was operating in three courthouses at the time of the Luskin Institute report; as of September 2023, RDP was operating in

seven courthouses. In November 2022, the Center for Justice Innovation—which provides technical assistance to the agencies managing RDP as an SJC grantee—published a report highlighting some of the key implementation lessons learned, such as the importance of embedding the diversion infrastructure into the early stages of a case and being prepared to make adaptations for different courthouses, even within the same jurisdiction (Gilliam et al., 2022). The program has now diverted more than 2,000 people (County of Los Angeles, 2024). Together, these factors highlight the rapid evolution and expansion of RDP.

However, the need for services for people with behavioral health conditions who are involved in the legal system remains great in Los Angeles. Individuals with mental health concerns represented 43 percent of the Los Angeles County jail system in 2022 (Los Angeles County Sheriff's Department, 2022), compared with 22 percent of the jail system just seven years earlier (Bendit et al., 2021). Black individuals are especially overrepresented within that population (Appel et al., 2020). Authors of a 2021 analysis of opportunities to reduce the population of the Los Angeles County jail system recommended greater investment in alternatives to incarceration, including RDP, as an important strategy for achieving this goal (Austin et al., 2021).

Present Study

Given the potential role that RDP plays in the reduction of the jail population in Los Angeles County, as well as the recent expansions and ongoing growth of the program, it is essential to understand how the program is currently operating, the strengths and limitations of the program model, and whether the program is achieving the expected outcomes. Lessons learned from this type of evaluation have the potential to inform efforts to scale the program within Los Angeles County and to other counties interested in implementing a similar pretrial diversion program.

With these goals in mind, we conducted a process evaluation of RDP. Although the focus was on evaluating the implementation of RDP, we also aimed to understand the early outcomes for RDP participants, such as the reasons that individuals fail to complete the program, whether certain groups are more likely to succeed, and the percentage of participants who are charged with a new criminal offense after completing the program. Specifically, we aimed to answer the following research questions:

1. What is RDP? What are the eligibility criteria, how are participants identified and selected, and what services does the program provide?
2. What did the program's implementation process look like?
3. Who is currently being served by RDP? What are the barriers to serving a larger population?
4. What are the outcomes for those who participate in RDP?
5. How is RDP similar to, or different from, other Los Angeles County mental health diversion options?
6. What are the strengths of and areas for improvement for RDP? What are the advantages of each? Where is there opportunity for greater collaboration or integration?

CHAPTER 2

Methods

To address these research questions, we conducted a mixed-methods evaluation of RDP. Consistent with the evaluation questions, our methods were largely focused on the implementation of the program, although we were also able to explore some preliminary outcomes for RDP clients. In this section, we summarize the data sources and analytic approaches. Table 2.1 summarizes the methods that we used to address each of the research questions.

Data Sources

Document Review and Courtroom Observations

We reviewed RDP policies and guidelines to enhance our knowledge of the program design and implementation. In collaboration with RDP staff and stakeholders, we identified relevant program documentation (e.g., memorandums of understanding [MOUs], training documents, clinical manuals, protocols).

We conducted observations at two courthouses offering RDP: the Central and Airport courthouses. These sites were selected in partnership with RDP to minimize the impact of our visits. The observation at Central coincided with a large RDP graduation event, and the observation at Airport coincided with a site visit by a group of justice partners from another county in California that was interested in learning about the RDP model. We took field notes on key elements of the RDP process, including the flow of participants through

TABLE 2.1
Crosswalk of Research Questions and Methods

Research Question	Document Review/ Courtroom Observations	Implementation Partner Interviews	RDP Graduate Interviews	Program Data
1. What is RDP?	X	X		
2. What did the program's implementation process look like?	X	X	X	
3. Who is currently being served by RDP, and what are the barriers to serving a larger population?	X	X	X	X
4. What are the outcomes for those who participate in RDP?		X	X	X
5. How is RDP similar to or different from other Los Angeles County mental health diversion options?	X	X		
6. What are the strengths of and areas for improvement for RDP?		X	X	X

the program and interactions among the defendant, the defense, the prosecution, the judge, and other key staff members. These observations enriched our understanding of the implementation process.

Qualitative Interviews with Implementation Partners

We conducted 40 interviews with key implementation partners between December 2023 and April 2024. These consisted of interviews with RDP leadership and staff; JCOD staff; justice partners, including staff from the Los Angeles County Public Defender's Office, the Office of the Alternate Public Defender (APD), the City Attorney offices, the District Attorney's Office, and the Independent Defense Counsel Office (IDCO), and judges; and clinical staff, including leadership and staff from Project 180 (P180), Exodus Recovery (hereafter, Exodus), and DMH.

Our interview protocol, which is provided in the appendix, contained questions about program operation and the implementation process. To structure the interview protocol, we drew on the Consolidated Framework for Implementation Research, an approach to implementation research that considers such factors as the nature of the program being implemented, contextual factors that affect implementation, the setting in which the program is implemented, and the characteristics of the staff members and clients of the program (Damschroder et al., 2022).

We conducted interviews primarily via Microsoft Teams video conferencing, with one conducted in person. We took detailed notes, and, with interviewees' permission, we recorded and transcribed interviews to fill gaps in our notes, identify verbatim quotes, and aid in our analysis. Throughout this report, we use the terms *interviewee* and *implementation partner* to refer to interviewees. We also occasionally refer to interviewees by their specific roles when possible. We offered $25 incentives to respondents, although some individuals declined the incentive (e.g., because of employment-related restrictions on accepting incentives). All interviewees provided oral informed consent for participation.

To analyze these data, we used Dedoose, an online qualitative analysis software, and developed a coding framework in two ways. First, we identified parent and child codes deductively, or using preidentified factors—specifically, the domains of the interview protocol (Azungah, 2018). As we reviewed the transcripts, we inductively identified additional child codes as they emerged (Azungah, 2018).

Coding was collaborative, which is considered best practice (Saldaña, 2012), and conducted by three team members. To enhance consistency, we began this process by triple-coding four transcripts before independently coding. We also double-coded an additional subset of nine transcripts. Throughout the coding process, we met regularly to discuss and resolve any uncertainties or disagreements.

We performed a descriptive analysis of data from the document review and the program operation portion of our staff interviews to describe the eligibility criteria; the process of identifying, screening, and enrolling participants; and the services provided (research question 1). We also conducted a descriptive analysis of qualitative data to identify key themes related to the implementation and expansion of RDP (research questions 2 and 3), how RDP compares with other diversion programs in Los Angeles County (research question 5), and areas for improvement and strengths (research question 6). Finally, we used staff interview data to gain a deeper understanding of the quantitative data (described in the next section) on clients served by RDP and client outcomes (research questions 3 and 4).

Qualitative Interviews with Rapid Diversion Program Graduates

We collaborated with staff of the Public Defender's Office and case management organizations to identify program graduates to potentially participate in interviews. We focused on graduates of the program because current clients have active criminal cases. We developed guidance to share with the staff members who would be assisting with recruitment, requesting that they focus on graduates who had completed the pro-

gram in the prior six months; a mix of felony and misdemeanor diversion; a mix of clients who were referred for a mental health diagnosis, substance use disorder, and co-occurring disorders; and a mix of clients who were housed and unhoused at enrollment.

Potential interviewees gave staff members their permission to be contacted by the research team (we use the terms *client* and *graduate* to refer to these individuals throughout the report). We reached out to 13 RDP graduates, and nine agreed to be interviewed. All interviewees provided oral informed consent for participation. Interviews focused on the client experience in diversion, including the factors that led to the client's decision to participate in diversion, what their program experience was like, opportunities for program improvement, and benefits from participation. Each interviewee was provided an incentive of $50 to participate.

To analyze the data, we developed a qualitative coding framework deductively based on the main themes covered by the interview protocol. Given the small number of interviews and relative brevity of client responses, interviews were coded by a single member of the research team using Dedoose.

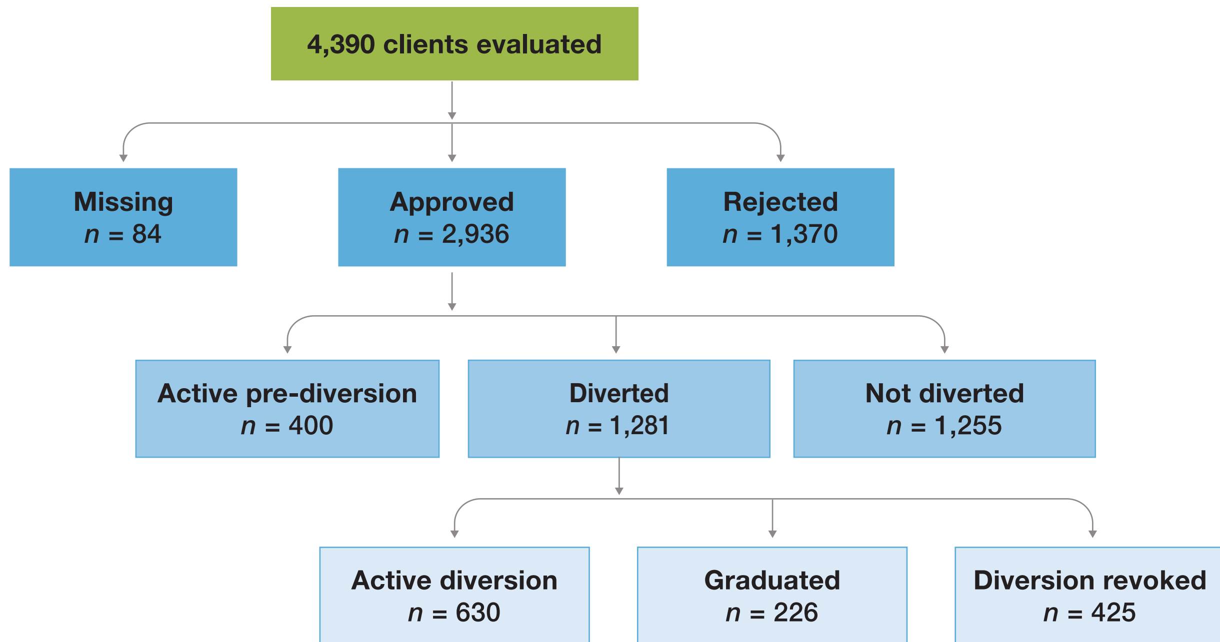
Quantitative Program Data

We obtained quantitative program data maintained by the Public Defender's Office and the two clinical organizations, P180 and Exodus. The Public Defender's data system was established in February 2022. Individuals who had graduated from the program were retroactively entered into the database, as were all clients who were active in RDP at that time; however, clients who had previously been evaluated but not approved for RDP, who had not been diverted, or who had not graduated from the program were not entered into the database. Therefore, we decided, based on discussions with the Public Defender's Office, to focus on data entered for diversion clients who were evaluated for RDP from March 1, 2022, to April 2024 for the majority of our analysis. This start date was selected to maximize the reliability of data being entered into the system and so that we could observe the clients as they proceeded through each stage of the program (i.e., evaluation, diversion, and graduation), because the data prior to March 1, 2022, would include only graduates and people who had already been approved at the clinical evaluation. The exception to this was that our analysis focused on graduation as an outcome. When exploring the length of time between diversion and graduation, we included all individuals in the dataset who had graduated, and, when examining graduation in our outcome analysis, we focused on people who had been *diverted* after March 1, 2022, to maximize the sample size. Of note, the Public Defender's data only include public defender clients, not clients of the other defense agencies (APD, IDCO).[1] Figure 2.1 shows the total number of cases that met these criteria and their program status at the time we received data in April 2024. To measure recidivism, the Public Defender's Office provided data on new cases among individuals who had graduated from the program. We did not have recidivism data on individuals whose participation in the program was terminated and who did not graduate.

We also received data from the clinical providers. Exodus began working with RDP in July 2022; therefore, we focused on data for clients evaluated by Exodus from September 1, 2022, to April 2024. Although P180 had been working with RDP since the program's initiation, P180's data system was only established in January 2023. To ensure that we focused on reliable data within P180's system, we included P180 clients who were evaluated from March 1, 2023, through April 2024. One provider's dataset included only clients who were approved at the clinical evaluation stage (not those who had been rejected), so we limited all provider data to approved clients for the purposes of analysis. In addition, for one of the organizations, we had data on just one diversion case per client, even if there may have been multiple cases available. Therefore, we limited all provider data analyses to a single case per client. For example, for demographic information, if an indi-

[1] APD has been an active partner since the inception of SJC and, more specifically, RDP, but data collection from APD has been impeded by the lack of an updated case management system during the study period. Since April 1, 2024, a new case management system has been implemented so that accurate RDP data will be collected.

FIGURE 2.1
Program Status Among Public Defender Clients Evaluated from March 2022 to April 2024



vidual had multiple cases in the data, we selected the latest instance of their data for these analyses. Provider data were included for clients across the three defense agencies.

We used the Public Defender's data as our primary data source for most analyses. We determined, based on discussions with the Public Defender's Office, that this data source was most likely to have reliable data for the outcomes of interest in our evaluation. However, we conducted descriptive analyses using the provider data, primarily so that we could examine clients served by the other defense agencies and because some data elements (e.g., initial housing status, service needs) were available only in the provider data.

We began by conducting descriptive analyses to understand the characteristics of the clients evaluated for RDP, as well as clients who were approved at the clinical evaluation. Many clients had multiple cases within the data. Demographic analyses were conducted at the client level, but most other analyses were conducted at the case level because clients could have had cases with different charge severities and dispositions and at different courthouses. We also conducted analyses to explore the mean time from evaluation to diversion (among those who were diverted) and from diversion to graduation (among those who graduated). We conducted one-way analysis of variance (ANOVA) tests with Scheffe post hoc testing to examine courthouse differences in these variables.

We focused our outcome analyses on understanding the factors that predicted three outcomes: (1) whether someone is approved or rejected at the clinical evaluation, (2) whether someone who is approved is subsequently diverted or not diverted, and (3) whether someone who is diverted graduates from the program or has diversion revoked. We began by examining the univariate association between our predictor variables of interest and each outcome using the chi-squared (χ^2) test and *t*-tests. For the multivariate analysis, we used a generalized estimating equation (GEE) with a logit link function, which allowed us to account for the nested nature of the data (i.e., a single client might have multiple cases). We also explored recidivism as an outcome, although our analysis was largely descriptive, given the low rate of recidivism observed.

CHAPTER 3

Results

Overview of the Rapid Diversion Program Model

Our findings in this section are largely based on interviews with relevant stakeholders, although we also cite documents that were included in the document review as relevant. This section is organized by the stages of the program, which are shown in Figure 3.1.

Referral

Referral Process

As described in the interviews we conducted and the RDP's MOU, the Public Defender and APD—two of the indigent defense agencies in Los Angeles County—identify one or two of their attorneys to be RDP coordinators for each courthouse where the program operates (JCOD, 2023). Attorneys from each defense agency can refer eligible cases with the assistance of their respective RDP coordinators. According to interviews, potential RDP clients are typically identified by their public defender (throughout this report, we use the term *public defender* to refer to attorneys from the Public Defender's Office, APD, and IDCO).

Implementation partners from some courthouses or courtrooms described a somewhat more centralized approach to screening. For example, a supervisor at one courthouse noted that they prescreen cases as they assign them to attorneys, and if they see a case that might be eligible for RDP, they will flag it for the assigned attorney.

Most RDP clients are referred by the Public Defender's Office, with a smaller number referred by APD. It is also possible for referrals to come from attorneys representing clients of IDCO, and per the MOU, IDCO is also intended to identify an RDP coordinator for each courthouse (JCOD, 2023). However, fewer referrals come through this pathway, and interviewees suggested that the IDCO coordinating attorneys typically do not have the information needed to identify potential clients; rather, the individual attorneys who are assigned the cases are more often in the position of referring a client.

Public defenders learn about the program as an option for their clients through trainings that are conducted by the Public Defender's Office to share information with attorneys about RDP and other programs and through efforts made to train new attorneys on their role in the referral process. One RDP coordinator talked about efforts to speak to every public defender at their courthouse to ensure that the public defenders were aware of the program, and the coordinator shares summary data every couple of months to refamil-

FIGURE 3.1
Basic Flow of Clients Through the Rapid Diversion Program

iarize people with the program and how it is working at their courthouse. Coordinators also talked about making themselves available to attorneys for individual case consultations. Additional formal training takes place when the program expands to new courthouses, which has included having a coordinator from another courthouse provide trainings. Details of the screening process are also communicated to attorneys through the MOU and emails. At least one attorney noted that they see the program as one of a set of options that are available to their clients, suggesting that they are assessing whether it is a suitable option for each client they represent. For example, courthouses may have other diversion options available, and some interviewees referenced the Early Disposition Program, an option that allows for a quicker resolution to a case and results in a plea bargain. However, another interviewee suggested that there could be a need for more training about the program to improve the number of referrals, although they acknowledged that attorneys already have other trainings competing for their time and attention.

Screening for Clinical Eligibility and Legal Suitability

To determine whether a client has a mental health condition, public defenders said that they conduct a basic evaluation of their client, asking about any past or present mental health or substance use concerns. Other times, the facts of the case may suggest that there is a behavioral health concern, or the client may appear in court wearing jail clothing that indicates that someone has a mental health concern (e.g., jumpsuit colors used to indicate the classification of individuals incarcerated at the jail). They consider other clinical factors as well, such as whether the client seems interested in or willing to participate in mental health treatment; whether the client has acknowledged that they have behavioral health treatment needs; the severity of the client's symptoms—specifically, ensuring that their symptoms are not too severe; and whether the client has rejected treatment in the past.

Per the program's MOU, cases can be classified as statutorily ineligible, presumptively eligible, or presumptively ineligible based on the individual's legal charges (JCOD, 2023). *Statutorily ineligible* cases are those in which the individual has at least one charge that is excluded under PC § 1001.36, such as murder, voluntary manslaughter, rape, or any other offenses requiring registration as a sexual offender, except violations of PC § 314. These cases do not get referred to the clinical team (the next step of the screening process) for evaluation. *Presumptively ineligible* cases include those involving intimate partner violence or possession or use of a firearm, as well as strike offenses and those that may result in enhancements under § 667.5(c), such as robbery, arson, carjacking, and burglaries of a residence in which another person (other than an accomplice) was present when the burglary occurred. An individual may also be presumptively ineligible if they pose an unreasonable risk to public safety—a criterion defined in PC § 1001.36. *Presumptively eligible* cases are described by the MOU as "all other cases" and, if approved by the RDP coordinator, are referred to the clinical team (JCOD, 2023).

Interviewees noted that there are times when an individual has a presumptively ineligible charge, but characteristics of the individual or the case suggest that the case might actually be a good fit for RDP. One interviewee gave the following example:

> Sometimes, individuals will break into residences and . . . obviously that's a very serious charge, but a lot of times they'll . . . stay there and they'll think it's theirs and they'll just start, you know, making food and taking a shower. And they're just completely mentally ill. And so the facts of the case seemed to oftentimes indicate . . . that this person is very mentally ill. And a lot of times in the report, the victims will say this person was mumbling incoherently, or this person [was] saying things that didn't make sense, or this person needs mental health treatment.

In other instances, a charge may appear to be serious on paper, but the public defenders believe that the client would still be appropriate for RDP. One specific example given was *Estes robberies*—cases in which an individual is shoplifting and uses some type of force when confronted by store staff. Though the offense is charged as a strike, the force used by an individual can be as simple as knocking into the staff member on their way out the store. One interviewee described an example in which a client charged with an Estes robbery was diverted and went on to be a "rock star" in the program.

In these instances, the coordinator can ask the prosecutor to consider an exception protocol for the case (JCOD, 2023). In these in situations, the coordinator summarizes, often by email, the circumstances that they think warrant consideration by the prosecutor. The MOU outlines factors that the prosecution supervisor should consider when reviewing an exception protocol, which include "whether the case would otherwise likely result in the candidate being released from custody in a relatively short period of time" (p. 5), the risk of danger to the public, and whether addressing the underlying mental health condition might better serve public safety. In most instances, these cases are evaluated by the clinical team before the request is sent to the prosecutor for approval.

Clinician Evaluation

Once a client has been referred to the clinical team, clinicians and service navigators at P180, Exodus, or DMH (depending on the courthouse and the charge severity) will evaluate the client's eligibility and suitability for RDP (JCOD, 2023). According to interviews, this evaluation begins with a review of the case, including the client's file, police report, and arrest history, to determine whether the client is eligible for mental health diversion per the statutory requirements. If so, clinicians reported setting up an appointment to screen the client for clinical suitability and to explain the program and its requirements. These appointments are held on a same-day, walk-in basis where possible and are scheduled for a future date if capacity requires. For clients in custody, this evaluation will take place in courtroom lockup or via videoconferencing; for clients out of custody, the clinician will meet with the client in a private space in the courthouse or via videoconferencing (Los Angeles County Public Defender's Office, 2022).

The screening was described in interviews as quick and straightforward, with clinicians using a four-page standardized form that was developed to ensure comprehensive and consistent evaluations. Rather than a specific clinical tool or full biopsychosocial assessment, the RDP screening was designed to make a preliminary diagnosis by a master's-level clinician in approximately 15–20 minutes. Clinicians reported reviewing a variety of factors with each client, including mental health–related factors (e.g., mental health symptoms and duration, substance use, history of treatment, trauma history), psychosocial factors (e.g., employment and education history, housing status, social support system), other medical history, and legal factors (e.g., sex offender registration requirements, probation or parole status). Clinicians will also review available mental health records, if applicable.

In the evaluation, clinicians assess a client's preliminary diagnosis, develop treatment recommendations, and evaluate the evidence for the nexus between the individual's diagnosis and the charges they face. Clinicians also assess clients' willingness and ability to comply with program requirements. If a client is intoxicated, not stabilized, or incompetent at the time of the screening interview, then the attorneys can recommend that the individual be reevaluated at a future time. Clinicians consider the individual's willingness to engage in treatment or readiness for change, drawing on such clinical skills as motivational interviewing to try to assess people's readiness for change. The severity of an individual's mental health symptoms can also help clinicians determine whether a person is the right fit for RDP; some implementation partners indicated that RDP is not the ideal program for people with more-acute symptoms or more-intensive treatment needs.

Clinicians consider treatment availability and the likely time frame for a treatment placement. For example, acuity of the mental health condition, history of violence, or registration requirements (e.g., after an instance of arson or sex offense) were reported to limit service linkage and could affect the clinical evaluation decision. Clinicians indicated that they do not complete a formal violence risk assessment instrument, which was deemed infeasible by clinical staff because of the time constraint, but they do assess for aggression if clinically appropriate based on the police report, history of charges, and how the client presents at the time of the evaluation.

When clinicians develop their treatment recommendations, they consider the type of care needed (i.e., mental health, substance use disorder, or dual diagnosis) and the level of care needed (e.g., inpatient or outpatient treatment). They sometimes include a specific facility for service navigators to consider. Clinicians emphasized the importance of providing specific details on treatment recommendations, as desired by prosecutors and judges.

For a client to continue in the process to service linkage, both clinicians and attorneys must approve the case. Clinicians described a generally positive relationship with the other implementation partners related to the clinical evaluation process, and the clinicians were described as responsive by other implementation partner interviewees. But implementation partners also expressed the importance of clinicians being able to maintain their independence and exercise their clinician judgment. As one person said,

> There are amazing clinicians . . . . And if they say no, there's a reason for it, and they usually can justify that. But, you know, attorneys—sometimes you have attorneys who are not willing to accept this answer. And I'm giving [them] a very valid clinical response, you know, and they'll keep pushing. . . . So that's a little bit challenging sometimes.

If a clinician declines the case, then attorneys may negotiate; however, if an attorney is deemed to be "inappropriately pressuring" a clinician (e.g., pressing a clinician to find a potential client to be suitable for the program, beyond simply advocating for their client), the issue should be escalated to the RDP coordinator at the courthouse (Los Angeles County Public Defender's Office, 2022).

Service Linkage

Following a clinical recommendation, resource navigators will begin the process of linking a client to treatment per the MOU (JCOD, 2023). Linkage must occur before a client can be diverted, and, according to our interviews, the process takes one to two weeks, on average.

For a client in custody, navigators secure a bed or a spot at a facility prior to conditional release (although this process can unfold differently at courthouses where diversion and conditional release happen at the same time, as described in more detail later). Facilities may not be able to hold a bed for long, and so the navigator may lose the placement. Some facilities also need to speak to clients directly before accepting them into the program, a process that is hindered if a client is in custody. In these situations, navigators may use Exodus's sobering center as an interim facility to which clients can be conditionally discharged and can then speak to the treatment provider and be accepted into a program. If this linkage process is delayed, the client will need to wait in jail (if they are in custody). Some individuals are willing to wait for linkage, whereas others are not and prefer to accept a plea bargain. There can also be situations in which clients are linked to services, but then not conditionally released—for example, conditional release may not be approved because of prosecutor concerns about public safety and a client's charge or criminal history.

For clients out of custody and waiting to be linked to services, case managers reportedly play an important role. In these situations, a client may be waiting at home, so a case manager will conduct frequent check-ins and assist with the linkage process.

Treatment programs are selected based on clinical factors, such as symptom severity and treatment duration. For example, some facilities were described as more accepting than others of clients with schizophrenia or bipolar disorder. Other factors that are used to determine the appropriate treatment program were mentioned, including insurance type, age, race, ethnicity, gender, sexual orientation, mobility constraints, and any religious or spiritual preferences. One navigator described the importance of communicating with clients to understand their preference and to build buy-in for their treatment. This communication has included discussions about past treatment and what has and has not worked in the past.

Although some aspects of service linkage are tailored to an individual, interviewees said that navigators often rely on programs that have proven success with RDP clients. Service navigators discussed the importance of establishing relationships with providers to help facilitate the linkage process. Over time, providers begin accepting the navigator's intake form without needing to speak to the client directly, reducing the linkage time frame. Established providers are seen as more willing to cooperate on progress reports. Exodus staff also described using some of their own facilities for outpatient mental health services.

Insurance coverage is a key factor in service navigation. A vast majority of clients have Medi-Cal benefits, which limits inpatient coverage to 90 days. With private insurance, such as Kaiser Permanente, linkage can be easier but may entail longer wait times. Recent changes to Medi-Cal that allow coverage for undocumented immigrants have helped address a major barrier to connecting these clients to care.

Following linkage, case managers will pick up clients who were conditionally released from jail and provide transportation to treatment (JCOD, 2023). Case managers also handle administrative duties, such as obtaining client identification, Social Security cards, and birth certificates. A client must have housing to be approved for RDP, so case managers assist clients in obtaining documents or completing applications for housing placement as needed. Case managers aim to place clients in housing that they can remain in after graduating the program.

For most RDP clients, conditional release and service linkage occur before the formal diversion decision is made. Interviewees described this linkage phase as a "trial period" or "grace period," during which clients engage in services while being monitored by their case manager and clinical team. The length of this trial period can vary; some estimated that it is typically about 30 days but could take up to three months if a client experiences challenges with treatment or delays in starting treatment. Although it delays diversion, the trial period was reported to speed up the linkage process and build buy-in from prosecutors and judges.

The trial period was instituted as a way for clients to demonstrate adherence to treatment and willingness to participate in RDP and for implementation partners to understand how clients will adjust to treatment and identify any concerns. Case managers are reportedly essential during this phase to ensure that clients are appropriately connected to services and attend their appointments. When a client experiences challenges in this stage, the clinical team can make treatment modifications—for example, they may modify a client's treatment recommendation from outpatient to inpatient.

Some clients fall out of contact with RDP during this trial period. For example, they may stop responding to case manager contacts, fail to attend their initial appointment or follow-up appointments, or leave an inpatient facility. If a client stays in contact with program staff, the team will work with the individual to readmit them into treatment.

Prosecutor Review and Diversion

Once a client is enrolled in a program and stabilized, clinicians notify the attorneys and develop a diversion report for the public defense coordinator to sign and submit to the prosecution supervisor for review. As described in RDP's MOU, for clients who are not in custody, the clinical team must wait at least one week following linkage to submit a diversion report so that they can assess the client's adherence to treatment (JCOD, 2023). The goal is for the diversion reports and treatment plans to be as detailed as possible, including fre-

quency of treatment, medication, and counseling, for the best chance to receive approval from the prosecutor and judge.

When the case comes in front of the prosecutor, our interviewees suggested that they consider certain clinical factors in their review. For example, individuals with substance use disorder are eligible for diversion, as substance use disorders are a *DSM-5* diagnosis. However, some prosecutors are uncomfortable with this, given the high prevalence of substance use disorder and questions about the suitability of all those individuals for diversion. Another clinical factor that prosecutors consider relates to the requirement that there be a nexus between the charge and the individual's mental health condition. PC § 1001.36 was amended in 2022 to create a presumption of the nexus between an individual's mental health condition and the charges they face, unless there is "clear and convincing evidence that it was not a motivating factor, causal factor, or contributing factor" (PC § 1001.36). Clinicians still consider the nexus criterion as part of the clinical evaluation, and some prosecutors noted that they prefer to see a clear connection between the charges and the mental health symptoms.

Although there was some discussion of clinical factors that prosecutors consider, interviewees tended to focus on the legal factors that prosecutors examine when reviewing a case, including exception protocols and diversion reports. Prosecutors reportedly focus on the individual's criminal history and the facts of the current case. Because the diversion report might be brief, prosecutors look carefully at the details of the case, not relying on the report alone. There were concerns about relying only on the clinical evaluation and diversion report, particularly for cases with more-serious charges, given the brevity of the evaluation. Some prosecutors also contact victims to assess their feelings toward diversion in the case.

Prosecutors are especially concerned with public safety. One prosecutor talked about how difficult it can be to balance the uncertainty regarding what might happen once an individual is diverted:

> My concern [is] always public safety—so am I going to approve a case that's going to allow a person to be released from custody or enter into a program, and that might pose an unreasonable risk to public safety? And it's so hard to do right, because you don't have a crystal ball, and you don't know. So you're really making your best guess based on your experience.

Some other implementation partners wondered whether prosecutors are too focused on public perception and the risk of public scrutiny if an RDP client fails in a newsworthy way. But prosecutors also noted that there are many instances in which they perceive RDP to be the best option for promoting public safety in a case. For example, some individuals face charges for which they might serve a short sentence and then be back in the community without having received meaningful treatment. In this type of case, the prosecutors believed that having the person participate in RDP may have a better chance at improving outcomes, given the structured nature of the program and the fact that underlying mental health concerns would be addressed.

When a prosecutor declines diversion, there is an appeal process. According to the MOU, the public defense coordinator should first appeal the case to the prosecution supervisor and, if unsuccessful, escalate the case within defense agency leadership, who may then appeal to the prosecution leadership (JCOD, 2023).

When both the public defender and the prosecutor approve the diversion, the case will be seen before the court. By the time a case reaches the judge, the defense, prosecution, and clinical providers have agreed to RDP. We asked interviewees if they could recall a situation in which the judge declined to divert someone when the other stakeholders were in agreement, and their responses indicated that they had not observed this happen or that such instances were extremely rare. Judges do review client cases, including the details of the current case and the person's history, as well as their mental health symptoms, and sometimes add terms to the agreement, such as additional classes in parenting or anger management.

There are variations from the typical process of linking clients to services and giving them a trial period before diversion. Depending on the severity of the charge, judicial leaders at some courthouses conditionally release individuals to treatment at the same time that they are diverted. In this case, clients do not have the same trial period as other RDP clients but rather begin their diversion program right away. Judges have discretion on the timing of a client's release, so some judges may be more comfortable with releasing individuals who have been approved for diversion (JCOD, 2023).

Table 3.1 summarizes the mean time from evaluation to diversion, both overall and by courthouse. We expected that differences might exist by courthouse, as our interviewees suggested that the process can vary across courthouses based on such factors as the sequencing of conditional release and diversion, as well as prosecutor- and judge-related factors (e.g., court calendar, individual preferences). (Additional details related to courthouse differences, including differences in demographics of individuals evaluated for RDP, are presented later in this chapter.) Table 3.1 summarizes data on clients who were evaluated from March 1, 2022, to April 2024 and were diverted. Although the average time from evaluation to diversion was about 53 days, significant variation existed across courthouses ($F_{6,\ 1225} = 47.31$; $p < 0.01$). For example, the mean time from evaluation to diversion at the Airport Courthouse was 33 days, which is statistically significantly shorter than for all other courthouses. However, this is likely because many clients are being conditionally released and diverted at the same time rather than having the trial period. At other courthouses (e.g., Central, Lancaster), the time from evaluation to diversion includes the time during which potential RDP clients have been conditionally released and linked to services but have not yet been formally diverted. Similarly, the time from evaluation to diversion was statistically significantly longer at the Compton Courthouse than for all other courthouses; however, according to our conversation with implementation partners, this may reflect the process being used to calendar RDP cases at that courthouse.

Even within a courthouse, Table 3.1 shows substantial variation in the time between the evaluation and diversion, with a small number of individuals having around eight months between their evaluation and diversion dates. These cases are not typical and often reflect special circumstances—for example, the client may have had a hold, may have needed to finish serving time on another case, or may have been waiting for a specialized treatment facility.

TABLE 3.1

Time from Evaluation to Diversion

	Time from Evaluation to Diversion (days) (*N* = 1,232)	
Courthouse	**Mean (SD)**	**Minimum, Maximum**
Overall	52.92 (38.91)	0, 266
Airport	33.12 (29.02)	0, 266
Central	67.26 (41.14)	0, 224
Compton	98.24 (44.70)	28, 266
Lancaster	59.51 (34.86)	8, 210
Long Beach	50.38 (32.02)	0, 252
Pasadena	63.34 (33.19)	8, 136
Van Nuys	46.26 (34.07)	1, 181

NOTE: SD = standard deviation.

Progress on Diversion

Once formally diverted, clients are expected to commit to RDP treatment for one year for a misdemeanor case or two years for a felony case. Our interviewees reported that, during this phase, clients appear in court for progress hearings anywhere from every month to every four months. When a client is doing well with treatment, public defenders are able to appear on behalf of the individual in court. Otherwise, the client will need to appear. If a client is enrolled in RDP through more than one courthouse, one court will lead the individual's care coordination, with the other(s) requesting progress reports from the lead.

Case Management and Clinical Services

Case management services are a critical component of RDP and are provided through P180 and Exodus, with each organization supporting specific courthouses. According to interviewees, the ideal case manager possesses knowledge of the justice system and recovery and has good communication skills. Some case managers we interviewed also reported that many case managers have lived experience with the recovery process.

Case managers serve multiple clients at one time. The case managers that we interviewed reported handling caseloads of 15–30 clients at a time; some case managers cited maximum caseloads in the mid-twenties. Case managers are responsible for conducting weekly check-ins with clients. These can take place in person or virtually based on individual client needs. For example, case managers reported scheduling in-person visits with clients who are in need of additional support but scheduling telephone calls or virtual meetings with clients who are succeeding in RDP.

Case managers connect their clients to a variety of services and resources, depending on client needs. These can include helping a client secure applicable government benefits or identification documents, gain housing, or work toward education or employment. Case managers help clients with transportation needs, whether obtaining bus passes or personally transporting clients to appointments.

Case managers are also an important link between the treatment providers and the courts. Case managers check in with clinical providers biweekly and sometimes more often if the client is having a difficult time in the program. They also work with treatment providers to obtain and submit required progress reports to the court. RDP created a standardized progress report form for clinical service providers to complete and share with clients or case managers. Case managers reported that it is sometimes difficult to obtain completed progress report forms from external clinical service providers and that many providers use their own forms instead of the RDP-created forms, though it was unclear why they were doing so. Variation also exists in the level of detail that judges expect in the progress reports.

Violations of Program Rules

There are instances in which an RDP client is in violation of program rules—for example, they have not been in contact with their case manager for two weeks. In the event of a violation of program rules, case managers must notify judicial partners within 72 hours, during and after which the clinical team must attempt to reengage the client. If reengagement is unsuccessful, diversion is terminated. After further reengagement attempts, if the clinical team does not recommend reinstatement, then the client's case is referred to a trial attorney for criminal proceedings (JCOD, 2023; Los Angeles County Public Defender's Office, 2022).

Interviewees across several agencies noted that relapse is expected as a natural part of the mental health or substance use disorder recovery process, but clients are expected to continue to work at the program even when relapse occurs. Clients may fall out of compliance with the program for a number of reasons, including low motivation, incompatible treatment providers, or medication side effects. According to our interviews, clients who actively seek out treatment are more likely to succeed in RDP, whereas individuals who are not interested in receiving mental health treatment or support were described as more likely to leave the program. Moreover, the program is complex and requires consistency from clients. In addition to being ready

for treatment, clients must manage complex logistics, including weekly case manager meetings and clinical treatment, on top of their other life responsibilities. Some implementation partners said that there are clients trying to complete the minimum requirements and move on, whereas others are making the most of the program as an opportunity to receive treatment.

When a client violates program rules, the response can vary based on the nature of the violation, how the client responds after the violation takes place, and courthouse- and program staff–related factors. For example, clients who remain in contact with their case manager, attorneys, or the court following a violation of program rules are more often granted additional chances or linked to a new program. Clients are encouraged to return to court to work through any rule violations in coordination with the court. If a client is given a second chance, there may be an attempt to identify whether they need a different type of treatment setting or treatment intensity, and some clients are linked to a new program if needed. The number of chances an RDP client is granted can vary by both courthouse and individual judge; some grant a single second chance and others offer multiple additional chances.

Graduation and Dismissal

For clients to successfully graduate, the RDP MOU establishes that clients charged with misdemeanors must participate in RDP for one year and clients charged with felonies must participate for two years, consistent with requirements under PC § 1001.36. The MOU allows for discretion in shortening the participation period for individual clients as agreed on by implementation partners. This flexibility was noted in stakeholder interviews: Depending on individual courthouses and judges, clients charged with either misdemeanors or felonies can be granted early graduation. The reasons for early graduation varied and included client success and life changes (such as moving out of the area). Diversion can also be longer than the typical one- or two-year period, such as cases in which a rule violation results in a temporary revocation of a client's diversion. When clients successfully graduate from RDP, their charges are dismissed.

Not all courthouses have a formal graduation ceremony. However, for those that do have a graduation, the ceremony is a significant and celebratory event for clients. We attended several graduations as part of our courtroom observation and noted that the tone was celebratory and uplifting, with justice partners—including the public defender, the prosecutor, and the judge—sharing brief motivational remarks and the case managers highlighting the progress that clients made in the program. Many graduates had a family member or other supportive person attending with them.

Table 3.2 summarizes the mean time from diversion to graduation among all individuals who are represented by the Public Defender's Office who have graduated from RDP since the program began. For misdemeanor cases, the mean time from diversion to graduation was about 352 days, although it varied substantially from 112 days (nearly four months) to 736 days (nearly two years). It is important to note that these data include any periods of revocation, which explains cases at the high end of the range. There were some significant differences by courthouse ($F_{5,\,538} = 5.57$; $p < 0.01$). Specifically, the time was significantly longer for Airport compared with Central, Long Beach, and Van Nuys; there were no other significant between-group differences.

For clients with felonies, the mean time to completion was 511 days (about 17 months). There was significant variability with respect to courthouse ($F_{5,\,106} = 11.89$; $p < 0.01$). Van Nuys had a significantly shorter time from diversion to graduation than Airport, Central, and Long Beach. Compton and Lancaster had significantly shorter times to graduation than Airport as well. Finally, Central had a longer time from diversion to graduation than Compton. However, there were relatively fewer graduations among clients with felonies than those with misdemeanors, in part because felony diversion is longer; therefore, it will be worthwhile to continue to monitor these trends, as they are currently based on a relatively small number of cases per courthouse.

TABLE 3.2
Time from Diversion to Graduation, in Days, for Misdemeanor and Felony Cases Among All Graduates

	Misdemeanor Cases (*n* = 544)		Felony Cases (*n* = 112)	
Courthouse	Mean (SD)	Minimum, Maximum	Mean (SD)	Minimum, Maximum
Overall	351.54 (69.48)	112, 736	511.55 (176.91)	141, 748
Airport	375.76 (63.84)	218, 730	712.17 (27.40)	667, 741
Central	347.13 (65.17)	112, 725	604.68 (176.38)	288, 736
Compton	339.67 (112.83)	191, 476	417.20 (155.27)	177, 744
Lancaster	371.93 (70.95)	181, 548	452.14 (190.55)	141, 748
Long Beach	335.61 (87.85)	114, 736	573.73 (130.20)	252, 745
Pasadena	NA	NA	NA	NA
Van Nuys	335.44 (46.64)	200, 463	378.16 (47.96)	252, 454

NOTE: NA = not applicable. RDP began in Pasadena in late 2023, so there had been no graduations at the time of the data analysis. These lengths of time include periods during which a participant's diversion was revoked.

Rapid Diversion Program's History and Expansion over Time

This section describes findings related to the trajectory of RDP implementation over time, including the initial establishment of RDP, the process of expanding, and the change in oversight of the program. Our approach to this research question focused on interviews with implementation partners and review of program documents.

Establishment of the Rapid Diversion Program

Although RDP officially launched in 2019, the foundation for the program was being laid for several years leading up to that point. The concept for RDP was developed collaboratively with several local departments, including the Public Defender's Office, APD, Los Angeles City Attorney's Office, Los Angeles County DMH, and the Los Angeles Sheriff's Department. Our interviewees suggested that there was a desire to focus on the population of individuals facing low-level, nonviolent misdemeanor charges, as these are individuals who often cycle quickly through the jail and are frequently rearrested. Together, the Public Defender's Office, APD, and City Attorney's Office developed the RDP model.

Los Angeles County was receiving funding from the MacArthur Foundation's SJC and had the opportunity to apply for funds to support RDP. It was determined that the Public Defender's Office would lead the program, although the proposal submission was a collaborative effort. After receiving funding, SJC grantees work with a technical assistance provider. The RDP technical assistance provider, the Center for Justice Innovation, also had an important role in shaping the structure of RDP by participating in early meetings with local implementation partners, sharing practices used in other large cities (e.g., New York, Chicago), and developing operating procedures.

The RDP pilot launched in one misdemeanor arraignment courtroom at the Central Courthouse in downtown Los Angeles in 2019. For RDP to launch successfully, it was critical for program leadership to obtain support from a number of groups. Although the Public Defender's Office was going to lead the pro-

gram, it was specifically designed in collaboration with the City Attorney's Office, which was described as an important supporter of the work. Program leadership also had to garner support from line prosecutors and judges, who would be in the position of approving diversion for RDP clients. But interviewees said that there was also a need to gain buy-in from public defenders, especially those who viewed themselves as trial lawyers and programs like RDP as "social work"—that is, not work that an attorney should handle. Training and many conversations among multidisciplinary teams have helped build trust and ameliorate this issue.

Although RDP was able to obtain the support of key partners, there was initially some pushback in the county among groups who were concerned that the program was duplicating services offered by other diversion programs. RDP leadership had to engage stakeholders and demonstrate need for the program, underscoring the fact that the program was reaching a different patient population (e.g., individuals with less-serious mental illness) than other programs. The Center for Justice Innovation worked with the program to address implementation barriers in these early stages as well.

Key Principles of the Rapid Diversion Program

In our interviews and the program documents (e.g., Goodson, 2023), program staff identified certain key principles that are at the core of the success of the RDP model. First is the identification of a set of mutually agreed-on charges that the defense, prosecution, and courts can agree are appropriate for diversion. In the early stages of RDP, the decision was made to focus on misdemeanor cases because there was a presumption that attaining agreement among the prosecution, defense, and judges would be more straightforward when less serious charges were involved.

The second principle was embedding clinical staff directly in the courts. As described previously, RDP diverts clients under PC § 1001.36. Typically, this requires a defense attorney to file a motion for diversion, have a hearing, await appointment of a court-appointed forensic evaluator, and then develop a treatment plan based on the findings. The process can take many months, and as one implementation partner highlighted,

> By the time you get a report back from that doctor, your client could be sitting in jail for six months decompensating, getting much worse . . . . For the average felony where they're looking at time served or at most a few months, you don't have that luxury because that case is going to resolve sooner.

The process of identifying treatment programs can be equally daunting for an attorney:

> One of the issues that we've always had as attorneys is that we are not licensed social workers. We reinvent the wheel every time we have to go and find a program for a client. We don't have the background training or experience or knowledge of where those programs are or where they exist so that we don't—can't—leverage them to the benefit of our clients.

By embedding clinical staff directly in the courts, RDP is able to expedite the evaluation process and draw on the expertise of service navigators to identify programs that meet clients' needs.

The third principle is providing case management to RDP participants. Although case management is not required under PC § 1001.36, case management has helped provide reassurance to attorneys and the courts, as a dedicated staff member is not only following clients in the community on a weekly basis to ensure program compliance, but also helping clients address needs beyond those covered by mental health treatment programs (e.g., transportation, housing).

Program Expansion

Over time, the program has expanded in two significant ways. First, the program began taking felony cases in 2020–2021 (Los Angeles County Public Defender's Office, 2022). Public defenders have welcomed this expansion; as previously described, many said that they have clients with felony charges who would benefit greatly from RDP. Program leadership reportedly chose specific felony charges for expansion because of the belief that those charges would be more acceptable to prosecutors and judges and so that the expansion felt like it happened incrementally. As the expansion to felonies occurred, the program has documented those charges that can be considered presumptively eligible and those that are presumptively ineligible, which continues to help to streamline the referral, evaluation, and diversion process. But the expansion to felonies has raised concerns with some prosecutors and judges. For example, some noted that the "rapid" evaluation procedures were initially designed with misdemeanor cases in mind, and they questioned whether the process was thorough enough for more-serious cases. Still, the program has diverted a substantial number of people with felonies (as described in our data analysis related to case characteristics later in this chapter).

The program has also expanded geographically and is now operating in seven courthouses in the county (Los Angeles County Public Defender's Office, 2022). After the initial pilot at Central in 2019, five additional courts implemented RDP in 2020–2021: Airport, Long Beach, and Van Nuys in 2020, and Compton and Lancaster in 2021 (Los Angeles County Public Defender's Office, 2022). Implementation partners across agencies spoke about their support for the countywide expansion of RDP. Several mental health providers and defense attorneys spoke to the inequity of limited access to RDP, with some defense attorneys using the phrase "zip code justice" to describe the equity implications of implementing RDP in select jurisdictions.

There were challenges to the initial RDP expansion process to new courthouses. Multiple implementation partners thought that the initial expansion to new courts was too rapid, which sometimes led to staff feeling unprepared or underqualified to be implementing RDP and a lack of trust with new implementation partners. In addition, program staff found that expansion sites were diverting much fewer people per month than the original site (SJC, 2022).

However, implementation partners learned from the initial expansion process and developed resources to support implementation in new courthouses. Trainings are available for personnel at expansion courts, and policies and procedures have been formalized in documents, such as the MOU. RDP began drawing on management practices to better clarify staff member roles and develop decisionmaking protocols, and the program has invested in additional stakeholder engagement and infrastructure (SJC, 2022). Our interviewees indicated that additional training has been developed to address questions that had arisen at earlier expansion sites—for example, one clinician reported creating a new training to inform staff of the implications of attorney-client privilege on their mandated reporting requirements. Many implementation partners have added staff to their RDP efforts and developed supervisory structures specific to their agency's RDP work. RDP is also developing a site-expansion road map to outline the steps needed to prepare a new courthouse for RDP and then to launch the program.

One of the decisionmaking protocols that was developed is a process used for identifying sites to expand. The Public Defender's Officer facilitated a discussion with key stakeholders to identify decisionmaking criteria (e.g., support from implementation partners, geography, case volume, equity). This information is summarized into a *heat map*, which considers such factors as case volume, racial equity, implementation partner readiness, and political sensitivities. Some stakeholders talked about the importance of prioritizing the availability of services in an expansion community, whereas others talked about the importance of prioritizing under-resourced communities and expanding access to services. One interviewee commented on how these considerations influenced selection for expansion sites:

> We've learned that when we're in a place like Lancaster and there's no services, it's really hard to link people. It's hard to operate, right? The reason people disagreed that [having sufficient availability of ser-

> vices is] what we should prioritize is because, like, they want us to go to the places where people aren't getting served well because they're hoping that by being there, we can start to rally some services in place because we're creating demand.
>
> And then the staffing market, like hiring for P180 and Exodus, is really hard in certain areas. And so there was discussion about if that should matter when we think about location. But . . . ultimately, if we just go in the places that are easy to hire, we're just going to be opening more and more courts around downtown [Los Angeles], so, like, that just can't be something we focus on.

This structured process led program leadership to propose Pasadena as the seventh courthouse to implement RDP, where the program launched in fall 2023.

Expansion to new courthouses has also meant that RDP has expanded its network of participating clinical evaluators and case management agencies over time, with the Los Angeles County DMH, P180, and Exodus all participating. Although this has helped to diversify the organizations serving RDP clients, a significant amount of work is needed to successfully onboard a new provider.

Implementation partners are now more realistic about the time and steps needed to expand to a new courthouse. It was estimated that it can take one year to prepare a new courthouse to launch RDP. In part, this is due to the work involved to build relationships in new courts, as well as the work needed to adapt RDP to each courthouse's specific context. One example of this is that RDP has not yet adapted to fit the *buddy court* model, in which one court operates from two different physical locations and divides up cases, e.g., Torrance and Inglewood. One interviewee spoke to the challenges of adapting RDP to and meeting expectations in a new court:

> You can't just assume that [an expansion court] is going [to] do the same thing right away. You may have to take a couple steps back and begin where you were a year ago or even six months ago . . . . That can be challenging for our team because the lawyers there want the same benefit as their colleagues are getting at another location when they see it coming. They've already heard the connected people that their colleagues and peers are getting into the program, and they want that same benefit, and their court may not allow it. But eventually I think they catch up.

There have been some ongoing challenges related to expansion. These include resource and staff limitations, such as a lack of community mental health treatment providers. In addition, the program is very reliant on the small number of people in RDP leadership, who are responsible for many key functions of program implementation (e.g., supporting expansion, visiting courthouses, reviewing appeals, training personnel at new and existing sites), and this could be hard to sustain as the program continues to grow.

Justice, Care and Opportunities Department Oversight

RDP received support from the Los Angeles County Alternatives to Incarceration initiative as part of its initial expansion efforts (Bendit et al., 2021). In 2022, the JCOD was established as an outgrowth of the Alternatives to Incarceration initiative and is now the agency responsible for oversight of RDP (Kuehl and Solis, 2022; Los Angeles County Public Defender's Office, 2022). Although the Public Defender's Office continues to make large contributions to the day-to-day implementation of the program, participants noted that JCOD is now responsible for such activities as data monitoring and managing the onboarding of new providers and courts.

Implementation partners have expressed optimism about the role of JCOD in RDP implementation. JCOD has had a key role in obtaining ongoing funding for the program and its expansion to additional courthouses. JCOD has also made efforts to address program challenges, including improving the progress report process and data management systems. Until recently, JCOD has only had access to aggregate RDP data, which has limited the analysis that the department can conduct. However, the department has built and is now launch-

ing a centralized platform for data collection. One implementation partner highlighted the value in having JCOD oversee the program because it is not involved in the day-to-day implementation of the work the way that the Public Defender's Office is, saying that this helps to "increase the credibility of the program and also the neutrality of the program."

Implementation partners described additional opportunities for JCOD to support RDP. For example, JCOD has become more involved in efforts to build consistency in procedures across courthouses and could play a greater role in creating program policy. Others suggested that JCOD is well positioned to break down some of the silos that can develop between programs and agencies within the county—for example, helping broker collaborations with other programs that serve justice-involved populations. JCOD is also taking on oversight of program providers and is playing a role in efforts to expand the availability of community-based treatment providers in the county. Implementation partners expressed hope that JCOD will continue to champion RDP, including sharing the program's success with county stakeholders, ranging from prosecutors to judges to the Board of Supervisors. JCOD staff and leadership have been increasingly present at RDP courthouses and RDP milestones, and this presence is another way to demonstrate support for the program.

Population Served by the Rapid Diversion Program

Two sources of information can be used to describe the characteristics of individuals served by RDP: data from the Public Defender's Office and data from the clinical providers. The Public Defender's Office has data for Public Defender clients who were clinically evaluated for RDP from March 1, 2022, to the present, whether they were approved for diversion or not. However, it does not have data on clients of APD or IDCO. Data maintained by the clinical providers contain information on clients from all three defense agencies but are available for a more limited time frame and, to ensure consistency in data available between the two providers, only include individuals who were approved after the clinical evaluation.

Referral and Screening

Table 3.3 is based on data from the Public Defender's Office and presents the demographic characteristics of individuals who were evaluated for diversion from March 1, 2022, to the beginning of April 2024. If individuals had multiple cases during this time, we focused on the last case available to compute this analysis at the individual (rather than case) level. On average, RDP clients were about 37 years old, and three-quarters were male. Most clients were either Black (29 percent) or Hispanic (44 percent); although this is consistent with estimates of the demographics of the overall jail population (30 percent Black and 52 percent Hispanic), it is somewhat different than estimates of the demographics of the jail mental health population (41 percent Black and 35 percent Hispanic) (Appel et al., 2020).

Table 3.4 presents the characteristics of the cases of individuals evaluated for diversion who were referred by the Public Defender's Office. This table is presented at the case level; this means that when individuals had multiple cases in the data, all available cases were included. The largest volume of cases has come through Central, which is perhaps not surprising, given that RDP was established there. By contrast, Pasadena had been in operation for only about six months at the time that we received the data. For 53 percent of cases, the individual being evaluated for RDP was in custody at the time of the evaluation. The most common prosecuting agencies were the District Attorney (53 percent) and Los Angeles City Attorney (32 percent). Slightly more than one-half of cases were for misdemeanors (57 percent).

TABLE 3.3

Characteristics of Individuals Clinically Evaluated by the Rapid Diversion Program from March 2022 to April 2024 (*N* = 3,651)

Demographic Characteristics	Individuals (% [*n*])
Age (years, mean [SD])	36.98 (11.13)
Gender	
Male	76.2 (2,783)
Female	22.5 (820)
Missing	1.3 (48)
Race and ethnicity	
Asian	0.7 (25)
Black	28.6 (1,044)
Hispanic	44.1 (1,611)
Native Hawaiian/Pacific Islander	0.9 (33)
White	20.5 (748)
Another racial or ethnic group	4.5 (166)
Unknown	0.7 (24)

NOTE: If an individual had multiple cases in the data, we selected the latest instance of their data for this analysis.

TABLE 3.4

Case Characteristics for Individuals Clinically Evaluated by the Rapid Diversion Program from March 2022 to April 2024 (*N* = 4,390)

Case Characteristics	Individuals (% [*n*])
Courthouse	
Airport	20.4 (894)
Central	35.7 (1,568)
Compton	7.1 (310)
Lancaster	9.1 (401)
Long Beach	10.9 (477)
Pasadena	5.3 (231)
Van Nuys	11.6 (509)
Custody status at time of evaluation	
Out of custody	45.1 (1,979)
In custody	53.1 (2,329)
Missing	1.9 (82)
Prosecuting agency	
District Attorney	53.1 (2,330)
Long Beach City Attorney	9.9 (436)

Table 3.4—Continued

Case Characteristics	Individuals (% [*n*])
Los Angeles City Attorney	31.5 (1,384)
Pasadena City Attorney	1.4 (61)
Santa Monica City Attorney	4.0 (177)
Missing	<0.1 (2)
Charge level	
Misdemeanor	57.0 (2,507)
Felony	43.0 (1,886)

NOTE: If an individual had multiple cases in these data, all were included in the analysis. Therefore, some clients contributed multiple cases to this analysis.

Table 3.5 presents demographic characteristics of individuals referred to RDP, by courthouse. This table is based on Public Defender data, as it includes multiple cases per individual (compared with the clinical data, where we focused on a single case per person) and gives a sense of the volume of referrals made at each courthouse. Note that these are presented at the case level rather than the individual level.

The mean age of people evaluated for RDP across courthouses was fairly similar. There were certain courthouses that evaluated larger percentages of women, particularly Lancaster and Long Beach. There were also some racial and ethnic differences across courthouses, which is perhaps not surprising in a region as large and racially diverse as Los Angeles County.

Clinical Evaluation

Table 3.6 summarizes the clinical evaluation outcomes at the case level, based on Public Defender data. Of 4,390 cases evaluated by a clinician, 2,922 (67 percent) received approval to proceed with the program.

Table 3.7 reports data from both the Public Defender and the clinical providers and presents the demographic characteristics of individuals who were approved for RDP at the clinical evaluation. We conducted these analyses using both datasets because the provider data include clients represented by APD and IDCO. The distribution across genders and racial and ethnic groups is largely similar between the two groups. About three-quarters of approved individuals are men. The most common racial and ethnic groups were Hispanic individuals followed by Black individuals. The clinical providers also collect data on primary language and initial housing status. English is the primary language for the majority of clients (about 92 percent). About 42 percent of clients were in temporary housing when they were evaluated, which includes residential or inpatient treatment programs, transitional supportive housing, interim housing or transitional shelter, and staying with friends or family (42 percent). About 35 percent were unhoused, which includes those who were unsheltered or in emergency or crisis shelters, and the remainder were in permanent housing (e.g., private permanent housing, subsidized permanent housing, board and care homes, assisted living).

Our outcome analyses are based on data provided by the Public Defender's Office because these data were determined to be more reliable after a review of data elements. Therefore, the majority of the remaining analyses in this report will focus on data provided by the Public Defender's Office. However, we used provider data to conduct basic descriptive analyses to explore differences in client cases across the three defense agencies (Table 3.8). Significant differences existed across the defense agencies with respect to charge severity, courthouse, and client status as of the time of the data, although it is important to note that the small number of IDCO cases limits the degree to which these findings may be generalized to the broader population of IDCO clients who could be suitable for RDP.

TABLE 3.5

Demographics of Clients Evaluated for the Rapid Diversion Program, by Courthouse (N = 4,390)

	% (*n*)						
Demographic Characteristics	Airport (*n* = 894)	Central (*n* = 1,568)	Compton (*n* = 310)	Lancaster (*n* = 401)	Long Beach (*n* = 477)	Pasadena (*n* = 231)	Van Nuys (*n* = 509)
Age (years, mean [SD])	38.7 (12.7)	37.6 (11.5)	35.9 (10.6)	35.7 (11.8)	35.6 (10.3)	38.2 (12.6)	36.31 (14.7)
Gender							
Male	85.3 (755)	77.6 (1,209)	77.2 (237)	68.3 (269)	69.6 (330)	80.3 (179)	75.2 (376)
Female	14.7 (130)	22.4 (348)	22.8 (70)	31.7 (125)	30.4 (144)	19.7 (44)	24.8 (124)
Race and ethnicity							
Asian	0.8 (7)	0.1 (2)	1.6 (5)	0.5 (2)	1.0 (5)	1.7 (4)	1.0 (5)
Black	28.4 (254)	32.1 (503)	28.7 (89)	28.2 (113)	29.1 (139)	30.3 (70)	17.1 (87)
Hispanic	25.6 (229)	50.1 (786)	59.0 (183)	44.9 (180)	44.9 (214)	42.0 (97)	46.4 (236)
Native Hawaiian/ Pacific Islander	0.2 (2)	1.2 (19)	1.6 (5)	0.5 (2)	0.4 (2)	1.3 (3)	1.0 (5)
White	38.8 (347)	12.3 (193)	7.7 (24)	24.4 (98)	20.3 (97)	17.7 (41)	23.6 (120)
Another racial or ethnic group	5.6 (50)	3.6 (56)	0.6 (2)	1.0 (4)	3.6 (17)	5.6 (13)	10.0 (51)
Unknown	0.6 (5)	0.6 (9)	0.6 (2)	0.5 (2)	0.6 (3)	1.3 (3)	1.0 (5)

NOTE: Data in this table are case-level data, not person-level data.

TABLE 3.6

Clinical Evaluation Outcomes for Clients Evaluated by the Rapid Diversion Program From March 2022 to April 2024 (N = 4,390)

Evaluation Results	Clients (% [*n*])
Rejected	31.2 (1,370)
Approved	66.6 (2,922)
Missing	2.2 (98)

NOTE: If an individual had multiple cases in these data, all cases were included in the analysis. Therefore, some clients contributed multiple cases to this analysis.

The provider data are also the best source of data about the clinical needs of individuals served by the program. Table 3.9 summarizes the behavioral health service needs of individuals who were diverted (n = 645), as well as the services received. Most clients were identified as having dual diagnoses (i.e., a mental health diagnosis and substance use disorder) (44 percent), followed by substance use disorder only (32 percent) and mental health diagnosis only (24 percent). These percentages mirror what we learned in interviews about clients' behavioral health needs; dual diagnosis was described as most common.

The providers also shared information about the percentage of clients who were linked to other services, such as anger management or assistance with basic needs. In total, 22.6 percent (n = 146) clients were identified as having another service need, and 21.8 percent (n = 100) received other services once diverted.

TABLE 3.7

Demographic Characteristics of Individuals Approved for the Rapid Diversion Program at Clinical Evaluation

Demographic Characteristics	Public Defender Data (*n* = 2,936) (% [*n*])	Provider Data (*n* = 1,632) (% [*n*])
Age (years, mean [SD])	36.6 (12.1)	35.6 (10.6)
Gender		
Male	75.6 (2,221)	73.5 (1,200)
Female	23.1 (678)	25.1 (410)
Another gender (intersex, nonbinary, transgender)	NA	1.1 (17)
Missing	1.3 (37)	0.3 (5)
Race and ethnicity		
Asian	0.6 (19)	2.1 (35)
Black	27.8 (817)	28.4 (463)
Hispanic	44.3 (1,302)	46.6 (761)
White	21.5 (631)	17.8 (290)
Other racial groups or unknown	5.7 (167)	4.5 (74)
Missing	0	0.6 (9)
Primary language		
English	NA	91.9 (1,500)
Spanish	NA	7.0 (114)
Chinese	NA	0.1 (2)
Other	NA	0.2 (4)
Missing	NA	0.7 (12)
Initial housing status		
Unhoused	NA	35.2 (575)
Temporary housing	NA	41.9 (684)
Permanent housing	NA	20.8 (339)
Missing	NA	2.1 (34)

NOTE: Public Defender's Office data include individuals who were evaluated from March 1, 2022, to April 2024. When individuals had multiple cases in the data, all were included in this analyses because some cases may have had different outcomes. Provider data include individuals who were assessed by Exodus from September 1, 2022, and later, and by P180 from March 1, 2023, and later. When individuals had multiple cases reported in the data, we report on a single case per person.

TABLE 3.8

Case Characteristics, by Defense Attorney Agency

Case Characteristics	Public Defender's Office (*n* = 1,409)	APD (*n* = 198)	IDCO (*n* = 14)
Charge severity**			
Misdemeanor	56.5 (788)	36.7 (73)	35.7 (5)
Felony	43.5 (606)	63.3 (126)	64.3 (9)
Initial housing status			
Unhoused	36.3 (501)	34.7 (68)	28.6 (4)
Temporary housing	41.8 (577)	48.5 (95)	57.1 (8)
Permanent housing	22.0 (304)	16.8 (33)	14.3 (2)
Courthouse**			
Airport	17.1 (241)	17.1 (34)	28.6 (4)
Central	32.4 (457)	19.6 (39)	14.3 (2)
Compton	11.2 (158)	24.1 (48)	35.7 (5)
Lancaster	12.1 (171)	18.6 (37)	7.1 (1)
Long Beach	10.3 (145)	1.5 (3)	0
Pasadena	2.1 (30)	0.5 (1)	0
Van Nuys	14.8 (208)	18.6 (37)	14.3 (2)
Case status as of April 2024*			
Active prediversion	19.1 (269)	13.1 (26)	28.6 (4)
Terminated or rejected before diversion	37.1 (523)	46.5 (92)	14.3 (2)
Diverted (includes active on diversion, terminated, or graduated)	43.8 (617)	40.4 (80)	57.1 (8)

* $p < 0.05$; ** $p < 0.01$.

TABLE 3.9

Service Needs and Service Receipt Among Clients Who Have Been Diverted

Service Category/Needs	Clients (% [*n*])
Mental health only	24.3 (157)
Substance use disorder only	31.5 (203)
Dual diagnosis	44.1 (285)

NOTE: The provider data have a program status variable, and it is sometimes different than the status variable recorded in the Public Defender's database, which may reflect a lag in case updates. When a program status variable was available within the Public Defender's database, we used that program status information; otherwise, we used the program status as recorded within the provider data to identify individuals who had been diverted.

Barriers to Serving a Larger Population

With our qualitative interviews, we explored factors that might be limiting the number of people who could be served by RDP.

Populations That Could Be Diverted at Higher Rates

During our qualitative interviews with implementation partners, we asked for perspectives on whether there were people who could be a good fit for RDP but were not currently being served. This question was asked broadly and was intended to identify potential disparities based on demographic characteristics (e.g., race, ethnicity, gender) and groups defined by their clinical presentation, legal charges, or other factors.

Most interviewees gave responses that related to specific clinical factors or legal factors. Regarding clinical factors, some individuals have clinical needs that are more serious than can be handled in a program like RDP, but whose symptoms are not severe enough for another diversion program. For example, one interviewee described these individuals as follows: "They're left in this, like, middle of nowhere land. You're too mentally ill for RDP but you're not so mentally ill that you qualify for ODR [Office of Diversion and Reentry]." Implementation partners expressed a desire to serve people with the higher end of moderate mental illness within RDP, although the lack of appropriate treatment facilities can be a barrier (e.g., limited availability of inpatient treatment beds, a desire for a locked residential facility).

There are occasionally people whose symptoms are too severe for RDP when they are first charged, but whose symptoms stabilize once they complete detox or stabilize on medications. In these circumstances, though, the potential client has sometimes already started down a path of a plea bargain and may prefer to continue that route rather than committing to diversion, which can keep them involved with the court system for longer. It can also be more difficult to divert individuals who are unwilling to take medications. Finally, people with serious medical issues may face challenges finding a mental health treatment provider who can accommodate their needs.

Our interviews also revealed legal factors that prevent people from being diverted who might otherwise be appropriate for RDP. Implementation partners expressed that there should be more of an effort to look at the individual and the circumstances of their particular case rather than simply ruling out entire categories of charges. One example given was people who might appear to have a lengthy criminal history, when really the person has been charged with multiple low-level misdemeanors but has no history of violent crimes. There are also times in which charges appear serious on the surface, but a closer look at the facts of the case might reveal a person who would be an appropriate fit for RDP. Examples given included a person being charged with assault with a deadly weapon when the individual was actually waving a stick or those charged with Estes robberies. One interviewee said, "Our philosophy is 'people, not charges.'" However, it can be difficult to make these decisions on a case-by-case basis, given concerns about the need to protect victims and communities.

In addition to discussing the need to evaluate individual case circumstances, some implementation partners described categories of charges that they believed could be diverted at higher rates. One person noted that, at their courthouse, the program rarely receives people charged with vandalism because they typically get processed quickly, but that they could be a good fit for RDP (of note, data on referred cases suggest that 15 percent of cases include a vandalism charge, so this comment may reflect a lack of vandalism referrals at a particular courthouse). Another cited individuals charged with criminal threats, particularly when the charges resulted because the person was experiencing acute mental health symptoms and was yelling at members of the public. Others suggested that some people with domestic violence charges could be served by RDP, with one citing the success that certain courthouses have had diverting these cases (e.g., Lancaster).

There may also be opportunities to increase the number of people being diverted by increasing awareness of the program. Not all attorneys seem to be aware of the program, and additional obstacles exist to informing attorneys from certain defense agencies—especially IDCO—about the program.

Our interviewees did not suggest that implementation partners perceived disparities with respect to race, ethnicity, or gender among individuals being diverted. Some staff members who work on the ground in courthouses acknowledged that they have not been explicitly tracking these data, but that it was their perception that the demographics of RDP clients tend to match those of the larger criminal legal system in Los Angeles.

Populations Experiencing Significant Obstacles Once Enrolled

Although our question about populations that might be slipping through the cracks was intended to identify groups who are not getting diverted when they could be a good fit for the program, some interviewees highlighted groups of individuals who experience disproportionate obstacles once they have enrolled in diversion. For example, it can be difficult to find treatment programs for people who have mental health concerns only rather than mental health concerns comorbid with substance use disorder. Some clients experience obstacles to staying engaged in the program, whether because they lack stable housing or contact information (e.g., individuals who are living on the street) or because they have a schedule that makes it difficult to comply with program requirements. Other clients are not ready for the commitment that the program requires, or they might require a higher level of care than the clinical team realized at the point of the initial evaluation.

Rapid Diversion Program Implementation Outcomes

To understand the outcomes experienced by people who participate in RDP, we drew on three data sources. First, the quantitative data enabled us to explore the factors that predicted (1) whether someone was accepted or rejected at the stage of the clinical evaluation; (2) among those who were accepted, who was diverted or not diverted; and (3) among those who were diverted, who graduated or had diversion revoked. Second, we used the interviews with implementation partners to explore perceptions of program benefits more qualitatively. Finally, the graduate interviews allowed us to explore client perceptions of the benefits they received, the program components that they found to be most effective, the factors that facilitated their success, and what their post-RDP experience has been.

Quantitative Outcomes

Factors Associated with Clinical Evaluation Outcomes

Our first set of analyses focused on understanding the factors associated with someone being approved versus rejected at the clinical evaluation among individuals who were clinically evaluated from March 1, 2022, to April 2024.

Univariate associations between predictors and evaluation outcome. Table 3.10 presents the univariate association between individual and case characteristics and the results of the initial evaluation. This analysis included 1,370 people who were rejected at the clinical evaluation and 2,922 who were approved. There were significant associations ($p < 0.05$) between age, courthouse, custody status, and initial housing status and the evaluation result.

TABLE 3.10

Association Between Individual and Case Characteristics and Evaluation Result (N = 4,306)

Category	Rejected at Clinical Evaluation (n = 1,370) (% [n])	Approved at Clinical Evaluation (n = 2,936) (% [n])	Significance Test
Age (years, mean [SD])	38.46 (12.02)	36.56 (12.15)	$T = 4.78; p < 0.01$
Gender (N = 4,256)			
Male	32.5 (1,069)	67.5 (2,221)	$\chi^2 = 2.47; p = 0.12$
Female	29.8 (288)	70.2 (678)	
Race and ethnicity			
Asian	36.7 (11)	63.3 (19)	$\chi^2 = 3.95; p = 0.41$
Black	33.3 (407)	66.7 (817)	
Hispanic	31.2 (590)	68.8 (1,302)	
White	30.2 (273)	69.8 (631)	
Another racial or ethnic group or unknown	34.8 (89)	65.2 (167)	
Courthouse			
Airport	28.6 (251)	71.4 (627)	$\chi^2 = 100.08; df = 6; p < 0.01$
Central	39.0 (592)	61.0 (925)	
Compton	22.6 (70)	77.4 (240)	
Lancaster	21.3 (85)	78.7 (314)	
Long Beach	30.7 (145)	69.3 (327)	
Pasadena	44.2 (102)	55.8 (129)	
Van Nuys	25.1 (125)	74.9 (274)	
Charge level			
Misdemeanor	31.3 (773)	68.7 (1,693)	$\chi^2 = 0.59; p = 0.44$
Felony	32.4 (597)	67.6 (1,243)	
Custody status (N = 4,226)			
Out of custody	27.3 (532)	72.7 (1,419)	$\chi^2 = 31.66; p < 0.01$
In custody	35.3 (804)	64.7 (1,471)	
Initial housing type (N = 2,123)			
Unhoused	27.2 (227)	72.8 (608)	$\chi^2 = 39.16; p < 0.01$
Temporary housing	15.8 (134)	84.2 (716)	
Permanent housing	16.4 (72)	83.6 (366)	

Multivariate association between predictors and evaluation outcome. Table 3.11 presents the results of a multivariate GEE analysis predicting the outcome of the initial evaluation. This regression is based on Public Defender data only, both to maximize the sample size and because the provider data were limited to people who were approved at the clinical evaluation. This model included 3,486 individuals and 4,176 cases.

TABLE 3.11
Generalized Estimating Equation Analysis Predicting Evaluation Outcome (*N* = 4,176)

Category	*b*	Standard Error	Odds Ratio	Confidence Interval
Intercept**	1.22	0.24	3.38	2.12, 5.39
Age**	–0.01	0.003	0.99	0.98, 0.99
Gender				
Male	–0.06	0.10	0.94	0.78, 1.14
Female	Reference	NA	NA	NA
Race and ethnicity				
Asian	–0.31	0.47	0.74	0.29, 1.85
Black	0.14	0.17	1.15	0.82, 1.61
Hispanic	0.24	0.17	1.27	0.91, 1.76
White	0.21	0.18	1.24	0.87, 1.76
Another racial or ethnic group or unknown	Reference	NA	NA	NA
Courthouse				
Airport	–0.05	0.15	0.95	0.72, 1.26
Central**	–0.67	0.13	0.51	0.40, 0.66
Compton	0.17	0.19	1.19	0.82, 1.73
Lancaster	0.26	0.19	1.29	0.90, 1.86
Long Beach	–0.23	0.18	0.80	0.56, 1.13
Pasadena**	–0.77	0.20	0.46	0.31, 0.68
Van Nuys	Reference	NA	NA	NA
Charge level				
Misdemeanor	–0.03	0.08	0.97	0.78, 1.14
Felony	Reference	NA	NA	NA
Custody status				
Out of custody**	0.46	0.08	1.58	1.34, 1.86
In custody	Reference	NA	NA	NA

* $p < 0.05$; ** $p < 0.01$.

We found that people who were older were less likely to be approved at the clinical evaluation, although it was unclear why this might be, and people who were out of custody at the time of the evaluation were more likely to be approved.

Factors Associated with Diversion

Our next analysis focused on whether someone was diverted, among individuals who were clinically evaluated from March 1, 2022, through April 2024. We excluded individuals who were denied diversion at the initial evaluation, as well as those who were active but prediversion at the time the data were pulled.

Univariate associations between predictors and diversion. Table 3.12 presents the univariate association between individual characteristics and whether an individual was diverted or terminated before diversion. Gender was significantly associated with diversion—with women more likely to be diverted than men—as was race. There were also significant differences by courthouse, with individuals at the Airport Courthouse having the highest rates of diversion and those at the Compton Courthouse having the lowest rates of diversion. Individuals who were out of custody were more likely to be diverted, as were those who were housed at the time of the evaluation.

TABLE 3.12
Association Between Individual and Case Characteristics and Diversion Decision (N = 2,536)

Category	Not Diverted (n = 1,255) (% [n])	Diverted (n = 1,281) (% [n])	Significance Test
Age (years, mean [SD])	36.7 (12.2)	36.7 (12.1)	$T = -0.06$; $p = 0.95$
Gender (N = 2,512)			
Male	51.2 (989)	48.8 (944)	$\chi^2 = 9.94$; $p < 0.01$
Female	43.7 (253)	56.3 (326)	
Race and ethnicity			
Asian	21.4 (3)	78.6 (11)	$\chi^2 = 16.20$; $p < 0.01$
Black	52.9 (381)	47.1 (339)	
Hispanic	50.9 (568)	49.1 (549)	
White	44.1 (241)	55.9 (305)	
Another racial or ethnic group or unknown	44.6 (62)	55.4 (77)	
Courthouse			
Airport	34.8 (202)	65.2 (379)	$\chi^2 = 136.01$; $df = 6$; $p < 0.01$
Central	57.5 (472)	42.5 (349)	
Compton	72.4 (144)	27.6 (55)	
Lancaster	39.2 (103)	60.8 (160)	
Long Beach	45.2 (127)	54.8 (154)	
Pasadena	65.6 (61)	34.4 (32)	
Van Nuys	49.0 (146)	51.0 (152)	
Charge level			
Misdemeanor	50.2 (729)	49.8 (724)	$\chi^2 = 0.64$; $p = 0.42$
Felony	48.6 (526)	51.4 (557)	
Custody status (N = 2,490)			
Out of custody	44.4 (536)	55.6 (672)	$\chi^2 = 25.26$; $p < 0.01$
In custody	54.4 (698)	45.6 (584)	
Initial housing type (N = 1,416)			
Unhoused	60.0 (304)	40.0 (203)	$\chi^2 = 68.68$; $p < 0.01$
Temporary housing	35.8 (22)	64.2 (394)	
Permanent housing	40.7 (120)	59.3 (175)	

Multivariate association between predictors and diversion. To examine diversion as an outcome, we conducted two GEE analyses. The first GEE analysis was based on data provided by the Public Defender's Office only, to maximize the sample size, and it included 2,044 individuals and 2,466 cases (Table 3.13). We found that men were significantly less likely to be diverted than women; people who were out of custody at the time of evaluation were more likely to be diverted; and Asian individuals were more likely to be diverted than those in the "another racial or ethnic group or unknown" category (though it is important to note the larger confidence interval for this specific effect). We also found some courthouse differences—specifically, cases at the Central, Compton, and Pasadena courthouses were less likely to be diverted than those in Van Nuys; those at Airport were more likely to be diverted. In the case of Pasadena, one potential reason for this effect is that

TABLE 3.13

Generalized Estimating Equation Analysis Predicting Diversion Decision (*N* = 2,466)

Category	*b*	Standard Error	Odds Ratio	Confidence Interval
Intercept	0.48	0.30	1.61	0.90, 2.88
Age	–0.002	0.004	1.00	0.99, 1.01
Gender				
Male**	–0.35	0.12	0.71	0.56, 0.89
Female	Reference	Reference	Reference	Reference
Race				
Asian*	1.57	0.71	4.79	1.19, 19.25
Black	–0.39	0.22	0.68	0.44, 1.04
Hispanic	–0.19	0.21	0.82	0.54, 1.25
White	–0.26	0.23	0.77	0.49, 1.21
Another racial or ethnic group or unknown	Reference	Reference	Reference	Reference
Courthouse				
Airport**	0.72	0.17	2.06	1.47, 2.90
Central*	–0.35	0.16	0.70	0.51, 0.97
Compton**	–1.02	0.22	0.36	0.23, 0.56
Lancaster	0.39	0.20	1.47	0.99, 2.19
Long Beach	0.39	0.21	1.48	0.98, 2.23
Pasadena*	–0.69	0.29	0.50	0.28, 0.89
Van Nuys	Reference	Reference	Reference	Reference
Charge level				
Misdemeanor**	–0.30	0.11	0.74	0.60, 0.92
Felony	Reference	Reference	Reference	Reference
Custody status				
Out of custody**	0.54	0.11	1.71	1.39, 2.11
In custody	Reference	Reference	Reference	Reference

* $p < 0.05$; ** $p < 0.01$.

the program had only recently been implemented, and it may take time for those working in the program to become more comfortable diverting a higher volume of individuals. Interestingly, we also found that people with misdemeanor charges were less likely to be diverted, although it was unclear why we observed that effect.

We were also interested, based on our discussions with implementation partners, in understanding whether clients' initial housing status was associated with whether the person was diverted. We conducted a second GEE analysis, adding initial housing status as a variable to the model (Table 3.14). However, because this variable is from the provider data, which are available for only a subset of cases in the Public Defender data, the sample size was smaller for this second analysis. Table 3.14 presents the findings of that model, which is based on 1,373 individuals and 1,383 cases.

TABLE 3.14

Generalized Estimating Equation Analysis Predicting Diversion Decision, Including Housing Status (*N* = 1,383)

Category	*b*	Standard Error	Odds Ratio	Confidence Interval
Intercept**	1.07	0.38	2.80	1.34, 5.84
Age	–0.004	0.005	1.00	0.99, 1.01
Gender				
Male*	–0.32	0.14	0.73	0.55, 0.96
Female	Reference	NA	NA	NA
Race and ethnicity				
Asian	0.76	1.11	2.14	0.24, 18.99
Black*	–0.63	0.28	0.53	0.31, 0.93
Hispanic	–0.52	0.27	0.59	0.35, 1.02
White	–0.53	0.30	0.59	0.33, 1.05
Another racial or ethnic group or unknown	Reference	NA	NA	NA
Courthouse				
Airport**	2.02	0.26	7.52	4.56, 12.41
Central*	–0.41	0.19	0.66	0.46, 0.96
Compton**	–1.12	0.27	0.33	0.19, 0.56
Lancaster	0.31	0.24	1.37	0.85, 2.19
Long Beach**	0.72	0.25	2.06	1.27, 3.33
Pasadena	1.42	0.97	4.12	0.61, 27.83
Van Nuys	Reference	NA	NA	NA
Charge level				
Misdemeanor**	–0.45	0.14	0.64	0.48, 0.84
Felony	Reference	NA	NA	NA
Custody status				
Out of custody**	0.40	0.14	1.49	1.13, 1.98
In custody	Reference	NA	NA	NA

Table 3.14—Continued

Category	*b*	Standard Error	Odds Ratio	Confidence Interval
Initial housing type				
Unhoused**	−0.56	0.18	0.57	0.40, 0.81
Temporary housing	0.24	0.16	1.27	0.92, 1.75
Permanent housing	Reference	NA	NA	NA

* $p < 0.05$; ** $p < 0.01$.

Consistent with the first regression, men were less likely to be diverted, and people who were out of custody at the time of the clinical evaluation were more likely to be diverted. We also found some courthouse differences, with individuals at Airport and Long Beach more likely to be diverted than those in Van Nuys, and those at Central or Compton courthouses less likely to be diverted. In this model, Black individuals were less likely to be diverted than those in the "another racial or ethnic group or unknown" category, which is a different association than we observed in the model that did *not* control for initial housing status. It will be important to continue to monitor potential differences across racial and ethnic groups as the program continues to be implemented, and perhaps explore whether other factors may explain these different findings (e.g., clinical factors, which we were unable to include in these models). In addition, people who were unhoused were less likely to be diverted. According to our interviews, it may be that people who are unhoused when they are evaluated tend to have more-severe symptoms or be less stable, which may explain the lower likelihood of diversion.

Factors Associated with Graduation

Our final analysis focused on whether people who were diverted went on to graduate or have their diversion status revoked. This analysis excluded individuals who were active on diversion. Our sample for this analysis was somewhat different than the sample used for previous analyses. First, we focused on individuals who had been diverted on or after March 1, 2022 (rather than evaluated on or after March 1, 2022), to maximize the sample size. Second, we focused this analysis on individuals who had the opportunity to graduate from the program. The dataset included individuals considered for RDP through early April 2024. If an individual had just been diverted in February 2024, we would not expect that they had a chance to graduate yet, given the mean time from diversion to graduation. However, some individuals graduate early, so before selecting the cutoff for this analysis, we explored three different options for defining the *opportunity to graduate*. In Table 3.15, we present these options. In the first row, we set the opportunity-to-graduate cutoff at six months for a misdemeanor and 18 months for felony; in the second row, the cutoff is nine months for a misdemeanor and 21 months for a felony; and in the third row, the cutoff is 12 months for a misdemeanor and 24 months for a felony.

As expected, our sample size is maximized when we include clients that have been diverted more recently (i.e., 6 months ago for misdemeanors or 18 months ago for felonies). This scenario also allows us to include a number of clients who graduated early, but it also includes many clients who are still on active diversion. By contrast, using a 12-month cutoff for misdemeanors and a 24-month cutoff for felonies limits the sample size, but it also minimizes the number of people who were on active diversion at the time of the analysis.

Across all three scenarios, the percentage of people who had diversion revoked remains fairly constant (around 35 or 36 percent), while the percentage of people moving from active diversion to graduation is increasing.

Based on these findings, our regression analyses focused on the outcome of graduation versus termination for individuals diverted 12 or more months ago (misdemeanors) and 24 or more months ago (felonies).

TABLE 3.15
Status of Diversion Clients Based on Different Opportunity-to-Graduate Scenarios

Scenario	Condition	Active Diversion (% [*n*])	Revoked (% [*n*])	Graduated (% [*n*])	Total
1	Diverted 3/1/22 to 10/1/23 for misdemeanor (allow six months for graduation) *or* 10/1/22 for felony (allow 18 months for graduation)	29.1 (215)	35.0 (259)	35.8 (264)	738
2	Diverted 3/1/22 to 7/1/23, for misdemeanor (allow nine months for graduation) *or* 7/1/22, for felony (allow 21 months for graduation)	22.4 (131)	35.8 (210)	41.8 (245)	586
3	Diverted 3/1/22 to 4/1/23, for misdemeanor (allow 12 months for graduation) *or* 4/1/22, for felony (allow 24 months for graduation)	10.6 (45)	35.9 (152)	53.4 (226)	423

Univariate associations between characteristics and graduation. Table 3.16 focuses on outcomes for individuals who have been diverted—specifically, whether individuals who were diverted successfully graduated from the program or had their diversion revoked. These analyses include individuals who had been diverted on March 1, 2022, or later and had the opportunity to graduate from the program at the time the data were pulled (which was defined as having been diverted 12 or more months prior for individuals with misdemeanor charges and 24 or more months prior for individuals with felony charges). This table presents the univariate associations between individual and case-related characteristics and graduation versus revocation. Women had a higher rate of graduations, as did those who were out of custody when they were evaluated and those who were housed when they were evaluated.

Multivariate associations between characteristics and graduation. Table 3.17 presents the results of the multivariate GEE analysis predicting graduation as the outcome. In total, it is based on 291 participants with 346 cases. Findings suggest that the only significant predictor of graduation was custody status. Individuals who were out of custody at the time of the evaluation were more likely to graduate. We noted that the confidence interval for the Asian race variable was wide; therefore, we conducted a sensitivity analysis that combined individuals in that category with the "another racial or ethnic group or unknown" category, and the pattern of findings remained the same (i.e., being out of custody was associated with a significantly higher likelihood of graduation). We conducted a similar sensitivity analysis removing the courthouse variable from the model, especially given the confidence intervals for the Compton courthouse variable, and also found that the pattern of results remained the same.

Given the significant univariate association between housing status and graduation, we were interested in exploring whether housing status was also a significant predictor in a multivariate model. However, because this variable comes from the provider data and was only available for a subset of clients, the sample size for the GEE analysis was reduced to 110 for this analysis. Given the large number of predictors in our model, this resulted in several variables with wide confidence intervals, and we were concerned about the generalizability of the findings. Therefore, we do not present this model.

Although these regression analyses focused on individuals served in the program from March 2022 to April 2024, it is important to note that, since the inception of the program, a total of 669 Public Defender's Office clients have graduated as of the writing of this report.

TABLE 3.16

Association Between Individual and Case Characteristics and Graduation Status (N = 378)

Category	Revoked (n = 152) (% [n])	Graduated (n = 226) (% [n])	Significance Test
Age (years, mean [SD])	36.09 (12.16)	37.69 (13.89)	$T = -1.15$; $p = 0.25$
Gender			
Male	44.6% (123)	55.4 (153)	$\chi^2 = 8.06$; $p < 0.01$
Female	28.4 (29)	71.6 (73)	
Race and ethnicity			
Asian	16.7 (1)	83.3 (5)	$\chi^2 = 3.55$; $p = 0.47$
Black	46.0 (40)	54.0 (47)	
Hispanic	41.1 (67)	58.9 (96)	
White	35.4 (28)	64.6 (51)	
Another racial or ethnic group or unknown	37.2 (16)	62.8 (27)	
Courthouse			
Airport	44.6 (37)	55.4 (46)	$\chi^2 = 8.13$; $p = 0.15$
Central	38.1 (45)	61.9 (73)	
Compton	60.0 (3)	40.0 (2)	
Lancaster	30.5 (18)	69.5 (41)	
Long Beach	34.0 (18)	66.0 (35)	
Pasadena	NA	NA	
Van Nuys	51.7 (31)	48.3 (29)	
Charge level			
Misdemeanor	39.6 (142)	60.4 (217)	$\chi^2 = 1.28$; $p = 0.26$
Felony	52.6 (10)	47.4 (9)	
Custody status (N = 346)			
Out of custody	29.1 (64)	70.9 (156)	$\chi^2 = 32.43$; $p < 0.01$
In custody	60.3 (76)	39.7 (5)	
Initial housing type (N = 113)			
Unhoused	77.3 (17)	22.7 (5)	$\chi^2 = 31.83$; $p < 0.01$
Temporary housing	29.1 (16)	70.9 (39)	
Permanent housing	19.4 (7)	80.6 (29)	

TABLE 3.17

Generalized Estimating Equation Analysis Predicting Graduation (*N* = 346)

Category	*b*	Standard Error	Odds Ratio	Confidence Interval
Intercept	−0.67	0.88	0.51	0.09, 2.88
Age	0.01	0.01	1.01	0.99, 1.03
Gender				
Male	−0.34	0.32	0.71	0.38, 1.32
Female	Reference	NA	NA	NA
Race and ethnicity				
Asian	0.35	1.18	1.42	0.14, 14.26
Black	−0.79	0.57	0.45	0.15, 1.40
Hispanic	−0.16	0.54	0.86	0.30, 2.45
White	−0.09	0.59	0.91	0.29, 2.89
Another racial or ethnic group or unknown	Reference	NA	NA	NA
Courthouse				
Airport	0.31	0.48	1.36	0.53, 3.46
Central	0.30	0.40	1.35	0.62, 2.98
Compton	0.53	1.24	1.69	0.15, 19.08
Lancaster	0.67	0.49	1.96	0.75, 5.08
Long Beach	0.83	0.47	2.29	0.91, 5.75
Van Nuys	Reference	NA	NA	NA
Charge level				
Misdemeanor	0.22	0.65	1.24	0.35, 4.48
Felony	Reference	NA	NA	NA
Custody status				
Out of custody**	1.29	0.31	3.64	1.99, 6.64
In custody	Reference	NA	NA	NA

* $p < 0.05$; ** $p < 0.01$.

Reasons for termination prior to diversion compared with postdiversion revocation. We were interested in exploring the reasons that individuals were not diverted versus the reasons that diversion was revoked. We determined that this information was more reliably captured within the program data, so this analysis focused on the subset of individuals who were Public Defender's Office clients with information available in the provider data (Table 3.18). Prior to diversion, the most common reason a person was not diverted was because they were "AWOL" (absent without notice or permission), they were noncompliant with treatment, or they refused to comply with program terms in some other way (52 percent). The second most common reason was being terminated by the prosecutor or court; although, in large part, we expect that this reflects cases that were denied diversion by the prosecutor, given the qualitative findings regarding eligibility decisions described earlier. After diversion, about three-quarters of clients had diversion revoked because they were AWOL, were noncompliant with treatment, or refused participation.

TABLE 3.18

Exit Type Among Individuals Terminated or Rejected Before Diversion or with Diversion Revoked

Exit Type	Not Diverted (*n* = 516) (% [*n*])	Diversion Revoked (*n* = 214) (% [*n*])
AWOL, noncompliant, or client refused	52.1 (269)	77.1 (165)
Prosecutor or court terminated	27.3 (141)	0.9 (2)
Death	0.2 (1)	0.9 (2)
Not suitable	9.9 (51)	8.9 (19)
Rearrest or legal challenge	10.5 (54)	12.1 (26)

NOTE: This table includes individuals evaluated for diversion from March 1, 2022, to April 2024.

Recidivism

Our final quantitative analysis focused on recidivism. Recidivism data were available for the 669 Public Defender clients who had graduated at the time of the study. Recidivism was defined as a new case being filed for an offense that occurred after the individual graduated from RDP. In total, 62 people (9.3 percent) had a new case filed since their graduation. Among those individuals, the total number of new cases filed during the follow-up period ranged from one to seven (mean = 1.43; median = 1; mode = 1), although 76 percent of those individuals (*n* = 46) had only one new case in the follow-up period. The mean time to the first re-offense was 281.27 days (SD = 233.89; range = 15 to 1,182). Among the individuals who had a new case filed, 80 percent had a misdemeanor filed and 40 percent had a felony filed (note that these categories are not mutually exclusive, as some individuals had both a misdemeanor and felony case filed). Among the new cases, 13 were referred to RDP; within those, three cases were rejected at the evaluation stage, one was active but prediversion at the time of the study, three were terminated or rejected before diversion, five were active on diversion, and one had diversion revoked.

It can be difficult to compare the recidivism rates among RDP graduates with those of other programs or the county more generally, given variation in the definition of *recidivism* that is used across various sources. The Los Angeles County Pretrial Data Center tracks outcomes among individuals granted pretrial release and found a rearrest rate of 37 percent during the pretrial period, although rates are even higher among individuals experiencing chronic homelessness (54 percent), those with substance use disorder histories (54 percent), and those with a serious mental illness diagnosis (52 percent) (Wu, Liu, and Stevens, 2024). Although some of these clients may have received pretrial services, not all did. Los Angeles County has also reported on rearrests among other groups, including those on probation, those under postrelease community supervision, and those released without supervision (Chief Executive Office, County of Los Angeles, 2020). Three-year rearrest rates ranged from 20 percent among those on summary probation (largely comprising people with misdemeanor charges) to 51 percent among those under postrelease community supervision; however, it is important to note the long follow-up time frame for these rearrest estimates.

It may also be valuable to consider the longer-term benefits associated with a successful graduation from RDP and having a case dismissed. Data from the California Department of Corrections and Rehabilitation (2024) suggest that about 67 percent of individuals released from state prisons are rearrested within three years. Because a certain percentage of RDP clients avoid time in state prison as a result of completing the program, their outcomes may be especially favorable compared with individuals who are convicted and incarcerated.

That said, it is also important to note that we did not have access to recidivism data among individuals who had diversion revoked, which would also provide an important point of comparison for the recidivism rates of RDP graduates.

Implementation Partner Perspectives on Benefits of the Rapid Diversion Program

Client-Level Benefits

Implementation partners noted a wide variety of benefits for RDP clients. The most frequently mentioned benefits of RDP were related to graduates' ability to avoid the criminal legal system's collateral consequences. Because RDP clients' charges are dismissed, clients are able to avoid the incarceration that might otherwise result from a conviction or plea. The speed with which RDP connects clients to services allows clients to avoid spending additional time in jail waiting for services when compared with traditional mental health diversion. There was also the perception that RDP lowers recidivism.

In addition to a low risk of recidivism among graduates, graduates have their charges dismissed, which is a significant benefit of the program. Because graduates avoid a criminal record (or additional charge on an existing record), they are also protected from the negative consequences that a criminal record has on employment, housing, or immigration proceedings. One interviewee emphasized the impact of having a charge dismissed as follows:

> [I]t gives people an opportunity to not have a certain charge, a misdemeanor or felony charge on their record, because that's really going to affect you forever. Like if you try to get a job or you try to go to school and you want to get certain licensing, you know what? All that becomes way more difficult once you have something on your rap sheet. So I think, for me, that's like, you know, the golden egg.

Clients also benefit from RDP services, particularly access to behavioral health treatment and support from program staff. Mental health providers reported that clients were not aware of available treatment options before participating in RDP and that the support of case managers and other program staff enabled clients to meet their goals. Similarly, multiple implementation partners noted that access to treatment and services in and of itself is a benefit to clients because some clients live in underserved communities with limited access to behavioral health care.

Finally, clients experience benefits related to their family and other aspects of their lives. For example, some clients have been able to reconnect with their families as a result of participating in RDP. This reconnection may bring additional benefits, such as support from family members in getting housing and jobs.

Multiple implementation partners mentioned clients who had gone on to become counselors, including one notable example:

> We have an individual who was homeless for some time living on the streets. He was an addict. He's now doing so well that he's being sponsored by the program that he's currently in. They are sponsoring him to take the educational courses so that he can become . . . [a drug and alcohol counselor]. So he's actually going to school to now become a drug and alcohol counselor and the program that he's living in is actually paying for him to do that.

From the perspective of implementation partners, clients undergo significant personal transformations as a result of RDP.

Community- and Organizational-Level Benefits

In addition to the client-specific benefits described previously, interviewees spoke to other benefits accrued at a community level because of RDP. Both public defenders and prosecutors commented that RDP improves overall public safety, with one public defender noting that RDP has "a huge benefit for public safety, a huge benefit for having people really address the underlying substance use issues that may lead them into criminal

court." Attorneys in both defense and prosecution roles also spoke to the extent to which RDP differs from and fits within the traditional criminal justice approaches by addressing underlying issues, such as substance use disorder. One prosecutor noted,

> So I don't think that it should replace the traditional prosecution route, but I definitely do see a place where—and I do see the benefit of it and I am happy to be a part of that process. Because I think the world is coming around to seeing how the traditional route of prosecution and criminal justice hasn't been helpful to a large variety of the population out there that has certain needs, and we've got to move with the time[s].

RDP also saves time and resources for the broader criminal legal system. Holding fewer hearings prevents the costs, work time, and resources typically needed to prepare for additional hearings, while clients are connected to services in a more efficient manner.

Client Perspectives on Benefits of the Rapid Diversion Program

Reason for Entering Diversion

When asked why they were interested in diversion as an option in their case, participants named several benefits they hoped to attain in the program. These included the fact that they would not need to go to court as often and would have their charges dismissed. Others noted a desire to continue attending school, pursue a better housing arrangement, obtain behavioral health goals, and overall improve their lives. Most clients indicated that they did not have any concerns about participating in the program, although they wanted to understand its requirements, and some expressed a concern about the length of the program or worried that they would not be able to fulfill the program requirements.

Experiences During Diversion

We asked RDP graduates about the process of developing the treatment plan. Multiple graduates said that they were able to provide input into their treatment plan, and some were able to continue in treatment that they were already engaged in. Graduates received a variety of behavioral health treatment programs while in the program, including residential treatment, outpatient treatment, medication management, and groups, such as Alcoholics Anonymous. Some received additional services, such as life skills and parenting classes and assistance finding a more stable housing setting.

We also asked RDP graduates about their experiences with the various implementation partners they interacted with during the program. Regarding attorneys, some clients used terms like "great" and "attentive" to describe their public defenders. Others said that they had little contact with their public defender because their case manager was able to attend court on their behalf, which is part of the design of the program. Relatedly, people described having limited contact with the court; some indicated that they had to attend every couple of months and others saying their case manager largely attended court for them. Some graduates described their interactions with the judge after violating program rules; in both cases, the judge was clear about their expectations for the client but gave them a second chance in the program. People at the court were described as supportive, with one client saying, "And I think they're just doing a great job. And they'll see, like if someone really wants to change their life, and then they're willing to give a chance to people who want to work on themselves."

RDP graduates talked most extensively about their experience with their case managers. Case managers were described by clients as flexible, open, phenomenal, and compassionate. Graduates described the willingness of their case managers to meet them where they were and provide assistance, such as transportation to

appointments. Clients were in frequent contact with their case managers, both in person and by telephone, and had a high level of trust in their case manager. One client noted,

> [My case manager] just let me know if there was anything I needed to speak of that I could give her a call at any time. Anything that was bothering me, anything that I wanted to talk about I could call, which made me feel really comfortable and supported.

Clients received valuable advice from case managers and felt comfortable speaking to them, even when the clients had a lapse in the program. One graduate noted, "The best part was that the case managers were real people and it wasn't this sterile, clinical thing."

When asked about the most effective components of the program, some graduates named a particular staff member (e.g., their case manager) or services they received (e.g., life skills classes, substance use disorder treatment). But others noted the overall effectiveness of the program and all the implementation partners, highlighting the willingness of implementation partners to see them as an individual and help them succeed.

Barriers and Facilitators to Program Engagement

We asked graduates if they experienced any barriers to engaging in RDP while they were in the program. Some clients said they had no challenges. Others talked about difficulty navigating issues in their personal life while trying to adhere to program requirements, or balance employment with the need to attend court. Transportation was sometimes an obstacle, especially if they did not have money for transit. One person said that because their case manager was so busy, it was difficult to get their help addressing a time-sensitive request, and another talked about the challenges in establishing the right treatment plan. Another said that they found it daunting to think about engaging with a program for a full two years, which they believed led to an early lapse.

Clients also highlighted factors that helped facilitate their success in the program. For example, case managers helped alleviate transportation barriers by doing telephone check-ins or traveling to their clients. Virtual treatment sessions also helped in these cases. One graduate appreciated that their case manager kept them updated on all aspects of their case.

Clients described the importance of entering this program with the right mindset. As one graduate said, "When I was in jail, a lot of people were just trying to do this to get out of the time. So it really is just up to them if they're ready. But this program is definitely the right one if you're ready." Some talked about the value of being able to rely on a support system, including family and friends, but also the importance of open communication with their case manager.

Program Benefits

Graduates described a number of benefits that they experienced as a result of participation in RDP. They highlighted the value of receiving mental health treatment through the program, including therapy and substance use disorder treatment, and said that they gained skills through their treatment. One person described the impact that treatment had on their mindset:

> The benefits really come from the [treatment]. They kind of just got in my head that lifestyle is not what I want, and I really realize that I don't want to live like that, and just nothing good comes from it really. It made me realize that I needed to get rid of people that are no good for me as well. It was a big thing for me. Just a lot of good, useful things.

The program also helped clients regain important documents, such as an ID or birth certificate, and helped connect them with services, such as food banks, to meet basic needs.

Some clients highlighted the positive impact that program participation has had on other areas of their life. As one person said,

> I got to improve my relationship with my family. I became someone who was employable again. I became someone who was able to get housing again, and . . . run their own life.

Graduates also discussed the value of having their case dismissed, with one person saying, "Well, my case was dismissed, so I have my life back."

The individuals we interviewed had graduated from the program fairly recently: Three individuals were interviewed on their graduation day, and the remainder had graduated one to six months prior to participating in the interview. However, some of these clients were able to speak to their postdiversion experience. Multiple people talked about being employed; some were preparing to start a job search. Several clients said that they were continuing to attend mental health treatment, and one said that they would stay connected to their case manager.

Comparisons Between the Rapid Diversion Program and Other Pretrial Mental Health Diversion Options in Los Angeles County

Los Angeles County has multiple mental health diversion options that are based on PC § 1001.36. There are certain elements that these options have in common, per the statute: They all focus on individuals with behavioral health diagnoses whose condition played a role in the charges that they face, involve development and completion of a treatment plan, and are one year for people with misdemeanor charges and two years for people with felony charges (PC § 1001.36). However, these options are distinct with respect to process and client population, which we explored in our qualitative interviews. During our interviews, we specifically asked about the ways in which RDP differs from the pretrial mental health diversion program operated by ODR, as well as "traditional" mental health diversion, in which an attorney can independently initiate the process of having a client evaluated by a qualified mental health professional and developing a treatment plan. Interviewees also occasionally compared RDP with other programs for justice-involved populations with mental health concerns, such as ODR's jail diversion program and services provided under Assembly Bill 109, but we limited our analysis to the pretrial mental health diversion options (see Table 3.19 for a summary of findings).

RDP is seen as the most suitable option for individuals with lower-level offenses and people who have less-serious clinical needs. Implementation partners highlighted the fact that RDP is truly rapid compared with the traditional mental health diversion process for multiple reasons: Potential clients are identified earlier; the program has identified several charges that are presumptively eligible for the program; and the clinical evaluation process has been streamlined by embedding providers in the court and developing standardized report templates. One reason the program can be rapid is because it focuses on individuals with lower-level offenses; therefore, stakeholders feel more comfortable relying on a report that has less detail than those that are written by appointed experts in traditional mental health diversion cases. As one individual said,

> Rapid Diversion is really designed for people that we can make a rapid, quick decision on, and we don't need some of the history. And the cases are a little bit more—they're a little bit more appropriate for that sort of quick analysis, right? Because we're going to make mistakes. It's going to happen when you're making quick decisions with less information, and that's when mistakes are going to happen.

TABLE 3.19

Summary of Diversion Options Under California Penal Code § 1001.36 in Los Angeles County

Diversion Pathway	Brief Summary of Population Served and Evaluation Process	Benefits	Drawbacks
RDP	• Serves clients with mild to moderate mental health issues • Focuses on lower-level offenses, including misdemeanors and less-serious felonies • Has a streamlined evaluation process and timeline	• Is rapid compared with traditional mental health diversion (i.e., reduces time frame by four to six months) • Provides case management	• Entails a brief evaluation, which may be less suitable in cases of more-serious felonies
ODR	• Serves clients with serious mental illness, including schizophrenia, schizoaffective disorder, and bipolar I disorder • Is an option for those with more-serious charges • Has been described as streamlined (though little detail was provided about evaluation)	• Provides case management • Connects clients to permanent supportive housing, which lasts beyond program completion	• Serves clients with more narrow set of diagnoses
Traditional mental health diversion	• Serves clients with a range of mental health symptom severity and charge severity • Involves an in-depth evaluation conducted by a court-appointed expert	• Does not require agreement of defense and prosecution • Entails a comprehensive report, which can be beneficial for more-complex or more-serious cases	• Has a quite lengthy process, which may give clients an incentive to pursue a plea bargain • Process is led by defense attorneys, who may lack specialized knowledge to create a treatment plan

Another difference with RDP is that both the defense and prosecution must agree to diversion for a given case, whereas judges can approve traditional mental health diversion even if the prosecutor objects. According to our interviews, a key strength of RDP is the provision of case management services: RDP case managers are able to assist clients with many more needs, such as accessing benefits and obtaining clothing, beyond those related to mental health. This is not a standard component of traditional mental health diversion.

ODR focuses more on individuals with serious mental illness, including schizophrenia, schizoaffective disorder, and bipolar disorder. ODR also tends to serve individuals with more-serious charges, and accepts clients who were experiencing homelessness at the time of their arrest and are currently in custody. Although specifics of the evaluation process were not known by the people we interviewed for this study, the interviewees described the evaluation as streamlined compared with traditional mental health diversion. Clients who are diverted through ODR are enrolled in their ODR Housing program, which ultimately aims to place clients into permanent supportive housing—a benefit that is available to clients for their lifetime, not just during their participation in the program. ODR operates its own housing, and ODR was perceived as having housing options suitable for individuals with more-significant clinical needs or more-severe charges. However, such treatment beds can also be more costly, which can create limits to the number of people served by the program. Similar to RDP, ODR clients also receive intensive case management services (ODR, undated).

Regarding traditional mental health diversion, implementation partners generally did not describe a specific population as more suitable for this option versus the other diversion options, although some suggested that it was more appropriate than RDP for individuals facing more-serious charges (e.g., cases involving violence). Rather, our interviews highlighted the procedural differences with traditional mental health diversion. The process usually begins with the appointment of a mental health expert by the court, which is typically a psychologist or psychiatrist, and this process can take several months. The report written by the court-appointed expert is typically more comprehensive, including greater detail about psychological testing, interviews with the potential diversion client, and evidence for a mental health diagnosis, if one exists.

Defense attorneys then work to develop a treatment plan for the individual and line up potential programs, although attorneys do not always have the specialized knowledge they need to create these plans. The ultimate decision regarding diversion is made by the judge. This full process can be lengthy; some public defenders noted that their clients sometimes decide to plead guilty to get out of custody rather than wait for the process to be completed. However, traditional mental health diversion was cited as an option that defense attorneys might pursue if the prosecutor does not agree to RDP.

Although each diversion pathway has different features, implementation partners highlighted that there is a place for each type of diversion within the continuum of options in Los Angeles County. Some people said that, in the early days of RDP, it felt like there was some competition for resources between ODR and RDP, although there has been more recognition recently that these programs are fulfilling distinct roles. As one interviewee said, “They all have their place. There isn’t one that’s better than another. It’s that you know some clients are better suited to one over the other.” There also appear to be opportunities for greater coordination between RDP and ODR in particular—for example, if someone is referred to RDP but has more-serious clinical needs, the interviewees would like for there to be an easy process by which to refer the person to ODR. One public defender described how RDP and ODR could work together:

> The only other thing I would like us to do, which my goal is, is I’d love to be able to have kind of cross-pollination between programs. We are often the first people who see a mentally ill client. I would love to see a world in which, instead of it being like, “hey, this is not an RDP client,” it’s “hey, it’s not an RDP client, let me contact my person at ODR.”

Rapid Diversion Program Strengths and Challenges, Facilitators to Implementation, and Opportunities for Improvement

Implementation Strengths and Challenges of the Rapid Diversion Program

During our qualitative interviews with implementation partners, we were interested in understanding the current strengths and limitations of RDP. In this section, we present the strengths and challenges of the program as they relate to key stages of the program. Although some of these strengths and challenges map to specific stages described in Chapter 1 and the program process diagram (e.g., referral, clinical evaluation), others were specific to a particular type of service rather than stage in the program (e.g., case management, both before and after diversion). We also summarize overarching challenges identified by implementation partners. These findings are presented in Table 3.20.

Strengths and Challenges with Referrals

With regard to attorney referrals to RDP, attorneys can streamline the process by conducting effective prescreens of their clients. According to interviewees, it is most useful if attorneys are referring clients whose charges are suitable for the program and whose mental health needs are not so severe that it would be difficult to meet them through the program. When attorneys over-refer to the program, it can erode trust on the part of the other program partners. For example, one clinician said,

> The problem is that if you look at it from a system, what will happen is some of the judges or some of the prosecution are going to start becoming distrustful or otherwise, and then they just put their foot down, which is what happened in certain locations. And then that kind of throws the baby out with the bathwater.

TABLE 3.20

Implementation Strengths, Facilitators, and Challenges

Program Stage	Strengths and Facilitators	Challenges
Referral	• Effective and efficient screening by attorneys	• Lack of buy-in for attorneys • Need for additional attorney vetting on certain factors, such as severity of the charge and clinical presentation • Lack of awareness of RDP or its eligibility criteria • Attorney pressure of clients who may not be willing or able to comply with program requirements • Significant responsibility shouldered by RDP coordinator shoulders
Clinical evaluation	• Same-day screenings that are quick and thorough, significantly shortening the time previously required with a full 730 evaluation by a court-appointed expert • Colocation of clinicians and accessibility to clients • Use of a standardized form • Responsive, independent, and honest clinicians	• Logistical barriers within certain courthouses (e.g., courtroom volume and scheduling challenges) • Difficulty assessing clients' willingness to engage with treatment • Brevity of the evaluation, which raises concerns in some cases with more-serious charges
Service linkage	• Ability to get clients into treatment and out of custody quickly • Availability and convenience of high-quality services in Los Angeles County • Use of a trial period as a test of readiness and to build prosecutor and judge buy-in • Use of the Exodus sobering center as an interim placement • Sufficient substance use treatment facilities and sober living homes	• Logistical challenges with linkage prior to release and diversion with clients in custody • Rapidly changing service availability • Insufficient level of certain types of services, including mental health–only or dual-diagnosis facilities; services in certain areas (e.g., Lancaster); and facilities for individuals with complex medical issues or physical disabilities, undocumented individuals, clients with registration requirements (e.g., sex offense), and women
Case management (pre- and postdiversion)	• Frequent contact with and investment in clients • Lived experience to help clients navigate recovery • Ability to navigate the court system, communicate with justice partners, and advocate for clients • Coordination with treatment providers	• Inadequate staffing levels, turnover, and capacity constraints • Unmanageable caseloads, particularly due to client transportation and locations across Los Angeles County • Effect of client struggles on staff morale
Clinical services (pre- and postdiversion)	• Readily available, convenient, and high-quality treatment programs • Willingness of established providers to accept clients and cooperate with RDP • Communicative, receptive, and effective programs	• Hesitancy to accept clients • Program reliability and cooperation on progress reports
Overall	• Interagency relationships, honest communication, and trust • Buy-in from judges and prosecutors who are receptive to alternatives to sentencing and incarceration • Public defender dedication and pragmatic approach • Formal procedures, MOU, and standardized forms	• Political challenges and resistance from regions of Los Angeles County with conservative perspectives on criminal justice reform • Tension around the speed of the program and the severity of eligible charges • Desire for more coordination with other programs, specifically ODR

In addition, the interviews suggested that some attorneys push clients to consider RDP, given the benefits of the program, but this sometimes means that clients are referred to the program who are not willing or able to comply with program requirements.

There was also some indication that there are cases that could be a good fit for RDP that were not getting referred. For example, there was the perception that some attorneys are more likely go to trial or seek a plea deal rather than refer to RDP. In some cases, our interviewees suggested that this reflected a "philosophical difference" with RDP, but in other cases, they noted that attorneys might not want to put additional requirements on their clients (e.g., participation in treatment for one to two years) or may find it easier to plead a case than go through the RDP referral and diversion process.

Given these challenges, the RDP coordinator was described as playing a critical role in brokering case discussions. However, the coordinator position is often a part-time role with significant responsibility at a given courthouse, and having a coordinator in a full-time dedicated role was described as beneficial. In addition, although there are training materials and program documentation, some individuals suggested that there were opportunities to better inform and educate public defenders about the program. These included additional education focused on IDCO, which is a new office and faces the challenge of having its attorneys be more decentralized than those in the Public Defender and APD offices.

Strengths and Challenges with Clinical Evaluations

The RDP clinical evaluation was perceived as both quick and thorough. The evaluation is much shorter than a full psychosocial evaluation, saving as much as four to six months compared with a 730 evaluation. Nevertheless, staff reported needing ample time to gather the necessary information and develop detailed recommendations. Others saw program successes as evidence of the effectiveness of the quick evaluation. As one person said,

> It happens much quicker, and you have much less time to make a decision, but the program is more effective than the . . . traditional conventional mental health diversion way, where you get all of those things. Because you don't have that group of people, professionals that are looking after the defendant as you go along. That's why I was surprised. It seems like it's more risky, but it's really less risky.

Interviewees emphasized how accessible the clinicians are to clients in court, noting that clinical staff being colocated enabled same-day screenings and quick recommendations, which are essential in a court environment. That said, analysis of the interviews suggested that there can be greater logistical challenges in certain courthouses; for example, there were reportedly additional barriers to screening clients in custody at the Central Courthouse because of concerns on the part of the Los Angeles Sheriff's Department. Other logistical challenges relate to the volume of cases, courthouse capacity, and scheduling challenges. Delays in the referral and screening process were perceived to be particularly problematic because clients could be asked to stay in custody for longer than otherwise necessary, and clients and attorneys could be disincentivized from participating in RDP.

Clinicians in this role were described as responsive, independent, honest about clients' stability, and flexible with the ability to rescreen clients once stabilized. Some clinical staff reported that they have felt pressured by attorneys to accept certain clients, but clinical leadership has worked to empower clinicians to push back if they do not believe that a client is appropriate for RDP.

At the beginning of RDP implementation, there were concerns about the qualifications of the staff conducting the evaluations and the level of oversight needed for clinical staff. However, the program has reportedly been able to overcome this challenge and demonstrate the ability of master's-level clinicians to effectively fill the role. As one public defender described,

> For a good year, I had to explain to various judges . . . why a social worker was just as qualified and could provide an opinion. I feel like that's one of the huge . . . system changes that RDP has made because that's just not something that's in question anymore.

However, challenges exist related to the rapid nature of the screening. Clinicians reported some concerns with the level of detail received from clients and the ability to accurately assess how a client will respond to treatment or the client's willingness to engage in treatment, particularly in felony and more-serious cases. For lower-level cases, this was not much of a concern. One clinical staff member reported,

> Sometimes . . . it's like a catch-22. You know, some clients, they're in custody, they hear about RDP. "I'll do whatever I need to do, of course," number one primarily to get released. Then they're released and they go missing or, you know, they get discharged from the program. So oftentimes, it's kind of hard to pinpoint who is going to be, you know, overall suitable . . . for the long term because the screening is very short.

The concerns expressed by clinical staff have been alleviated with the implementation of a standardized form that all parties sign.

Some implementation partners perceived inconsistencies among DMH, P180, and Exodus, particularly in the clinical evaluation process and willingness to reassess clients. These interviewees described a need for further monitoring and standardization of clinical provider approaches.

Strengths and Challenges with Service Linkage

Similar to the rapid referral and screening process, participants reported that rapid linkage to services was essential for RDP to function. The interviewees underscored RDP's ability to get clients into treatment and out of custody quickly, providing a supportive structure and connecting them to services that can last beyond RDP.

Implementation partners suggested that the conditional release process and trial period have been a strength in the implementation of RDP. As previously discussed, such a process was deemed to be a practical solution to help build buy-in from judges and prosecutors. In interviews, the trial period was viewed as a "good test of readiness," which provides an incentive for clients to participate, gives case managers time to become acquainted with clients, and makes sure that people are ready for treatment. It also provides implementation partners with the opportunity to adjust the treatment plan if needed—for example, to add or lessen services depending on how clients respond to treatment.

Although linkage prior to release may speed up the process, some logistical challenges exist. For example, a client may be linked to services but then experience a delay with their release, tying up in-demand treatment beds. Sometimes, by the time a client is released, those services may no longer be available, as availability can change on a daily basis. Moreover, some programs need to speak with a client prior to accepting the individual into the program, and the client needs to be out of custody to do so. Exodus has used its sobering center as a way for clients to be released prior to linking to a more permanent treatment program.

Other logistical difficulties were reported by implementation partners. For various reasons, including program waiting lists and changing availability, there can be delays in connecting individuals to services. One service navigator described individually calling programs to check bed availability because online resources were not regularly updated. Issues with health insurance, particularly private insurance or Medi-Cal benefits from another county, can also delay the service linkage process. Clients can face challenges in navigating the linkage process and the insurance requirements. In turn, delays in the linkage process in a fast-paced court environment can lead to clients and attorneys becoming unwilling to participate.

Despite these challenges, the availability of high-quality services in Los Angeles County was deemed to be critical to program success. Residential treatment programs, in particular, were deemed vital. At the same

time, as previously discussed, more services are needed. Although the county is well resourced compared with other areas, there are still gaps in services across Los Angeles County. RDP competes for some of the same resources that exist for individuals not involved in the justice system, and some participants expressed the need for dedicated or guaranteed programs for RDP.

Given the importance of intensive, inpatient, and residential facilities, the availability of these programs was described as severely insufficient. Judges and prosecutors expressed a desire for locked facilities (e.g., those classified as *institutions for mental disease* in California) and noted that these types of programs would encourage them to accept a wider variety of cases. One judge shared that there are mixed opinions among colleagues on whether judges would over-rely on these facilities if they were more available. Among services that are available, such as full-service partnership beds, interviewees noted long wait times. Participants described this challenge as particularly acute in Lancaster, where very few providers operate, often called a *resource desert*. The lack of local services can create additional hurdles related to access and transportation.

With regard to availability by client diagnosis, interviewees indicated that programs for substance use disorder, such as sober living homes, are relatively accessible. However, programs for mental health treatment alone were perceived to be significantly less available, as were programs for dual-diagnosis treatment. Some clients in sober living homes need supplemental outpatient mental health treatment, but this creates challenges with program coordination and transportation. Once clients complete 90 days of residential treatment, there is a lack of interim options and a need for longer-term programs, such as housing and sober living for more than 90 days.

Other clients have more obstacles related to service linkage as well, including clients with medical issues or physical disabilities, undocumented individuals, and clients with registration requirements (e.g., for sex offenses). Some participants expressed a need for more treatment options for women, noting that women with mental health conditions who experience homelessness face considerable barriers to being connected to care.

Strengths and Challenges with Case Management

Although some differences exist in the provision of case management services in the prediversion period and when RDP clients are being monitored on diversion, the themes that emerged from interviews were largely related to case management more generally (and not specific to one stage of case management). Therefore, in this section, we present findings related to pre- and postdiversion case management.

Across interviews, case management was described as essential to program success. Case managers are in regular contact with clients and were perceived as being allies to clients and invested in their success. Case managers help clients navigate the complicated court system and advocate for their needs and are often in the best position to identify and provide extra support to clients who are struggling. Many traditional court-ordered treatment programs do not provide such assistance. For the most-vulnerable populations, this case management support is critical.

Moreover, case managers were described as providing reassurance to judges and prosecutors and alleviating attorney caseloads. One person described the value of the case management role in RDP:

> The program, it would not work without them. The reason it's successful is because of them, for sure. Because I . . . also do just regular mental health diversion. It's not nearly as successful because there's no one, like, keeping tabs on these individuals. There's no one that's talking to them every week. So, you know, they're critical, but there's only so much resources.

According to the interviewees, case managers have a strong working knowledge of the criminal justice system, ability to coordinate with attorneys and judges, and flexibility and problem-solving skills. Case managers with lived experience were particularly valued because they can relate to clients and help them navigate

their recovery. Case managers also reported relying on each other, discussing challenges with the job, and identifying solutions.

Because case managers benefit from having this specialized skill set, some challenges exist with hiring and retention. Interviewees highlighted that the case management organizations have faced inadequate staffing levels, turnover, and capacity constraints. As one interviewee explained,

> From what I've found, the more contact [that clients] have with an individual who knows what they're doing, the better off they're going to be. And there's only so many people that work for Exodus, and I'm sure they're stretched for time.

Many aspects of the case management role can be time consuming. In addition to the size of their caseloads, case managers described spending a significant amount of time traveling across Los Angeles County to conduct in-person meetings per program requirements. These case managers described how telephone calls and virtual meetings could instead be used at times and in certain cases, alleviating burnout.

Clinical staff and case managers reported struggling when clients faced challenges and were noncompliant. They described situations in which clients have walked away from the program while in transport to treatment. One interviewee described these violations of program rules as the "biggest struggle for the clinical team, for sure," – including both the process of handling violations as well as their effect on staff morale.

Strengths and Challenges with Clinical Services

Similar to our findings related to strengths and challenges with case management, the themes that emerged related to clinical services were not specific to the pre- versus postdiversion period (with the exception of those related to progress reports). Therefore, we describe themes related to clinical services broadly in this section. These themes were also distinct from those related to service linkage (i.e., the process of identifying clinical services).

One challenge related to clinical services pertained to cooperation between mental health and substance use disorder treatment providers, particularly in regard to progress reports. Providers who are new to RDP may be hesitant to accept clients who are court-involved and sometimes ask for private legal information, such as the person's charges. They sometimes want to speak directly to a client, which may not be possible if the client is still in custody. Other issues include programs not providing progress reports on time and not wanting to use the RDP standard form. Our interviewees reported that Kaiser Permanente did not provide progress reports at all. In these situations, case managers need to fill out progress reports and work closely with clients to confirm attendance and treatment updates. Finally, some inpatient treatment programs may not allow visitors, which can create challenges in assessing client symptoms and progress.

As described previously, the lack of community-based treatment options and capacity limits can make it challenging for service navigators to link clients to treatment. However, even when a provider is able to take on a new RDP client, their caseload might mean that they can only see the client once every four to five weeks. For some clients, this may not be frequent enough, and it also means that cancellations can create a significant gap between sessions.

As treatment providers have become more accustomed to RDP and have built rapport with RDP staff, interviewees shared that these providers have become more willing to accept clients and cooperate with RDP, including providing standard progress reports in a timely manner. These providers were also described as being communicative and receptive and working well with clients.

Challenges or Limitations Overall

More broadly, our interviewees described political challenges in the development of RDP, some of which have been resolved. For example, general resistance from stakeholders and regions of Los Angeles County

with more conservative views of the criminal legal system may have inhibited program expansion, and there was concern about inequitable access to RDP, given that the program does not operate in many courthouses across the county. In courthouses where RDP does operate, these different views of the criminal legal system and the discretion afforded to judicial officers and prosecutors have led to variations in how RDP operates.

Tensions also exist around how "rapid" RDP should be. If it is too fast, then clinicians felt they might not be able to make an informed decision of a client's clinical needs and willingness to participate, and prosecutors were concerned that they might not have enough information to make an informed decision. If not fast enough, the program could lose support among clients, attorneys, and judges. RDP has had to balance these factors, in addition to balancing perspectives on the severity of eligible charges.

Facilitators to Implementation

We asked implementation partners about the factors that they have seen as the "key ingredients to success" in the implementation of RDP. These are the factors that have facilitated implementation of RDP and may be important considerations as the program continues to scale within Los Angeles County and to other jurisdictions.

Relationships and Trust

Relationships and interagency coordination have been essential to the development and ongoing implementation of RDP. There have been strong relationships and communication between public defenders and prosecutors, RDP coordinators and clinicians, and public defenders and judges.

Although collaboration is essential, it is also important that individual parties remain independent and honest. Clinical staff described their independence as particularly important to providing an unbiased professional opinion on client needs and safety risks. For example, one clinical staff person noted,

> While [RDP is] collaborative, people sort of stay in their lanes, and our attorneys don't try to be armchair clinicians, which can happen. I think those are the recipes to success, like, get in here, collaborate, do what's best for the client while keeping, you know, public safety . . . . Our clinical opinion, it may differ from the [public defender's], and they have to be able to accept that.

This honest communication was described as critical to building trust in the program and facilitating the diversion process. For example, public defenders built trust with prosecutors by referring appropriate clients and being transparent and honest about the cases. This collaboration then helped build trust among judges.

Buy-In and Political Support

For RDP to succeed, it has been important for individuals to believe in criminal legal system reform or to at least be willing to try a new approach to justice, one that understands and prioritizes treatment and rehabilitation. Interviewees emphasized the importance of buy-in from judges and prosecutors, including an understanding of mental health disorders, substance use disorders, and the recovery process. For example, one public defender reported a need for prosecutors who "realize that solely incarceration does not cut down on recidivism, that you have to get to the root of the problem, and that we have many people mentally ill that need help. You also need someone to understand that substance abuse disorder is a mental illness." Interviewees also described judge and prosecutor flexibility and receptiveness to alternatives to sentencing and incarceration as key facilitators. As one interviewee said, "It just takes bench officers who are willing to be a little courageous sometimes [and] give people a chance." Support from prosecutors and judges has only seemed to grow as more program successes have accumulated.

Staff Dedication and Experience

Public defenders' dedication and pragmatic approach were perceived to be key facilitators to implementation. Attorney training has been essential so that public defenders understand RDP, refer clients with appropriate cases, and are dedicated to getting clients treatment. A phased rollout approach to implementing RDP, which began with misdemeanors and progressively expanded to more-serious charges, fostered trust among program partners. This trust was further strengthened by the dedication of Public Defender's Office leadership, their in-person presence at courthouses, and emphasis on referring clients who have true potential for success.

Case managers play an essential role in clients' experience and success with RDP and as a program facilitator more broadly. Case managers are invested in their clients and provide critical one-on-one time. Their engagement with treatment providers is also important for program oversight and client success because, as one interviewee stated, "that collaboration with all these community resources is creating this network of support for these clients."

Embedding clinicians at the courthouses is a key aspect of RDP. But it has been equally important to have skilled and experienced clinicians to conduct the quick, yet thorough, screening that RDP requires and to negotiate cases with public defenders and prosecutors. One interviewee explained,

> This program initially appeared like a more entry-level clinician sort of thing, but I found that to be the exact opposite. You need a seasoned clinician who knows their business. You know what I mean? You have such a short period of time to do so many things . . . . It requires too much that you're not going to get without experience.

Finally, interviewees at the Compton Courthouse described the value of Partners for Justice advocates, which is a resource specifically available at that courthouse and contracted through the Public Defender's Office and APD. Although not specific to RDP, Partners for Justice advocates have been able to provide extra support, attend court appearances to help advocate for the case and address the judge, and allow clients to voice frustrations when they have been struggling.

Available, Convenient, and High-Quality Treatment Programs

RDP needs high-quality local treatment programs to succeed—that is, programs that are responsive, reliable, and willing to work with case managers to provide progress reports. It is also important that programs be quickly accessible and available, given that judges and prosecutors prefer clients to already be connected to a service provider prior to being officially diverted. Because many clients require assistance with other needs, it has also been valuable that case managers can help clients address housing, transportation, clothing, and other necessities that influence their success.

Formal Procedures

Formalizing relationships and processes has been important in the development of RDP. The MOU between agencies has been key to establishing program rules, case parameters, and partner responsibilities, all of which help encourage diversion. As a result, public defenders conveyed their belief that the MOU would lead to increased client diversions. Additionally, staff guidelines and a standardized form have improved and streamlined the referral and screening process, freeing up leadership from needing to discuss each case.

Data Management

A few public defender staff members emphasized the importance of data and case management systems in facilitating implementation. The Public Defender's Office case management system was seen as essential in tracking diversion cases, viewing police reports, and ensuring progress. Data also have an important role

in understanding potential program disparities and holding attorneys and other implementation partners accountable. Finally, as the program has grown and seen more success, data have helped the program demonstrate outcomes, alleviate concerns, and build program support from various implementation partners.

Recommendations for Improvement

We asked implementation partners and RDP graduates about ways to improve RDP. Recommendations from both groups are described in the following sections.

Implementation Partner Recommendations

Expand the Rapid Diversion Program Countywide

Interviewees recommended that the program expand and be available countywide. Because the program is unavailable across much of Los Angeles County, there were concerns about disparities in client access to mental health diversion. As one public defender shared,

> My colleagues [at other courthouses] have expressed the frustration of having clients that struggle with addiction or mental health issues, and they don't have those resources to try and even get those clients treatment, and they're backlogged, and you know, we already have so many cases as public defenders, but to then, you know, have these sort of clients or you have to file motions, get an expert do all this extra work where, you know, there's only one of us per client. So . . . [these resources] should be in every courthouse in the county.

Enhance Staffing and Training Across Roles

As RDP expands, the program has opportunities to enhance staffing and training across roles. For public defenders, implementation partners recommended additional training to ensure appropriate referrals and improve the flow of cases through the evaluation process. Given public defenders' caseloads, job rotations, and extensive required trainings, it can be challenging for attorneys to be well informed of RDP and willing to put in the time to explore the program as an option for their clients. For this reason, one interviewee suggested that offering continuing legal education credits for completion of this type of training could be one strategy to promote participation. A brief written summary of RDP would also be a valuable resource, and IDCO staff reported that their attorney resource portal would be a particularly important avenue to include this type of summary information. Prosecutors also rotate assignments, creating a need for ongoing training on RDP and psychoeducation to further enhance understanding of mental illness, substance use disorder, relapse, and the recovery process.

For the clinical providers, interviewees recommended additional staff and improved training. For example, one public defender recommended that three clinicians work at Central Courthouse rather than one clinician. Given the importance of experienced clinicians who can navigate the justice system, coordinate with attorneys, and provide independent clinical opinions, there is a need to raise wages and reduce staff turnover. An improved onboarding process, such as a "basic 101 of the criminal justice system," could enhance P180 and Exodus staff members' understanding of the procedural steps of RDP.

Implementation partners expressed a need for additional staff dedicated to RDP to better identify and oversee cases and potentially to flag or notify attorneys of RDP-eligible cases. This could include an automated, digitized system as a way for eligible cases to be flagged and for implementation partners to communicate and share notes. Others recommended the integration of additional roles, specifically peer support specialists and housing specialists, to improve client experiences and connection to resources. P180 staff reported that they "need a housing specialist to provide RDP clients with the CES [coordinated entry system], the necessary documents for housing, and housing referrals."

Allocate Additional Funding to the Rapid Diversion Program

Multiple implementation partners cited a need for additional resources to support RDP. These could include funding that would support dedicated staff roles—for example, ODR is able to fund a small number of public defenders to fully dedicate their time to ODR diversion, and it was suggested that this could be a beneficial model for RDP to consider if funding were available. Additional funding could also be used to support expansion:

> We still don't have an ongoing growth resource pool for RDP as it goes to different locations and we expand in different courthouses. So we've had to figure out a way to use existing resources. To allow that to happen, other stakeholders [who haven't been as supportive of that process], in my mind, should be more responsible for ensuring that the economic growth of RDP is possible [and] that those resources are in place.

Streamline the Service Navigation Process

Opportunities exist to improve the service linkage process. Although linking clients and securing a bed prior to diversion is potentially necessary for prosecutor and judge agreement on cases, one clinician proposed a change to this process:

> We should be able to make a recommendation of our level, [that] this person qualifies, [and] here is the level at which they qualify, and have the court and DA [district attorney] make a decision based on that, and then if they say yes, then we do the linkage thereafter. The fact that we're doing it in reverse order, and the fact that other courts do it differently [is not efficient].

Because of the time they spend with clients, case managers may have a better sense of a program or facility that would be the best fit for a client. Case management staff advocated for this enhanced authority in clients' treatment decisionmaking.

With regard to treatment facilities, interviewees suggested having more readily available, flexible, and individualized treatment recommendations. These options included a wider array of programs available to refer clients to, such as treatment programs dedicated to RDP or programs for clients with more-serious clinical needs. Others suggested introducing flexibility related to program length—for example, for misdemeanor cases, cutting the program length to three or six months to incentivize more clients to participate.

Assist Clients with Nonclinical Services and Housing

Although case managers are able to assist clients with a wide variety of needs, housing in general was reported to be a pervasive need among clients. RDP could benefit from adding staff roles dedicated to connecting clients to housing, particularly after clients have graduated from the program. Other ideas shared by implementation partners included the possibility of leveraging the new Enhanced Care Management benefit through CalAIM,[1] which would allow RDP to address additional social needs among RDP clients, and adding a job- or education-focused component to help clients with opportunities after graduation.

Create Consistency and Standardization Where Possible

Our interviews suggested opportunities for more program consistency and standardization. This included consistency among clinical service partners, judges and prosecutors, and processes across courthouses. Specific examples included creating similar graduation ceremonies across all RDP courthouses, creating more consistency in the evaluation process across the three entities that conduct evaluations, and reducing the dif-

[1] *CalAIM* refers to California Advancing and Innovating Medi-Cal, a plan with the goal of improving outcomes for Californians covered by Medi-Cal.

ferences in how judges approach the monitoring of cases. That said, implementation partners acknowledged that there can be value in allowing variation across courthouses:

> I'm waffling on [the] consistency part because, like, on the one hand, it would be nice if everything worked the same, but like maybe that's a fool's errand and every courthouse has to do its own thing a little bit. So I think just . . . process consistency—and . . . where there are departures from that process—like, have it very clear how it does work instead and have that written down somewhere so that everyone can reference it.

Opportunities also exist for more-consistent data collection efforts within the program, with some participants hoping for the development of more metrics and timelines by which to determine program success.

Rapid Diversion Program Graduate Recommendations

Some recommendations shared by RDP graduates mirrored those raised by implementation partners. For example, one graduate suggested that the program would benefit from additional funding—especially if it helped fund additional case management roles—because the graduate said that their case manager seemed to be "stretched thin." Two clients talked about the need for different housing options for RDP clients, with one highlighting the challenge of coordination with the Los Angeles Homeless Services Authority. Clients suggested that it would be helpful to provide RDP clients with bus passes and that employment supports would also be welcome. They suggested that there could be better coordination between case managers and service navigators with community-based behavioral health treatment providers to determine what the most appropriate treatment setting might be. One graduate said that there was "some haste" to the service navigation process and suggested that closer collaboration with treatment providers would help make sure that treatment decisions were best suited to clients' clinical needs.

CHAPTER 4

Discussion

In the previous chapter, we presented the findings of our evaluation of the Los Angeles County RDP. In this chapter, we summarize the key takeaways from the evaluation and propose recommendations to support the ongoing implementation and expansion of RDP.

Summary of Findings

RDP has filled an important place in the continuum of options for people in Los Angeles County who have behavioral health concerns and are involved in the legal system. Prior to RDP, the existing options were focused more on post-plea programming or were targeted to people with more-serious clinical needs or more-serious charges (e.g., ODR's jail diversion program). When RDP began, the goal was simple: reduce the inefficiencies in the traditional mental health diversion process. It accomplished this by embedding the diversion infrastructure within the court setting, focusing on individuals with minor behavioral health concerns and low-level charges, and finding ways to streamline the evaluation and linkage process. But while the goal was simple, accomplishing it has required time, funding, and the dedication of multiple implementation partners—such as defense attorneys, prosecutors, judges, and clinicians—all with the support of the MacArthur Foundation SJC.

RDP has grown substantially since it launched in 2019. It now exists in seven courthouses, which vary substantially in terms of demographics and the communities they serve, from Airport Courthouse, serving much of the west side of Los Angeles County, to the Lancaster Courthouse, serving much of the northern portions of the county. After the program demonstrated its ability to successfully divert individuals with misdemeanor cases, it began to take on felony cases. The program has served a large volume of clients: Even just focusing on March 2022 to April 2024, more than 4,300 people have been clinically evaluated, with nearly two-thirds being approved, and more than 1,200 have been diverted. Our analysis suggests that at least 53 percent of individuals diverted go on to graduate. And rates of recidivism are low among program graduates; among the 669 public defender clients who have graduated from the program since it began, 607 (91 percent) have avoiding having a new case filed since their graduation.

Our analysis also provided insight into the characteristics of clients that are associated with success at each stage (i.e., getting approved at the stage of evaluation, being diverted, and graduating after diversion). Interestingly, older individuals were slightly less likely to be approved at the stage of the evaluation, despite the fact that older age is typically associated with a lower likelihood of recidivism. In addition, people with misdemeanor charges were less likely to be diverted than those with a felony, which is surprising because these individuals have less-serious charges and therefore may be seen as more appropriate for diversion by prosecutors and face a shorter length of time in the program. At the same time, individuals with felony charges are facing more-significant consequences if they are not diverted—because they have more-serious charges, they are likely to be facing longer sentences if convicted. Therefore, it may be that these individuals are more motivated to engage in prediversion services and then go on to be diverted. We observed that indi-

viduals who were out of custody when they were evaluated were more likely to be successful at each of these stages; according to our discussions with implementation partners, these individuals are likely more stable from a mental health perspective, which may explain this effect. We also explored whether race and ethnicity was associated with program outcomes. We found some evidence that certain racial groups may be diverted at different rates, although these effects differed between the regression model that included initial housing status and the model that did not include initial housing status; therefore, continuing to monitor program outcomes by race and ethnicity will continue to be important.

Although the program has grown substantially, it has also faced challenges in its implementation. As the program has expanded to felony cases, prosecutors have expressed concerns about relying on the brief evaluation and diversion report, particularly if the nature of the charge is more serious. Defense attorneys stated that more clients could be served by the program, noting that, many times, the charge will seem serious but the facts of the case indicate a person who was in distress and would benefit from behavioral health treatment. Courthouses have developed site-specific procedures based on the preferences of their justice partners, but this has resulted in differences in the likelihood that cases from certain courthouses will be approved after their clinical evaluation or diverted. Service navigators sometimes encounter difficulties in linking clients to treatment, describing particular gaps in services for people with mental health diagnoses only or dual diagnoses, individuals with complex medical issues or physical disabilities, and undocumented individuals, among others. Some implementation partners highlighted the need for more programmatic oversight as RDP expands, as well as coordination with other local agencies (e.g., ODR).

At the same time, the program has considerable strengths. Implementation partners noted that RDP is truly rapid compared with traditional mental health diversion, which is possible because of the collaborative efforts of attorneys, clinical evaluators, service navigators, and case managers. There is a mutual respect between attorneys and clinicians, and implementation partners philosophically understand that mental health and substance use disorder recovery is not a linear process. Some courthouses conditionally release clients into treatment before they are formally diverted, which serves as a trial period of sorts to assess whether an individual is truly ready to commit to the program. Case managers are dedicated, readily available, supportive, and respected and trusted by clients. As the program has evolved, some of the key ingredients to success have included honest communication across implementation partners, the presence of implementation champions within the Public Defender's Office who have enthusiastically supported this program, and the development of formal procedures, an MOU, and standardized forms. RDP graduates emphasized how the program gave them a new chance at life and supported their growth throughout their participation.

Evaluation Limitations

Before presenting our recommendations, is important to note the limitations of our evaluation. First, as noted, SJC supports efforts to reduce the jail population within Los Angeles County, and RDP is a component of the overall strategy in the county. However, it was beyond the scope of this project and the data available to estimate the impact of RDP on the jail population. In addition, the planners of RDP acknowledged that the program would not initially affect the average daily population of the jail, although it has the potential for a larger impact once it is scaled across the county. Therefore, this will be an important measure of success as the program continues to expand to new courthouses but is beyond what we would expect to observe at this time.

In addition, our quantitative analysis is largely descriptive in nature. Although we were able to look at the overall characteristics of clients in the program and identify predictors of specific program milestones (e.g., diversion, graduation), we were unable to identify a suitable comparison group with the resources of the time frame available for this evaluation. It will be essential for future evaluations to explore the outcomes of the

program using a more rigorous design. We were also limited to largely demographic and case-related data for our regression analysis and were not able to include data related to clinical factors in these models. Clinical characteristics are likely associated with other predictors in these models, including custody status and housing status; furthermore, it would be worthwhile for future research to more formally assess the association of such factors as diagnosis or symptom acuity with the likelihood of graduating from the program.

Related to postprogram outcomes, a 9-percent recidivism rate among program graduates is promising; however, we did not have data on rates of recidivism among a similar group, such as individuals at non-RDP courthouses. It would also be valuable to understand patterns of recidivism among people whose diversion was revoked after being approved. Regarding qualitative data, although we obtained some information about courthouse differences through our interviews with implementation partners, we would have required a larger number of interviewees per courthouse to conduct an in-depth comparative analysis, which was beyond the scope of this evaluation. Finally, we were able to interview RDP graduates, but because of logistical constraints and concerns about active legal cases, we were not able to interview clients who were still active in RDP or who had exited the program without graduating.

Recommendations

Using the findings of our evaluation, we developed several recommendations relevant to the ongoing implementation and expansion of RDP. With these recommendations, we aimed to address some of the common challenges or limitations that were raised by our findings, building on what we learned was already succeeding about the program, the recommendations of implementation partners and graduates, and the research literature on scaling interventions. To organize our recommendations, we drew on the Consolidated Framework for Implementation Research (Damschroder et al., 2009), a widely used implementation research model that has been applied to studies of legal system interventions (Brooks Holliday et al., 2021; Van Deinse et al., 2023). Some of our recommendations are within the realm of control of RDP and its implementation partners—particularly those related to the nature of the intervention and the *inner setting*, which refers to such factors as the relationships among the implementation partners, the RDP infrastructure, the resources available, and the culture of the program. Other recommendations are related to the *outer setting*, which is a term used in the Consolidated Framework for Implementation Research to describe the contextual factors at the community or system level that affect a program. For RDP, this could include the larger system of behavioral health care in Los Angeles or county funding decisions.

Recommendations Related to the Rapid Diversion Program Model and the Inner Setting

Improve Awareness of the Program Among Implementation Partners

The previous evaluation of RDP (Bendit et al., 2021) was framed, in part, around opportunities to increase the number of people who are being diverted by RDP. This focus was consistent with the larger mission of SJC, as expansions to RDP have the potential to reduce the local jail mental health population. But some interviewees wondered whether there are defense attorneys who are not aware of the program, which would mean that there are clients who are presumptively eligible for RDP who are not being referred. Others suggested a need to improve knowledge of the program and its eligibility criteria.

One way to improve awareness of the program would be to create a one-page description of the program to be distributed to defense attorneys. The one-pager could outline in clear terms the eligibility criteria, the referral process, and the general program requirements. Ideally, the level of detail would be simple enough that attorneys could also use the one-pager as a set of talking points when telling their clients about RDP.

This type of brief form could be especially valuable for IDCO attorneys, who may not have the same level of awareness about programs like RDP as do attorneys in the Public Defender's Office or APD. If this type of one-pager already exists, it could be worth revisiting it to see whether the information can be distilled in a way that increases its uptake. It is also important to share this type of reference on a regular basis at the courthouses where RDP is offered, to account for turnover in attorney roles.

Another option would be to create trainings to share details about the program with attorneys. Certain trainings have been developed already that could be used as a foundation—for example, the training developed for expansion sites. In developing this type of training, RDP must be mindful that attorneys are pressed for time and are likely being asked to complete other training opportunities. To incentivize people to participate, RDP could consider developing a training that would be eligible for continuing legal education credits—for example, a larger training about the intersection of mental health and the legal system that also describes how RDP addresses this population's needs.

Interviewees from some courthouses described a more centralized screening process, where a public defense supervisor reviewed cases and flagged those that they thought might be an appropriate fit for RDP. This is another process that may help reduce the need for line attorneys to be aware of the program; at the same time, this also hinges on the supervisor having enough time to conduct this type of prescreening.

Formalize Program Documentation

Several aspects of the RDP program have been standardized through the use of specific protocols and forms—for example, the diversion report and the MOU. These are perceived to be valuable resources, as they help create a shared set of expectations across implementation partners. But because of variation in implementation across courthouses, it may be challenging for implementation partners to know which aspects of the program should be consistent across sites and where more flexibility or discretion may be acceptable. One way to address this could be through the development of a detailed implementation guide. The guide could summarize the core program model and, ideally, would also document some of the courthouse-to-courthouse differences in implementation—for example, which courthouses conditionally release and divert individuals at the same time, and why? Which courthouses have accepted domestic violence cases, and how has that worked? This type of implementation guide would serve multiple purposes. First, it would institutionalize the program's procedures and serve as a reference whenever there is turnover or rotations in key partner roles. This type of guide would also help when RDP prepares to expand to a new site. Not only would key processes be documented, but it could help partners at a new site become more enthusiastic about the program when they see that they will have some opportunity to make local adaptations to program implementation. In our experience, this ability to see examples of local adaptations when scaling a new program can be an effective way to gain buy-in in other similar settings (Brooks Holliday et al., 2024).

Revisit the Exception Protocol Process

Another opportunity to formalize program operations is related to exception protocols. There are certain benefits to exception protocols: Public defenders are glad to have a way to refer a case that might seem too serious based on the charge but actually could be a strong fit for RDP, given the facts of the case and the individual's mental health needs. Prosecutors are similarly glad to be able to decline a case when they are concerned that it presents too much of a risk to public safety. But the downside of the discretion that comes with exception protocols is that it can result in significant differences from courthouse to courthouse based simply on the personnel at each site. It also means that a single person could significantly affect RDP at a given courthouse. For example, a single overzealous public defender submitting exception protocols for cases that are unsuitable could erode trust with partners; alternatively, if a prosecutor declines every exception protocol, even reasonable exceptions, it could have a chilling effect on the number of people referred to diversion. One way to address this issue would be to revisit the eligibility criteria and determine whether more

guidance could be provided about the cases that are presumptively ineligible but are reasonable referrals for an exception protocol. For example, RDP could outline specific circumstances or sample cases that could or could not be a good fit.

Implementation partners from across organizations agreed that there are individuals who are presumptively ineligible for RDP but might actually be a good fit for the program. Several examples were given of situations in which an individual is charged with a serious or violent offense, but the facts of the case reveal that the circumstances were less serious than the charge would suggest, or that there was a clear manifestation of mental illness. However, there are also cases that are more borderline—perhaps the circumstances were quite serious, but there is still a sense that the individual would benefit greatly from mental health treatment and that participation in RDP would reduce their future risk. In these situations, prosecutors talked about how difficult it is to rely on the rapid evaluation and diversion report to make their decision. For these types of more serious cases, RDP might consider whether a different or supplemental evaluation protocol may be warranted. This is not to suggest something as lengthy as a 730 evaluation, as our interviewees made it clear that this would add months to the diversion process. However, one option might be to supplement the clinical evaluation with a more formal risk assessment to help address questions related to public safety or dangerousness. Adding this assessment to all RDP evaluations would be impractical because of the extra time needed and potential need to review collateral documentation. But it may be practical to implement with a smaller subset of cases, such as those referred for an exception protocol.

Create More Opportunities for Formal Contact Between the Defense and Prosecution to Build Stronger Relationships

In some RDP courthouses, the relationship between the defense and prosecution seemed to be quite strong, and collaboration and trust have been important to the success of the program. But interviewees from other courthouses described more of a divide between the perspective of the public defender and the prosecutor, leading to dissatisfaction on both sides.

Trust and collaboration take time to build, and it can be challenging to lay that groundwork when a program first expands to a new courthouse or when a new prosecutor or coordinator steps into a key role. Interviewees described that a higher level of formal contact—for example, regular meetings between the defense and prosecution to discuss each client being considered for diversion—seemed to help build trust. This type of working relationship can create a sense of a shared mission. In other contexts, cross-training has been identified as an effective way to build trust across different agencies (e.g., law enforcement and behavioral health), and this could be an effective strategy for RDP as well (Brooks Holliday et al., 2024). Another strategy might be to develop learning or quality improvement collaboratives, bringing together defense attorneys and prosecutors in RDP leadership positions across courthouses to discuss such topics as challenges, best practices, and innovative solutions (Barker, Reid, and Schall, 2016; Leeman et al., 2017).

Provide Sufficient Support for Case Managers

It was clear from interviews with implementation partners and RDP graduates that case managers are critical to RDP's success. However, this is a demanding role. It requires knowledge of the legal and behavioral health systems. Case managers are juggling check-ins, which happen both in person and virtually, across a number of clients with a wide variety of needs. Some graduates talked about how available their case managers were to assist with any issue, including providing transportation. But at least one client was also concerned that their case manager was stretched thin.

Programs for clients with serious mental illness often have a lower caseload ratio—for example, ODR uses a ratio of 1:15, other intensive case management models often use a ratio of 1:20 or less, and assertive community treatment models use a ratio of 1:10 and have a shared caseload (Brooks Holliday et al., 2021; Diet-

erich et al., 2017; Substance Abuse and Mental Health Services Administration, 2023). Although RDP clients typically have mild to moderate behavioral health conditions rather than serious mental illness, other factors make this a complex population, such as legal system involvement and the lack of stable housing. Therefore, it is worth considering whether it is possible for RDP case managers to maintain a lower caseload, or perhaps consider the shared caseload model. Other ways to support case managers include providing professional development support, both during onboarding and throughout the individual's employment, and ensuring a living wage (Abraham et al., 2023). Adding peer specialists as members of the case management team could also help alleviate some of the burden on case managers.

Collect and Share Data Frequently with Implementation Partners

Although implementation partners are interested in seeing data regarding program implementation and outcomes, some interviewees conveyed that they did not have a good sense of trends within their courthouse or for the program more broadly. The Public Defender's Office collects and explores data and uses the data to inform its work—for example, to ascertain whether rates of diversion or termination are higher at certain courthouses. But it can be more challenging to pull in data from the clinical providers because they maintain separate data systems, and there is not a systematic method for collecting data from the other defense agencies. Continuing to build the infrastructure for data collection and analysis is a worthwhile investment. Analyzing and sharing data with implementation partners with some regularity could also help gain buy-in and trust, especially if the data are used as the basis for discussion. For example, if the Public Defender's Office notices that there appears to be some drift within one courthouse (e.g., especially low or high rates of diversion), the office could bring together implementation partners to discuss the data, address issues, or identify best practices. The program could also monitor the demographics of individuals who are referred for diversion, approved at the stage of evaluation, and then diverted, to determine whether there are disparities at any of those stages.

It would be valuable for the program to more formally track recidivism rates among people who are diverted but have diversion revoked; understanding their postprogram trajectory, especially compared with those who graduate from the program and have their case dismissed, may provide additional insight into the effectiveness of the program. Relatedly, it would be worth exploring whether there are options for constructing a comparison group to more rigorously test the impact of the program, such as identifying similarly situated cases from non-RDP courthouses.

Recommendations Related to the Outer Setting

Provide Additional Funding to Support Dedicated Staff Roles Within the Program

Although service navigators and case managers are generally working full time for RDP, other staff roles are split across multiple responsibilities, including RDP coordinator roles. Some of the recommendations described earlier could be time intensive, such as having more formal engagement with prosecutors, participating in learning collaboratives, and developing case management. Therefore, even if RDP responsibilities do not currently take 100 percent of an individual's time, that could change if elements of those recommendations were implemented.

In addition, it was clear from our interviews that implementation of the program has succeeded, in part, because of the dedication of a small number of individuals in positions of leadership. These individuals have served as the authoritative source of information about RDP and have been *change agents*—supporting expansion and ongoing implementation (Thompson, Estabrooks, and Degner, 2006). But as the program continues to scale up, it may become increasingly important to have additional people who serve in this role. The literature, for example, has described the benefits of implementation facilitators who can guide the uptake of an innovation in a new setting (Olmos-Ochoa et al., 2021). If RDP coordinators were fully dedicated to the program rather than having to divide their time across multiple responsibilities or programs,

they could serve in the role of a local facilitator at each courthouse. That said, this type of staffing model would require additional program funding.

Fund Dedicated Treatment Centers That Can Be Used for Rapid Diversion Program Clients

In interviews, we learned that the Exodus sobering center was filling a critical gap by ensuring that individuals had a stable place where they could be conditionally released to and await their next service linkage. People also talked about limits to the system of behavioral health care in Los Angeles County, where treatment beds are in high demand from a variety of programs, not just RDP. When the linkage process takes too long, individuals who could be a good fit for RDP may sometimes opt to take a plea deal rather than remain in custody, so it is important to consider ways to mitigate such delays. The county could consider investing in additional treatment beds or interim facilities, with some or all of their treatment slots dedicated for RDP clients, to help address this issue. This would be similar to the model used by ODR, which has dedicated interim housing sites to which clients are released. Although this would require a significant investment, it would help address current barriers to expansion.

Improve Collaboration and Interagency Partnership Within the County

RDP is just one of many programs serving individuals with mental health concerns who are involved in the legal system in Los Angeles County. As our interviewees highlighted, there is a place for all these programs to exist, as they each serve a distinct subset of this population. However, according to our interviews, little formal partnership currently exists between these programs, even though increased communication between programs, such as RDP and ODR, may help ensure that clients are not slipping through the cracks.

In addition, as JCOD grows as a department, it may be ideally suited to help promote this type of cross-agency and cross-program collaboration. JCOD is a new department, and it has taken some time to grow with respect to its mission, staff, and resources. The new JCOD program manager for RDP is well positioned to increase the lines of communication between RDP and JCOD, as well as with other programs that JCOD oversees. JCOD is also prioritizing such efforts as developing a more robust data system, which would create an additional opportunity to continue fostering transparency between RDP and the larger community.

Interview Protocols

In this section, we present the interview protocols used for implementation partner and RDP graduate interviews.

Implementation Partner Interview Protocol

The implementation partner interview protocol was designed to be a flexibly delivered interview protocol, with an overarching bank of questions that could be tailored to the background, expertise, and role of a given interviewee.

Background (All Interviewees)

Can you start by telling me about your role?

(If RDP staff member) What courthouse are you assigned to?

Diversion Process

Referrals (RDP Staff, Line Public Defenders)

How do people get referred to the program?

- Where do your referrals come from?
- How do referring attorneys determine that someone may have a mental health condition that would meet criteria for this program?

How do attorneys (or other referring parties) learn about RDP as an option for their clients? How do you share information about the program with potential referral sources?

(Line attorneys) When you are assessing a new client, how are you deciding whether they might be an appropriate diversion client? In what circumstances do you consider a referral to RDP? In what circumstances do you consider a referral to other diversion programs?

Screening Process (RDP Staff)

For reference for interviewer—steps of the screening process are summarized at the end of this document for reference. The goal of this section is to learn more detail about how these steps unfold. Refer to those steps when developing probes. Be responsive to the role of the interviewee when conducting the interview—for example, coordinators will likely be able to answer the most detailed questions about their component of the screening process.

Once a case gets referred to RDP, can you start by telling me about the roles of each of the key staff members on the team?

- Potential probes: Branch coordinator; clinician; service navigator; case manager

What types of qualifications or background do [*role of interviewee; e.g., "clinicians"*] have?

Are the people referred to RDP generally a good fit for the program, or at least to go through the screening process? Why or why not?

Can you tell me about the *branch coordinator screening process*?

- When reviewing the police report and record, what are you looking for? What types of offenses are disqualifying? Are there offenses that are not statutorily disqualifying but that are not accepted by the program?
- When asking about clinical factors, what types of information is the coordinator looking for?
- What are the common indicators that a person will not be willing or able to comply with program requirements?

Can you tell me about the independent *evaluation conducted by the clinician*?

- What types of instruments are you using for the evaluation—clinical interview? Any structured assessments or symptom screeners?
- How often do you find that someone has a mental health condition only? Substance use disorder only? Co-occurring disorders?
- What indicators do you look for to determine if someone is stable enough to comply with treatment?
- Can you tell me about the process of evaluating whether the person's mental health disorder played a significant role in the commission of the charged offense? How do you assess those criteria?
- Are you assessing for treatment needs as part of this evaluation? How do you do so?
- What are the most common reasons that someone is not approved for diversion at this stage?

Can you tell me about the *service navigator's process of linking* the candidate to treatment programs?

- What factors determine the treatment programs that you are looking at (e.g., treatment needs, insurance availability, diagnosis)?
- How do you determine someone's treatment needs?
- What types of programs are you most often linking people to?
- We saw that stable housing is a requirement for enrollment. How often do you need to help people with housing? What are the most common housing needs that people have?
- Are there certain types of services that are more challenging to find than others? What are they?
- How long does the linkage process typically take?
- If you cannot make a linkage, what happens to that person?

Once a client is linked, what type of monitoring is occurring to make sure that they adhere to treatment?

- How long do they need to demonstrate that they are adhering to treatment?
- Are you getting feedback from the treatment program as part of this determination?

- When people are not adhering to treatment, what does that usually look like (e.g., not attending sessions)?

Once a Diversion Report has been completed and forwarded to the prosecutor supervisor, what happens next?

- How long does it typically take them to review the case?
- How often are prosecutors determining that the person is NOT a good candidate for diversion?
- When a prosecutor decides that the person is not a good candidate, what are the most common reasons?
- If the prosecutor does not agree to diversion, does RDP make any efforts to try to reach common ground with the prosecutor?

Are there times that the judge decides someone is not a good fit for diversion, despite a joint recommendation? What are those circumstances? How often does that happen?

At what stage would you typically learn that a potential client is NOT interested in diversion? Before assessing eligibility? After?

- What are the most common concerns that potential clients raise about diversion? What are the reasons they don't enroll?

Are there groups of people that you think are falling through the cracks (for example, demographic groups, clinical groups, people with certain charges)?

Can you tell me about the weekly case meetings?

- How often do you meet?
- What topics get discussed in those meetings?
- Are these meetings effective? Why or why not?

What are the strengths of the current RDP screening and enrollment process?

What are the limitations or weaknesses of the current RDP screening and enrollment process?

What are the challenges you encounter in your work related to screening and enrollment?

What are the most important resources that you use in your work? Are there resources that you wish you had but don't? What are they?

Which staff roles are 100% dedicated to RPD, and which have other responsibilities? For those who have other responsibilities, what percentage of their time is dedicated to RDP? How are those decisions made?

Clinical Services and Case Management

(Case manager) Can you describe what your typical case management looks like with a client who has been diverted?

- How often do you meet with the client?
- What are the most common services you're connecting people to?

- What types of client challenges are you helping them to navigate?
- How often are you in touch with the client's treatment provider(s)?

(Clinician) How many diversion clients have you seen for treatment?

- (If more than a couple) What are the common presenting concerns of these clients?
- Are there ways that serving diversion clients has been different from other client populations that you serve? How so?

What type of communication do case managers and clinicians have with each other?

- How often are you in contact?
- How much of the communication comes through progress reports? How much through other mechanisms?

What are the strengths of the case management and clinical services available through RDP?

What are the limitations or weaknesses of the case management and clinical services available through RDP?

Prosecutor Perspectives (District Attorney Supervisors, City Attorney Supervisors [Individuals concurring (or not) with diversion reports])

How familiar are you with RDP? Where did you learn about RDP?

From your perspective, who is the "right" type of client for RDP? In terms of legal charges or history? In terms of clinical presentation (e.g., diagnosis or symptoms)?

When you review a diversion report, how are you evaluating whether the person is a good fit for diversion?

What factors might lead you to decline a diversion petition? Why?

Do you think that there are more people who could be a good fit for diversion than are currently being served? Why or why not?

What do you think RDP is currently doing well?

What opportunities for improvement are there with RDP?

Are there additional components to RDP that would make you feel more comfortable diverting [*identify the types of people that the interviewee said would make them decline diversion—e.g., people with a history of violent offenses*]?

Outcomes (Rapid Diversion Program Staff/Line Attorneys (Public Defenders/Prosecutors)

(RDP staff) When people do not graduate from the program, what are the most common reasons that they are not completing?

- What are the typical reasons for revocation?

- How many chances do people get?
- What are the typical reasons for termination?

(RDP staff) When people do graduate from the program, how often do they complete the program earlier than the 12 months for misdemeanors/24 months for felonies? What are the circumstances that allow them to graduate early?

(RDP staff) Do some people graduate in longer than 12/24 months? What are those circumstances?

(RDP staff/line attorneys) What types of benefits do you observe for clients as a result of this program? (Potential probe: This could include a more favorable legal outcome, mental health, recidivism—a range of things).

Program Oversight and Expansion

Rapid Diversion Program Leadership

Are there operational differences in the work of the misdemeanor team and felony team?

There were some initial growing pains during the expansion process. Can you tell us how you overcame those?

- Who was involved?
- How did you evaluate how things were going and where improvements could be made?
- What data did you rely on?

How has program oversight or operations changed now that this program falls under JCOD?

Rapid Diversion Program Leadership/Justice, Care and Opportunities Department

How is RDP funded?

RDP has expanded quite a bit since it started. Are there other ways that the program has evolved with time?

As RDP has expanded, how do you track differences in implementation or outcomes across courthouses?

Are there opportunities for staff and stakeholders across the courthouses to come together and discuss how things are going? What are those opportunities?

How did you decide what type of data you wanted to collect? How did you decide on the tools and processes to use?

How do you use data collected on the program? How is it used in service provision? In program evaluation?

Are there populations that you think could be better reached?

- For example, though you're diverting a diverse population, it doesn't exactly match the jail mental health population—are there groups that aren't being reached? Do you monitor that?
- Do you have any efforts to address disparities if you identify them?

What are the advantages of RDP compared to "regular" mental health diversion (i.e., not through RDP or another established program), or mental health diversion through other programs? Are there ways that other forms of mental health diversion are stronger?

How does RDP compare to other diversion programs in Los Angeles, like DSH [Department of Human Services] diversion under ODR? What are the similarities? What are the differences?

How have you aimed to increase the number of eligible cases being referred to RDP?

It seems like you've been digging into the numbers to get more people diverted. Are there steps you've taken that have been effective? Are there additional things that your office has planned?

How is the data sharing between organizations? Are there ways you think it could be improved? What are the strengths?

Big Picture Takeaways (Everyone)

- What would you describe as the biggest strengths of RDP as a program?
- What would you describe as the biggest challenges or needs?
- What have been the factors that have facilitated the implementation of RDP, or served as the "ingredients to success" so to speak?
- What recommendations do you have to improve RDP?

Rapid Diversion Program Graduate Interview Protocol

Background

1. Can you start my telling me when you graduated from the diversion program? How long were you enrolled in the program (e.g., one or two years)?

How Learned About Diversion

2. When did you first learn about diversion as an option in your case?
    a. Do you remember who told you about diversion—for example, was it your attorney or a service provider?
    b. What type of information did you get about diversion? For example, did they tell you what the requirements would be, or how long it would last, or what would happen to your case?

3. What made you decide to participate in diversion? What were you hoping to get out of the program?
4. Did you have any concerns about the program or its requirements? What were those concerns?

Program Experience and Client Input

5. What types of services did you receive when you were enrolled in diversion? For example, did you receive individual or group therapy, did you meet with a psychiatrist for medication, did you get substance use treatment or other services?
6. Who was responsible for putting together your treatment plan?
7. What type of information did they share with you about the plan? For example, did they share with you what services you would be getting or what your treatment goals would be?
8. How much input did you have into your treatment plan?
   a. Potential probes: For example, if you wanted a certain type of service, would they help you to get it? If you didn't want a certain type of service, could you share that information?

9. Did the program help you to find housing? What type of housing were you living in during the program? Are you still in that housing? Why or why not?

Relationship with Diversion Stakeholders

10. How was your relationship with your treatment providers?
    a. Did you feel like your providers gave you the best type of treatment for your needs?
    b. Did you trust your providers? Why or why not?

11. What was your relationship with your lawyer like?
    a. How much contact did you have with your lawyer during the diversion program?
    b. Did you feel like the approached your case in the best way possible?

12. What was your relationship with your case manager like?
    a. How much contact did you have with your lawyer during the diversion program?
    b. Did you feel like the approached your case in the best way possible?

13. What type of contact did you have with the court during diversion? For example, did you have to attend progress report hearings?
    a. Do you feel like you were treated fairly during those hearings? Why or why not?

Barriers and Facilitators to Participation

14. Were there any challenges that got in the way of you participating in the diversion program?
    a. Potential probes: Location or timing of services, access to transportation, other obligations that have gotten in the way, length of the program

15. Was there anything that made it easier to participate in diversion?
    a. Potential probes: Location or timing of services, virtual service options

Perceptions of Program

16. Are there parts of the diversion program that you think were especially effective? For example, it could be certain treatments you received, or certain program staff members who were especially helpful.
17. What suggestions do you have for improving diversion?
    a. Potential probes: Are there any types of services or support you didn't receive but would have liked to have received? Like housing, transportation, etc.?

Program Outcomes and Postprogram Experience

18. What types of benefits did you get from this program?
    a. Potential probes: This could be things like having a better case outcome, obtaining treatment, avoiding other consequences like housing issues, employment benefits.

19. Were there any downsides to participating in a diversion program? What were they?
    a. Potential probes: For example, maybe it was difficult to work a job while also completing your treatment requirements, or you felt like it kept your case open for too long.

20. What have you been doing since you completed your diversion program?
    a. For example, have you continued to receive treatment? Have you been able to avoid contact with law enforcement?
    b. What have been the ongoing benefits of diversion?
    c. Have there been challenges that you've faced since completing diversion? What are those?

21. You successfully completed your diversion program. What do you think helped you succeed?
    a. Potential probes: Did you receive support from your family and/or friends? Did you have access to reliable transportation? Is there anything else that motivated you to participate in treatment?

22. How was your overall experience participating in diversion? Would you recommend it to someone who was eligible and considering enrolling? Why or why not?

Abbreviations

APD	Office of the Alternate Public Defender
DMH	Department of Mental Health
GEE	generalized estimating equation
IDCO	Independent Defense Counsel's Office
JCOD	Los Angeles County Justice, Care and Opportunities Department
MOU	memorandum of understanding
NA	not applicable
ODR	Office of Diversion and Reentry
P180	Project 180
PC	Penal Code
RDP	Rapid Diversion Program
SD	standard deviation
SJC	Safety and Justice Challenge

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