



Office of Diversion & Reentry: 10 Years of IMPACT

AN OVERVIEW OF PROGRAMS, POPULATION , IMPACT AND PLANS 2015-2025

Report Produced July 2026



Health Services
LOS ANGELES COUNTY



Overview

The Office of Diversion and Reentry (ODR) operates large-scale programs to divert individuals away from the criminal justice system and into community-based housing and services. ODR directly addresses critical and interconnected LA County priorities – ending homelessness, closing Men's Central Jail and supporting Department of Justice compliance efforts. The jail-based mental health diversion programs (ODR Housing, FIST and MIST) engage some of the most vulnerable and difficult to serve, incarcerated individuals, who have severe mental illness and are homeless. The pre-arrest diversion program (LEAD) engage individuals experiencing homelessness who have frequent contact with law enforcement.

ODR assesses individuals in the jails, secures their release through a unique partnership with the LA County Superior Courts, and initiates intensive treatment prior to their release from jail. Once released, individuals receive housing, physical and behavioral health care, and case management through ODR's housing and integrated health delivery model. This intensive support enables individuals to stabilize and end the cycle of repeated homelessness and incarceration. Graduates often reunite with their families, return to school, and/or secure jobs. The need for ODR programs is clear. Nearly half of the LA County jail population – 6,500 individuals – has mental illness. Since its inception in 2015, ODR has played an essential role in moving the most seriously ill individuals out of jail.



Programs

ODR partners with community-based organizations, law enforcement, judges, district attorneys, public defenders, and individuals with lived experience to ensure individuals' success. The programs include:

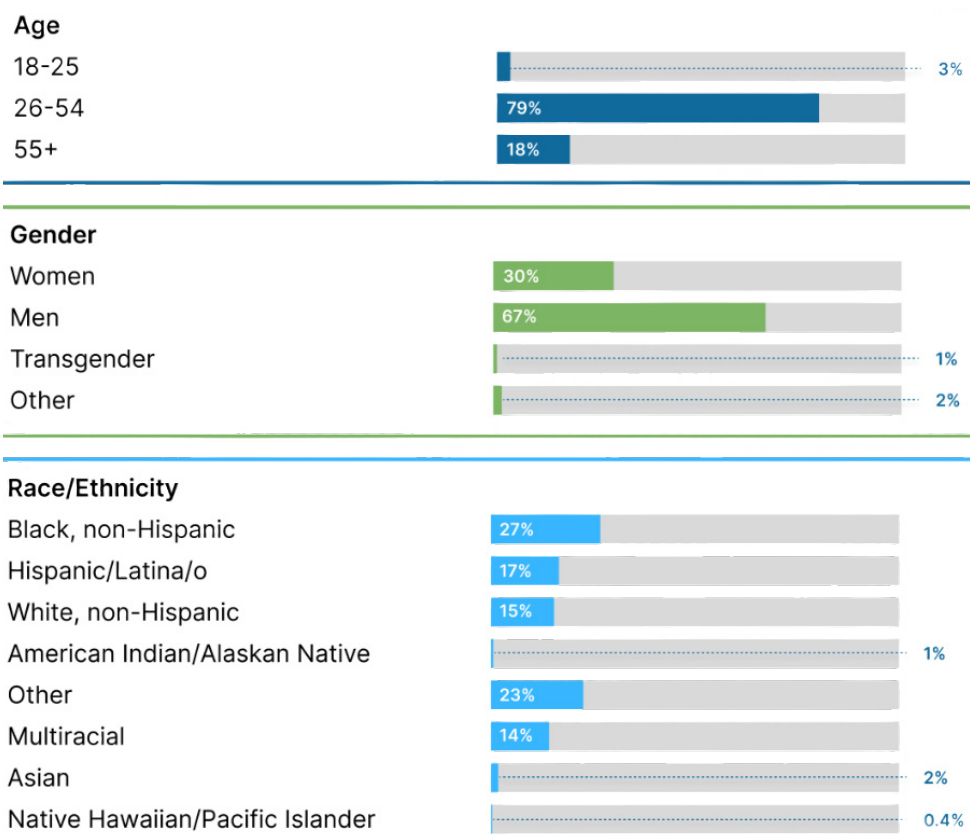
- **LEAD:** (Let Everyone Advance with Dignity/Law Enforcement Assisted Diversion): Pre-arrest diversion that helps prevent incarceration and end homelessness for clients who have frequent law enforcement contact -- addressing substance use, mental health, and housing. **Total served: 738**
- **ODR Housing:** Diverts individuals from County jail who are homeless, and have a felony. The program pairs clinical services with interim housing, followed by permanent supportive housing. **Total released: 6884**
- **FIST (Felony Incompetent to Stand Trial Program):** A program that diverts individuals facing felony charges, and found incompetent to stand trial, out of jail and into community-based housing and treatment. **Total released: 4055**
- **MIST (Misdemeanor Incompetent to Stand Trial Diversion):** A program that diverts individuals facing misdemeanor charges, and found incompetent to stand trial, out of jail and into community-based housing and treatment. **Total released: 4271**
- **Maternal Health Diversion Program:** A permanent supportive housing program that diverts pregnant women experiencing homelessness out of jail and into the community. **Total released: 335**



Population

ODR primarily serves a younger, male population with diverse racial and ethnic backgrounds. Nearly all ODR participants have a serious and persistent mental illness, while the majority have a co-occurring substance use disorder and many also have physical issues and/or functional status limitations.

Total in ODR Programs
(Unique Individuals)





Impact

ODR has supported more than 15,500 releases from jail into community-based mental health diversion and competency restoration programs over the past 10 years. In 2025 alone, ODR facilitated 2,429 releases from jail into community treatment beds, with 68% of those clients coming into jail severely ill (at the highest mental health acuity levels). These individuals require the highest levels of investment inside our jails because of their needs for specialized housing, treatment and programming.

ODR is a diversion, justice and public safety program. ODR currently provides housing, physical and mental health and substance use disorder treatment to more than 4,500 individuals living with serious mental illness and/or substance use disorder. ODR's housing and integrated health delivery model helps reduce incarceration days following ODR enrollment compared to pre-engagement. LEAD participants are much less likely to have misdemeanor or felony arrests after one year in the program, and they spent less time on probation. The maternal health diversion program keeps mothers and children together while also helping break intergenerational patterns of homelessness and incarceration.

The program has long-lasting impacts. Most ODR graduates remain in permanent supportive housing, live independently with support, or remain reunited with their families, long after their court order or their time in the program ends. ODR participants have increased primary care engagement and see use of acute emergency and hospital services decrease significantly. In addition, 98% of ODR clients get connected to mainstream public benefits such as Supplemental Security Income, Social Security Disability Insurance, Medi-Cal, General Relief, and Supplemental Nutrition Assistance Program.

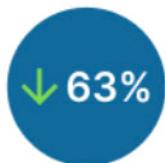
Clinical Outcomes



Hospitalizations



Primary Care Visits



ED Visits



Psychiatric
Hospitalizations

Housing Outcomes



LEAD Participants

After one year in LEAD, participants experienced **5X less felony cases** filed as people in a comparison group. LEAD participants also **spent 4X less time on probation.**

ODR's Impact on Justice Outcome

Diverted & Released
from County Jail

15.5k+

Total Individuals

Average Bookings
Before ODR

9.8

Bookings
(after 2008)



No Return to Jail
within 2-years

56%

Never Rebooked at 2
years



Fewer Jail Days

380k

Fewer Jail Days 2 years
After ODR vs Before



Data available since 2008 show that among ODR participants, who average 9.8 County jail bookings prior to ODR engagement, 56% were never rebooked in the 2 years after ODR engagement.



ODR has expanded rapidly to meet the growing need, adding approximately 1,500 beds over the last two years.

ODR is working to identify funding for 1,000 more beds to support ODR growth for 12-18 months, with the hope and expectation that growth will continue. Without additional funding to increase ODR capacity in FY 26-27, ODR's ability to accept new releases is expected to decrease by approximately 50%.

Already in 2026, ODR is working to do the following:

- Expand to serve more individuals suffering from serious mental illness and homelessness by adding new ODR court sites, community providers and beds.
- Increase revenue through Medi-Cal's CalAIM Community Supports and Enhanced Care Management programs, billing for Specialty Mental Health Services and Drug Medi-Cal, and implementation of the CalAIM justice-involved program.
- Explore opportunities to link ODR clients to non-ODR funded permanent housing.
- More effectively use data to drive performance improvement and demonstrate ODR outcomes.

Braiding funding from Medi-Cal, housing, justice, and other sources will help sustain ODR's housing and integrated health delivery model approach. That in turn, will allow ODR to maximize our impact for the most vulnerable Angelenos, those who are homeless, have justice system involvement, have complex health issues and have long been marginalized. Additional resources will also enable ODR to continue addressing system gaps that lead to poor health outcomes and high-cost utilization of our health, housing and justice systems.



Homelessness to Hope ODR Success Story

At 33 years old, Julie Le has become a real-life example of hope for others struggling with incarceration, homelessness, unemployment, substance use and mental illness.

Just three years ago, her story looked very different. Standing before a judge in Los Angeles, she felt isolated and hopeless with nowhere to go except back to jail. "I felt like nothing could help me," she said. But instead, the court offered her diversion through the Office of Diversion and Reentry (ODR). After assessing her needs, ODR placed Julie into an interim housing site operated by the Amity Foundation.

Entering the ODR program became Julie's turning point. The comprehensive approach – supportive housing, case management and clinical care -- addressed both her immediate needs and the root causes of her struggles. Through the program, Julie received mental health care and substance use treatment – and she has not been rearrested,

"Incarceration was not set up to give people that type of care," Julie reflected. "The Amity Foundation focused on my needs and had professionals who cared about my well-being. I felt that my success was their success and that motivated me."

Julie has been sober for more than two years and has held down a full-time job during that time. She also reconnected with family members and moved into permanent housing.

In a powerful full-circle moment, she now works as a caseworker at a nonprofit substance use treatment program, specializing in helping pregnant and parenting women navigate their own recovery journeys. She is working on her associate degree in psychology and she plans to become a certified substance use disorder counselor. "My life is better than it ever has been," Julie shared with pride. "I have short-term and long-term goals, I love my job, and it makes me feel good to give back to a community that helped me during a very difficult time."



Homelessness to Hope

ODR Success Story

James Presley, 31, is in the midst of a remarkable transformation. His journey speaks to what's possible when structure, support, and personal determination come together.

His journey began with an incident that led to police arriving at his home, taking him into custody and transporting him to the LA County Jail. James, who has schizophrenia and substance use disorder, was found incompetent to stand trial and referred to the ODR program in July 2024. A judge granted his release to Olive View Medical Center and James was enrolled in ODR's FIST (Felony Incompetent to Stand Trial) program.

James soon came to recognize how valuable the program would be to him. Through the program, James received housing and individualized clinical care. His housing site is managed by Victory Starts Now (VSN), a community-based partner that provides various services 24/7 to help program participants recover. Social workers, a psychiatrist, and nurses make up the staff in the home, and James said they "became family." James stated, "Everyone seemed to care about my situation and wanted me to succeed."

James has since become a celebrity within the house, often conducting group meetings and welcoming new residents. Brooke Bardin, Director of Clinical Quality Assurance at VSN, said James helps new clients adjust. "Coming into an unfamiliar place can be challenging," she said. "James connects with them, and that helps start their recovery."

In March 2026, James attended a court hearing with his case manager and he spoke to the judge about his progress. The outcome was promising and he expects to graduate from the program in July 2026, marking the culmination of two years of dedicated work and personal growth.

James has discovered something essential about himself through this journey - a sense of purpose that extends beyond his own recovery. He is part of ODR's first Lived Experience Board, which is designed to partner and provide input to ODR's program leadership. James said he also uses his own experience to relate to others facing similar struggles, sharing what helped him so he can lift others up along the way.

James doesn't hesitate to call himself a success, which he credits to his honest self-reflection. Without the FIST program, James believes he would still be using drugs. His commitment is simple but powerful: remain focused on his goals - including work and music - and prioritize self-help. As he puts it, "I can't help somebody else if I'm not helping myself."