

RESEARCH BRIEF

# The Intake Booking Diversion Program Model

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## Early Mental Health Diversion in Los Angeles County

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Across the United States, law enforcement agencies are increasingly tasked with responding to mental health crises. Research indicates that approximately one in ten calls for service involves an individual experiencing a mental health-related crisis.<sup>[1]</sup> Traditional law enforcement approaches are often ill-suited for these encounters, which can escalate quickly and lead to unnecessary arrests, injuries, or use of force. Compared with individuals without a mental health disorder:

- Between 2014 and 2023, **five law enforcement officers were killed**, and in 2023 **approximately 4% of all assaults on officers** occurred while responding to an individual with a mental health disorder.<sup>[2]</sup>
- Individuals with mental health disorders are **16 times more likely** to be killed during an encounter with law enforcement.<sup>[3]</sup>

- They are nearly **12 times more likely** to experience use of force and **11 times more likely** to be injured.<sup>[4]</sup>

In response to these challenges, agencies nationwide have adopted specialized police response models. One of the best-known models is the **Crisis Intervention Team (CIT)**. CIT provides officers with 40 hours of training on mental health disorders and de-escalation skills so they can more safely manage crises and connect people to services instead of making arrests.<sup>[5]</sup> A related approach, the **co-responder model**, pairs specially-trained law enforcement officers with mental health clinicians during field responses.<sup>[6]</sup>

While these approaches improve officer confidence and increase referrals to treatment, research shows mixed effects on reducing arrests or use of force, or on improving system-level outcomes.<sup>[7]</sup> Additionally, both models depend heavily on avail-

able resources and the ability of dispatch to accurately identify mental health incidents during initial contact.<sup>[8]</sup> For individuals who are arrested, the **booking stage** presents another early opportunity to divert them from jail to treatment.

to serve as first responders in numerous incidents. These deputies must make rapid decisions (e.g., release, book into jail, or transport to a mental health facility), each with significant implications for safety and liability.<sup>[12]</sup>

## Los Angeles County Context

The Los Angeles County Sheriff’s Department (LASD) operates the largest jail system in the country with an average daily population between 12,000 and 13,000.<sup>[9]</sup> Currently, **half of the jail population has a mental health need**, effectively making LASD’s Twin Towers Correctional Facility the nation’s largest mental health institution.<sup>[10]</sup> LASD has faced lawsuits, scrutiny, and federal oversight related to the treatment of incarcerated individuals with mental illness.<sup>[11]</sup> In response, county agencies, courts, and community stakeholders have sought strategies to divert this population from jail to community-based care.

LASD established the Mental Evaluation Team (MET) in 1991 to oversee the department’s specialized responses to mental health. Today, MET operates as a countywide co-responder program with 34 teams, each pairing a specially-trained deputy with a Department of Mental Health clinician. In 2022, MET teams were responsible for approximately **79% of emergency hospitalizations in LASD patrol regions** (n = 5,068) and had an average response time of 30 minutes. However, that same year there were 15,249 patrol calls for service involving a mental health component, leaving patrol deputies—many with limited crisis training—

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In 2018, California passed PC § 1001.36, enabling courts to use pretrial mental health diversion. MET leadership recognized that MET deputies, given their 750 hours of specialized training and partnership with the Department of Mental Health, could serve as qualified mental health experts under the statute—allowing diversion before a case entered the court system.

IBD was envisioned as a station-house diversion program operating at the point of booking. Its goal was to reduce unnecessary jail bookings by redirecting eligible individuals to community-based treatment.

### How IBD Works

#### 1. Identification

Station jail staff complete the LASD Arrestee Medical Screening Form (SH-R-422) at booking. If an individual flags for a mental health need and staff believe it contributed to the alleged offense, the booking system automatically pauses processing until they contact the MET triage desk.

#### 2. Consultation with MET

The MET triage desk determines initial eligibility, issues a MET case number

allowing booking to continue, and dispatches a MET team to conduct an assessment.

### 3. On-site MET Screening

The MET team evaluates whether treatment is appropriate based on the person's mental health, charge severity, prior history, and public safety risk. Deputies also consult the arresting deputy, watch commander, and detectives.

### 4. Diversion to Treatment

If all parties agree and the individual voluntarily consents, the person is cited and released under PC § 849(b)(5). MET or ambulance personnel transport them directly to community-based treatment or a hospital.

### 5. Short-Term Case Management and Supervision

Participants engage in 45–90 days of case management under MET's supervision while detectives hold the case. If the participant engages with treatment and remains arrest-free during this period, MET submits a supplemental report to the detective bureau to circumvent the filing of charges. Noncompliant participants have their charges filed.

IBD can be used at four intercept points: (1) In the field before booking, (2) during station booking, (3) after booking but before the probable cause declaration (approximately 48 hours), or (4) after the district attorney rejects filing (at station or court).

## Intake Booking Diversion Implementation and Shifts to the Model

The IBD model changed significantly due to the COVID-19 pandemic, national calls for police reform following the killing of George Floyd, and major bail reform in Los Angeles County. These events shifted the model from relying on co-response teams to embedding MET deputies within stations.

### 2020 Launch

IBD was first piloted in 2020. At that time, it was designed as requiring a MET co-response. However, during this period, the COVID-19 emergency bail schedule drastically reduced bookings, a competing community-based diversion program launched simultaneously, and MET experienced substantial staffing turnover. As a result, **no IBD diversions occurred** during this period.

### 2024 Relaunch

Due to ongoing and myriad constraints, MET redesigned the program. Three MET deputies became dedicated IBD deputies embedded at four pilot stations to increase screening and referral numbers.

Although the COVID-19 emergency bail schedule ended in 2022, the county's 2023 bail reform expanded prior zero-bail policies. This sharply reduced the number of individuals booked on IBD-eligible offenses, limiting the diversion pool.

## Key Findings from the 2024 Relaunch

Across the 2024 pilot, a total of 102 cases were screened for IBD; only six enrolled. Enrolled individuals typically had no prior jail bookings and faced low-level charges.

Of the remaining screened cases, a third of cases were disqualified due to the nature of their offense and a quarter were diverted to emergency psychiatric evaluation (5150 hold) due to a mental health crisis. Approximately two out of five cases were disqualified due to refusals on the part of the arrested individual, detective, watch commander, or victim.

Although the program enrolled few participants, statistical analysis shows:

- IBD screening was associated with a **26.9 percentage-point increase in remaining out of jail.**
- There were **no significant differences in subsequent system contacts** (future MET contact, jail bookings, or custodial infractions) compared to similar cases that were not screened for IBD.

While strong conclusions should not be drawn due to the small sample sizes, the findings suggest that **IBD altered case trajectories and helped identify when a hospitalization** was more appropriate than jail.

Stakeholder feedback on the program was largely positive.

- IBD deputies noted that the booking environment allowed early intervention for individuals missed in the field.
- Station staff appreciated having a mental health diversion option.

- Concerns centered on public safety risks of diverting those facing more serious charges and those with multiple prior arrests.
- MET staff highlighted persistent resource limitations and the need to balance new approaches with the unit's central mission of crisis response.

## Conclusions

Although IBD reached relatively few people, the program demonstrated its ability to divert individuals in crisis from station jails to hospitals before they reached the central jail intake. For law enforcement practitioners, the IBD model illustrates:

- The significance of monitoring court-based diversion policies to inform adaptations to existing specialized police responses to mental health;
- The value of embedding personnel with mental health expertise in station booking areas;
- The importance of strong partnerships with behavioral health providers; and
- The operational benefits of early screening and reliable data tracking to enhance specialized police responses.

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### FOR MORE INFORMATION

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