



Policy Brief

How Many Incarcerated Individuals Received Psychotropic Medication in California Jails: 2012-2017

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Executive Summary

This policy brief uses data from the Board of State and Community Corrections (BSCC) to estimate the number of jail inmates who receive psychotropic medication and assess the relative representation of this group among the jail population. To provide a measure of the prevalence of mental illness in jail, we reviewed data from 45 counties that completed the BSCC Jail Profile Survey from March 2012 to February 2017. We used the receipt of psychotropic medications as an indicator of serious mental illness.

The following are the main findings of the study:

- **The number of incarcerated individuals on psychotropic medications is increasing.** The annual average number of incarcerated individuals receiving psychotropic medication in our sample of 45 counties increased by about 25% between March 2012 and February 2017.
- **Individuals receiving psychotropic medications compose a large share of the total jail population.** The population of individuals receiving psychotropic medication represents about 20% of annual Average Daily Population (ADP) statewide, as of February 2017.
- **The share of the total jail population receiving psychotropic medications is increasing.** The percent of annual ADP taking psychotropic medications increased by 4 percentage points between March 2012 and February 2017, from 16% to 20%.

Methodology

Since 2002, the BSCC has conducted a survey (the Jail Profile Survey) to collect data regarding local agency jails and jail systems. County-wide data are gathered monthly. Counties submit their data on a voluntary basis. In the monthly survey, counties are asked to report average daily population (ADP) for the month. Additionally, the survey requests that counties report the number of inmates who are receiving psychotropic medication for serious mental health disorders that the jail has identified on the last day of the month.

We averaged the end-of-month counts of individuals taking psychotropic medications in each county over a 12-month period. This statistic is labeled as “# on Psych Meds” in Table 1. We also averaged the monthly ADPs for each county over the same 12-month period to approximate the average daily population across the year. In Table 1 this statistic is labeled as the “Annual ADP.” Using yearly averages is our attempt to provide an overall annual summary measure that smooths out month-to-month variation. The quotient of these two variables, multiplied by 100 is how we obtained the “% on Psych Meds” statistic. The “Total” row is the column sum of the “# on Psych Meds” and “Annual ADP” for all the 45 included counties. The column titled “% Change in # on Psych Meds” equals the percent change in the number of incarcerated individuals receiving psychotropic medications. Lastly, we calculated the percentage point change in the percent of annual ADP taking psychotropic medications in each county from March 2012 to February 2017. This statistic is labeled as the “Percent Point Change in % on Psych Meds.” The results of our full analysis are displayed in Table 1.

The BSCC does not provide a definition of what counts as a psychotropic medication. Thus, it is unclear what each jurisdiction uses as their definition of psychotropic medications for the purposes of reporting in this survey. However, Section 3500(c) of the California Penal Code defines a “psychotropic drug” as a drug that has the capability of changing or controlling mental functioning or behavior through direct pharmacological action. These drugs include, but are not limited to, antipsychotic, antianxiety, sedative, antidepressant, and stimulant drugs. Psychotropic drugs also include mind-altering and behavior-altering drugs that, in specified dosages, are used to alleviate certain physical disorders, and drugs that are ordinarily used to alleviate certain physical disorders but may, in specified dosages, have mind-altering or behavior-altering effects.¹ CalHPS was able to verify that San Diego County uses this Penal Code definition of psychotropic medications.² However, CalHPS was unable to verify the precise definitions used by other jails included in this analysis.

In our analysis we omitted a total of twelve jurisdictions. Ten³ of the omitted jurisdictions, either did not report their ADP or did not report the number of inmates who received psychotropic medications for at least two months during a given 12-month period.

¹ California Penal Code Section 3500(c) [\[Link\]](#)

² Personal correspondence with Dr. Alfred Joshua the Chief Medical Officer of the San Diego Sheriff

³ Lassen, Marin, Modoc, Mono, San Joaquin, Sierra, Siskiyou, Sutter, Tehama, and Tulare

We also omitted Alameda and San Luis Obispo; while they provided complete data during the study period, the two counties consistently reported psychotropic medication administration rates that were markedly different from the statewide average. Alameda and San Luis Obispo county were outliers in our dataset for every period. In Alameda County, the reported percentage of their ADP receiving psychotropic medication from March 2016 to February 2017 (2%) is dramatically lower than the state sample average (20%). In San Luis Obispo county, the reported percentage of their ADP receiving these medications from March 2016 to February 2017 (50%) is far higher than the state sample average (20%). The reasons behind the significantly different results for these two counties could lie in factors related to the reporting of the data or could represent real differences in the jail populations.

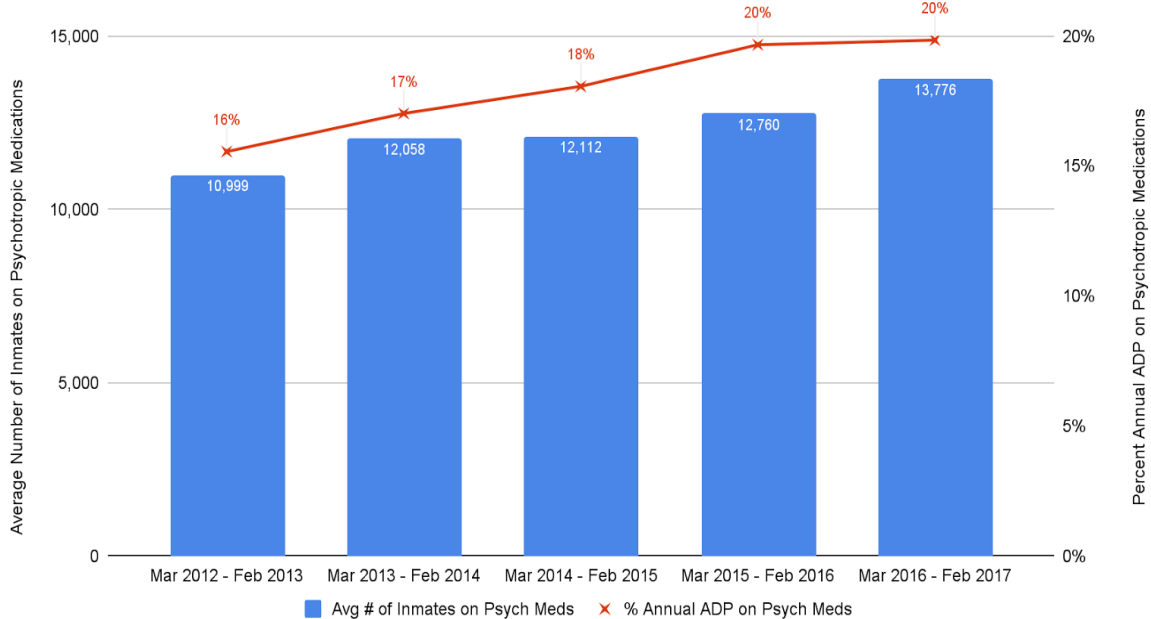
The twelve excluded jurisdictions accounted for about 8% of the annual ADP reported for the all the jails statewide during the 2016 to 2017 calendar year. The remaining 45 jurisdictions represented approximately 92% of the state's total ADP reported that same year.

Findings

- ***The number of incarcerated individuals receiving psychotropic medication increased by about 25% between March 2012 and February 2017.*** In the year-long period from March 2012 to February 2013 there were an average of 10,999 individuals on psychotropic medications across the 45 jurisdictions in this study. In the year-long period from March 2016 to February 2017 there were an average of 13,776 individuals receiving these psychotropic medications across the same 45 jurisdictions.
- ***The percent of the annual ADP on psychotropic medications increased by 4 percentage points between March 2012 and February 2017.*** During the year-long period March 2012 to February 2013 approximately 16% of the annual ADP received these medications across the 45 included jurisdictions. From March 2016 to February 2017 roughly 20% of the annual ADP received psychotropic medications throughout these same jurisdictions.
- ***Counties vary widely in the share of their average monthly ADP receiving psychotropic medications.*** In Sonoma and Napa counties, roughly 32% of the annual ADP receive psychotropic medications. Conversely, in Glenn and Madera County only about 8 or 9% of the annual ADP receive psychotropic medications.
- ***From March 2012 to February 2017, counties also experienced markedly different levels of change in the average end-of-month counts of individuals taking psychotropic medications.*** In San Bernardino County, the number of people receiving psychotropic medications increased by about 42%, from 697 to 990. In Los Angeles County, this number increased by 26%, from 2,667 to 3,373. However, in Orange County this number fell by 8%, dropping from 755 to 693.

Figure 1: The Number of Jail Inmates Receiving Psychotropic Medications and their Relative Representation in a Sample of CA Jail Population

Source: BSCC JPS



Discussion

The data from county jails shows an increase in the percentage of incarcerated individuals receiving psychotropic medications during recent years. As the number of individuals receiving psychotropic medication grows, county jails are increasingly required to spend considerable sums of money on these medications. Out of the 45 counties included in this study, 41 also reported the amount of money they spent on psychotropic medications for each reporting period from Quarter 1, 2016 to Quarter 4, 2016. These 41 counties spent about \$8,489,620 on these medications during this year-long period.

The primary finding of this report, that the number of incarcerated individuals receiving psychotropic medications has increased, could be due to several different causes. First, this finding could reflect a trend toward increased incarceration in jails of seriously mentally ill individuals. Local factors, such as increased homelessness or defendants increasingly found Incompetent to Stand Trial (IST), could potentially contribute to this trend. Alternatively, the consequences of state policy changes under Public Safety Realignment that have redirected inmates with lower level offenses to jail who previously had been sentenced to prison could be driving this trend. Secondly, the increase we observe in incarcerated individuals being prescribed psychotropic medications might not be due to increased numbers of incarcerations of mentally ill individuals, but rather to better identification, diagnosis, and treatment of seriously

mentally ill individuals in jails. Further research should focus on identifying the ways in which jails have changed their practices during this period.

Measuring the number of jail inmates receiving psychotropic medication could serve as a possible proxy for the number of individuals with serious mental illness in jail. However, the reliability of these figures depends on the consistency of mental health assessment, diagnostic, and treatment practices in all jails. The Council on Criminal Justice and Behavioral Health (CCJBH), formerly known as the Council of Mentally Ill Offenders (COMIO), and others have recommended the adoption of standardized screening and assessment tools at booking.⁴ A standard screening and assessment process could allow for a more precise accounting of the mentally ill population in California and allow for more efficient allocation of funds/resources. However, in the short term, the BSCC data provides a useful baseline to help understand local incarceration trends related to serious mentally ill individuals and can help inform policies that attempt to address this issue.

⁴ Council on Mentally Ill Offenders. 2016. "15th Annual Report -- December 2016." [\[Link\]](#)

Table 1: The Number of Incarcerated Individuals Receiving Psychotropic Medications and their Relative Representation in a Sample of CA Jurisdictions, March 2012 to February 2017

Jurisdiction	Mar 2012 - Feb 2013			Mar 2014 - Feb 2015			Mar 2016 - Feb 2017			Mar 2012 - Feb 2017	Mar 2012 - Feb 2017
	# on Psych Meds	Annual ADP	% on Psych Meds	# on Psych Meds	Annual ADP	% on Psych Meds	# on Psych Meds	Annual ADP	% on Psych Meds	% Change in # on Psych Meds	Percent Point Change in % on Psych Meds
Amador	8	100	8%	10	96	11%	16	88	18%	100%	10
Butte	59	589	10%	52	584	9%	59	581	10%	0%	0
Calaveras	9	70	13%	13	79	16%	20	93	21%	122%	8
Colusa	13	64	20%	13	77	17%	14	83	17%	8%	-3
Contra Costa	242	1,560	16%	274	1,521	18%	306	1,440	21%	26%	5
Del Norte	17	90	19%	25	95	26%	23	104	22%	35%	3
El Dorado	27	359	7%	55	391	14%	80	381	21%	196%	14
Fresno	281	2,629	9%	261	2,806	9%	585	2,846	21%	108%	12
Glenn	7	98	7%	9	101	9%	8	85	8%	14%	1
Humboldt	67	367	18%	55	340	16%	54	376	14%	-19%	-4
Imperial	18	505	4%	62	543	11%	77	486	16%	328%	12
Inyo	10	70	14%	8	65	13%	12	56	19%	20%	5
Kern	305	2,592	12%	723	2,545	28%	613	2,245	27%	101%	15
Kings	49	493	10%	92	577	16%	114	450	25%	133%	15
Lake	73	297	24%	115	332	35%	82	283	29%	12%	5
Los Angeles	2,667	17,700	15%	2,774	17,930	16%	3,373	16,145	21%	26%	6
Madera	26	448	6%	29	451	6%	36	417	9%	38%	3
Mariposa	9	39	24%	13	43	30%	9	41	22%	0%	-2
Mendocino	58	261	22%	43	298	15%	43	306	14%	-26%	-8
Merced	64	760	9%	91	889	11%	106	687	15%	66%	6
Monterey	138	1,095	13%	192	970	20%	235	904	26%	70%	13
Napa	67	254	26%	57	208	28%	64	203	32%	-4%	6
Nevada	49	195	25%	50	229	22%	50	200	25%	2%	0
Orange	755	6,544	12%	837	6,406	13%	693	6,085	11%	-8%	-1
Placer	75	606	12%	116	654	18%	182	699	26%	143%	14
Plumas	7	42	16%	4	49	9%	6	50	13%	-14%	-3
Riverside	1,342	3,897	34%	1,091	3,935	28%	1,172	3,770	31%	-13%	-3
Sacramento	810	4,054	20%	865	4,250	20%	854	3,808	22%	5%	2
San Benito	21	130	16%	23	132	18%	22	122	18%	5%	2
San Bernardino	697	5,524	13%	550	5,596	10%	990	5,452	18%	42%	5
San Diego	1,055	5,150	20%	1,353	5,498	25%	1,308	5,457	24%	24%	4
San Francisco	188	1,514	12%	220	1,232	18%	256	1,290	20%	36%	8
San Mateo	146	992	15%	128	979	13%	106	962	11%	-27%	-4
Santa Barbara	127	990	13%	106	937	11%	158	1,016	15%	24%	2
Santa Clara	607	3,667	17%	574	4,026	14%	708	3,568	20%	17%	3
Santa Cruz	51	415	13%	75	412	18%	58	403	14%	14%	1
Shasta	46	279	17%	66	334	20%	55	338	16%	20%	-1
Solano	197	898	22%	265	926	29%	275	992	28%	40%	6
Sonoma	228	1,044	22%	313	1,020	31%	344	1,066	32%	51%	10
Stanislaus	80	1,144	7%	108	1,143	9%	127	1,229	10%	59%	3
Trinity	20	56	37%	12	51	23%	10	50	21%	-50%	-16
Tuolumne	17	134	13%	66	141	47%	43	144	30%	153%	17
Ventura	139	1,535	9%	192	1,653	12%	266	1,633	16%	91%	7
Yolo	94	439	21%	91	432	21%	116	380	31%	23%	10
Yuba	34	412	8%	41	397	10%	48	370	13%	41%	5
Total*	10,999	70,101	16%	12,112	71,373	18%	13,776	67,384	20%	25%	4

*Represents a "sample total" from the 45 jurisdictions included in the study
Source: BSCC JPS Online Query

About the Authors

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About California Health Policy Strategies (CalHPS), L.L.C.

- CalHPS is a mission-driven health policy consulting group based in Sacramento. For more information, visit www.calhps.com.
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