

RESEARCH BRIEF

# Lessons Learned from the Intake Booking Diversion Program

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## Early Mental Health Diversion in Los Angeles County

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# Lessons Learned from the Intake Booking Diversion Program Early Mental Health Diversion in Los Angeles County

The Los Angeles County Sheriff's Department's (LASD) Mental Evaluation Team (MET) piloted the Intake Booking Diversion (IBD) program to introduce a station-house diversion model for individuals whose arrest may be connected to an underlying mental health disorder. The goal was to redirect eligible individuals from jail to treatment and case management for 45-90 days under MET supervision.

This brief draws on 18 interviews with MET leadership, deputies, and clinicians; LASD station personnel and custody division staff; and representatives from court-based diversion programs. Interviews were conducted at two points: three months after IBD's 2024 relaunch and again one year later. The purpose of this brief is to highlight the program's strengths and challenges and to identify key lessons for agencies considering similar diversion models.

## Strengths of the IBD Model

### Early Identification of Crises

Screening individuals at booking allowed MET deputies to identify those showing signs of acute mental health deterioration while in station custody. Among 102 individuals screened, a quarter were diverted to emergency psychiatric evaluation (5150 hold), preventing inappropriate transport to the central jail intake facility.

### Rapid Specialized Assessment

Within the Booking Environment Embedding MET deputies at stations provided swift access to specialized mental health expertise. The physical presence of MET deputies ensured they could immediately conduct specialized mental health evalua-

tions and de-escalations, rather than waiting for a field-based co-responder team to arrive at the station to do so. The embedded deputies also provided essential clinical context to station watch commanders and detectives to help inform decisions about a case's appropriateness for diversion.

### **Improved Coordination Across Station Operations**

The IBD model strengthened coordination among patrol deputies, MET, jailers, watch commanders, detectives, and mental health clinicians. Station personnel reported valuing the presence of MET deputies, who offered support for IBD activities as well as broader MET-related needs.

## **Challenges to Implementation**

### **Low Enrollment Due to Multiple Factors**

External conditions affected the eligible population. Bail reform substantially reduced the number of individuals booked at stations, shrinking the diversion pool. Additionally, many individuals who otherwise qualified for diversion based on a mental health need were excluded due to disqualifying charges or declined participation.

### **Multi-Step Approval Requirements**

Diversion required agreement from the victim, detectives, watch commanders, MET personnel, and the arrested individual. A single objection disqualified a case, limiting the model's scalability.

### **Staffing and Resource Constraints**

MET faced persistent staffing shortages (including deputies and clinicians from the Department of Mental Health) that constrained implementation. MET deputies spent 2–4 hours per screening, making the model difficult to sustain without full-time, onsite, dedicated personnel.

### **Inconsistent Identification at Booking**

Initial identification of potentially eligible individuals relied heavily on the LASD Arrestee Medical Screening Form (SH-R-422). Variability in how staff completed the form and reluctance of arrested individuals to self-report contributed to under-identification of potential IBD cases.

### **Lack of a Top-Down Directive**

Because MET developed and championed the program, stations perceived IBD as an external initiative rather than a command-driven priority. Without a directive from leadership, MET needed additional time to build trust, particularly with detectives concerned about holding cases during diversion participation.

## **Lessons Learned for Law Enforcement Agencies**

### **Dedicated Staffing Is Critical**

Agencies should assign a stable team to screen cases, rather than rotating co-responder teams. This team can also be tasked with managing diversion cases and

building relationships with station personnel and treatment providers. Embedding dedicated personnel at booking locations improves trust, workflow consistency, and referral quality while also improving the ability to intercept individuals experiencing a mental health crisis prior to central jail intake.

### **Establish Clear and Enforceable Screening Procedures**

Reliable diversion requires structured, enforceable screening practices. Automated flags, required screening fields, and supervisory oversight help ensure fidelity and consistency across stations and shifts.

### **Secure Both Ground-Level and Command-Level Buy-In**

The IBD implementation experience revealed the importance of support at all organizational levels. Successful diversion programs require engagement from deputies, jailers, and watch commanders, paired with strong command-level support to reinforce legitimacy and compliance.

### **Formalize Partnerships with Mental Health Agencies**

Effective diversion depends on clear collaboration with mental health providers, including designated clinical contacts, warm-hand-off procedures, reliable treatment access, and streamlined consent processes.

### **Build Flexibility into the Diversion Model**

Diversion programs must adapt to changes in criminal justice policies, booking practices,

and behavioral health capacity. Agencies may benefit from developing diversion pathways at multiple intercept points, including field-based, station-based, and jail-intake options. Data should drive adjustments in program design, target population, and staffing needs.

### **Prioritize Diversion at the Most Impactful Intercept Point**

Our findings suggests that diversion programs located at central jail intake facilities may have greater impact due to higher concentrations of individuals with acute needs and greater opportunities for clinical intervention. The IBD mental health indicator used at booking could be shared with later-stage diversion programs to improve countywide coordination.

## **Conclusion**

The IBD model highlights the potential benefits of station-house mental health diversion, but also underscores the importance of adequate staffing, structured processes, strong interagency collaboration, and alignment with broader justice system policies. Agencies considering similar approaches should plan for both operational and cultural challenges, invest in dedicated personnel, and explore integration between field-, station-, and jail-based diversion efforts. When implemented with sufficient infrastructure and cross-system coordination, booking diversion programs have the potential to reduce inappropriate jail bookings and provide more effective support for individuals experiencing mental health crises.

**FOR MORE INFORMATION**

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