Time-to-Release from Jail for Patients Participating in Mental Health Diversion

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Background[1-4]:

- In mental health diversion (MHD), patients receive treatment, not incarceration.
- Diversion programs have helped reduce recidivism & improved health outcomes.
- Release dates from jail are unpredictable & may depend on community programs.
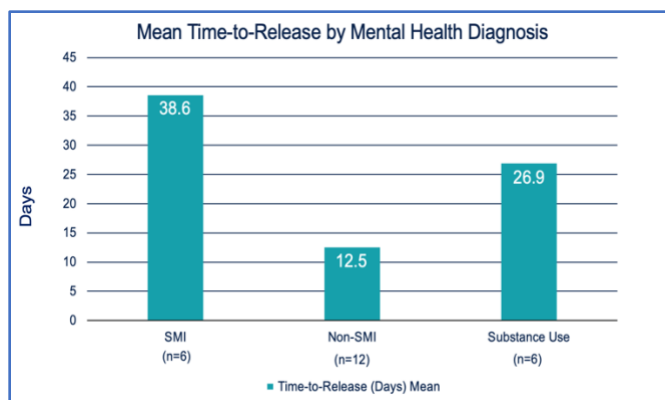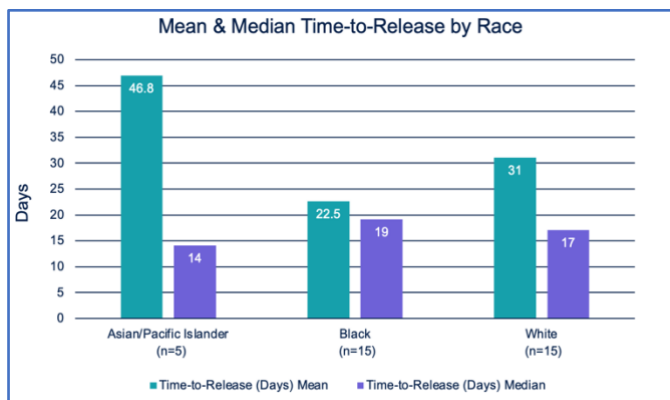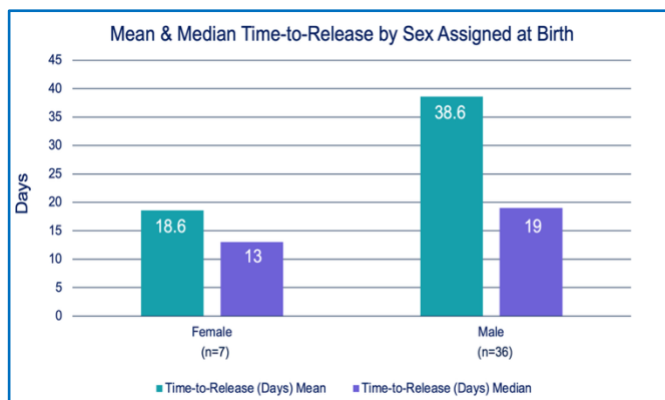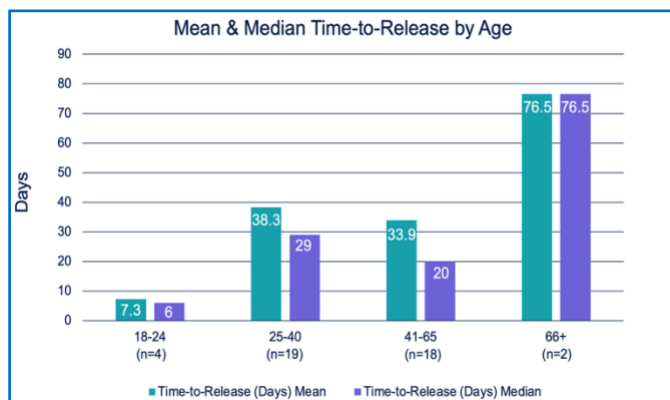
Methods:

- **Question:** How long are patients waiting in jail post acceptance into MHD?
- **Analysis:** procured SF Superior Court data for patients in MHD from 5/1/2024 – 10/31/2024.
- Calculated **mean** and **median** time-to-release.

Sample Demographics:

- Study population: **43** people.
- **86%** were between the ages of 25-65.
- **84%** were male.
- **12%** AAPI, **35%** Black, and **35%** White.
- **14%** had an SMI diagnosis, and **28%** had a substance use diagnosis.

Key Findings:

- 50% of MHD patients are released within three weeks, average release time is ~1 month.
- Most MHD patients are male identifying, but female identifying individuals have shorter wait times.
- Transitional age youth (18-24 y/o) have the shortest wait times, elderly individuals (>65 y/o) have the longest.
- No disparities between Black and White individuals but possible disparities for the AAPI community.
- Patients with serious mental illness (SMI) have longer wait compared to those with other mental health diagnoses.

Mean & Median Time-to-Release by Age

Mean & Median Time-to-Release by Sex Assigned at Birth

Mean & Median Time-to-Release by Race

Mean Time-to-Release by Mental Health Diagnosis

Recommendations:

- The time-to-release analysis should be repeated with a longer study period (>1 year) to increase the sample size and help account for variability in the distribution of the data.
- Future work should include intersectional analyses with regards to gender, race/ethnicity, and mental health diagnoses to identify more nuanced patterns for release times among MHD patients.
- Comparing program wait times for MHD patients and non-incarcerated patients may help identify system inequities.

1. Herman, K. A Statewide Look at Mental Health Diversion: Recommendations to California's Council on Criminal Justice and Behavioral Health. (2024). The Council of State Governments Justice Center. https://www.cdcr.ca.gov/ccjbh/wp-content/uploads/sites/172/2024/07/A-Statewide-Look-at-Mental-Health-Diversion_5.2.2024_v3_AOADA.pdf; 2. Understanding Diversion. (2022). San Francisco District Attorney's Office. https://sfdistrictattorney.org/wp-content/uploads/2022/03/Diversion-Factsheet.pdf; 3. Angell, B., Matthews, E., Barrenger, S., Watson, A. C., & Draine, J. Engagement processes in model programs for community reentry from prison for people with serious mental illness. (2014). International journal of law and psychiatry, 37(5), 490-500; 4. Draine, J., Blank Wilson, A., Metraux, S., Hadley, T., & Evans, A. C. The impact of mental illness status on the length of jail detention and the legal mechanism of jail release. (2010). Psychiatric Services, 61(5), 458-462.