

COLORADO DEPARTMENT OF CORRECTIONS
**PSYCHOTROPIC MEDICATION PROGRAM FOR COMMUNITY-BASED
OFFENDERS WITH MENTAL ILLNESS**

A LEGISLATIVE FOOTNOTE REPORT FOR SENATE BILL 07-160

FEBRUARY 1, 2009

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PSYCHOTROPIC MEDICATION PROGRAM FOR MENTALLY ILL
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Introduction

This report provides information on the psychotropic medication program that was funded in Senate Bill 07-160 in the fiscal year 2006-2007 supplemental budget process. Footnote 5d states:

"The Department is requested to submit a report to the Joint Budget Committee on or before February 1, 2009, summarizing the outcomes of offenders who were provided psychotropic medication from the line item. The report is requested to include the number of mentally ill offenders who receive medication from this line item, the regression rate of the offenders, and the number of offenders who commit new crimes. The report is requested to compare these outcomes with the population of mentally ill offenders in community corrections programs in FY 2005-06."

The Colorado Department of Corrections was appropriated \$1,346,880 in the Community Services, Community Supervision Subprogram, to fund psychotropic medications for inmates under community supervision in fiscal year 2008. However, a supplemental adjustment of \$1,175,880 reduced the amount to \$171,000. A purchase order was issued to Avia Partners, Inc. Avia has an extensive network of participating pharmacies throughout the state of Colorado and their selection enabled the implementation process to be expedited. A total of \$167,314 was spent from this funding line on psychotropic medications.

Process

Among the adult inmate population, 15% are identified with a serious and persistent mental illness. An additional 10% of the total population presents with significant mental health treatment needs that do not meet the department's criteria for serious and persistent mental illness. All community-based inmates with mental health treatment needs are eligible to receive psychotropic medications under SB 07-160, including those in community transitional programs and return to custody facilities. Inmates in community transition programs are progressing from prison facilities to the community, while inmates are placed in return to custody facilities for 180 days as the result of a technical parole violation.

Upon transition from prison to the community, offenders receive a 30-day supply of appropriate psychotropic medications and become eligible for SB 07-160 funds once that supply is exhausted.

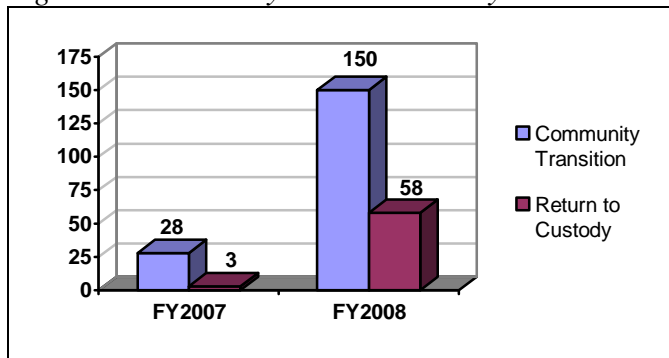
The referral process is initiated by the Community Parole Officer (CPO) to the Community Re-Entry Program staff, the Department's administrator of the funds. Verification of the eligibility documentation is completed and the offender receives a voucher for their prescribed psychotropic medications that is honored by participating pharmacies.

Awareness and training of all CPO's and community corrections staff has been a high priority since the program was implemented in April 2007 to ensure all eligible offenders in need of psychotropic medication receive assistance from this program.

Analysis

A total of 1,226 prescriptions were filled for 208 offenders, 8 of whom also received medications in the previous fiscal year. Figure 1 shows the number of offenders receiving services for each fiscal year by their location. The average price per prescription was \$136.47 and the number of issued prescriptions averaged 5.89 per offender over this 12-month period.

Figure 1. Community Inmate Status by Fiscal Year



The status of offenders who participated in the medication program through June 30, 2008 was tracked through January 2009 and compared to mentally ill offenders in similar placements prior to SB 07-160 funding for psychotropic medications. The comparison group consisted of all mentally ill offenders placed in community corrections programs or community return to custody centers from July 2005 through June 2006.

Table 1 provides program completion information and return to prison data for participants in the psychotropic medication program and the comparison group. Data are further divided by whether they were in a community transition program while receiving medication funding or in a return to custody facility.

Table 1. Program Completion and Return to Prison Rates as of January 2009

	Program Participants FY07 – FY08		Comparison Group FY06	
	Community Transition (n = 155)	Return to Custody (n = 61)	Community Transition (n = 440)	Return to Custody (n = 164)
Still in	48	0	6	0
Program Completion				
Escape status	2 (2%)	0 (0%)	2 (1%)	1 (1%)
Paroled	61 (57%)	49 (81%)	214 (49%)	54 (33%)
Discharged sentence	4 (4%)	10 (16%)	14 (3%)	17 (10%)
Regressed to prison	40 (37%)	2 (3%)	204 (47%)	92 (56%)
Total	107	61	434	164
Prison Returns*				
No return	43	25	257	70
Technical return	54	30	125	63
New crime	10	6	52	31
Total	107	61	434	164

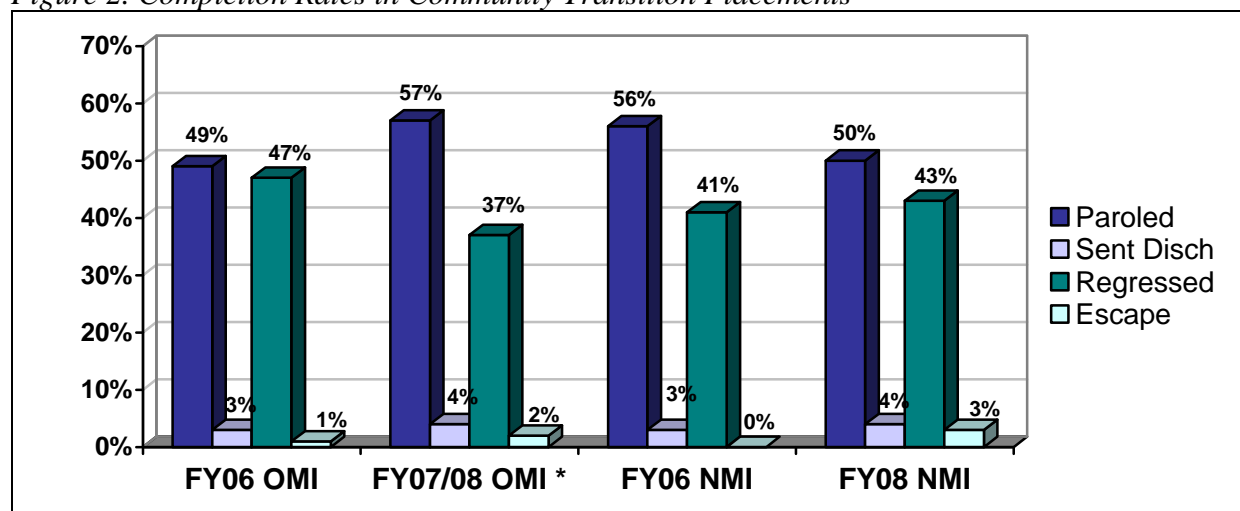
*Note. Prison return data excludes participants still in the program but includes inmates who regressed to prison while in the program. Percents were not applied to prison return data due to short at-risk period.

These data suggest that inmates who received funding for psychotropic medications paroled at a higher frequency than mentally ill inmates in community programs prior to this new funding (57% vs. 49% for community transition and 81% vs. 33% for return to custody facilities). Conversely, regressions to prison directly from community inmate status decreased substantially after the psychotropic medication program was implemented, particularly for offenders in return to custody facilities (47% vs. 37% for community transition and 56% vs. 3% for return to custody facilities).

Although results show a trend in the desired direction, it must also be considered that other factors might account for improved program outcomes over time rather than the funding of psychotropic medications alone. Under this hypothesis, all community inmates should have increased their probability of paroling from a community transition placement or a return to custody facility due to a mere policy or system change. To test this hypothesis, two additional comparison groups were drawn. Both groups included non-mentally ill (NMI) inmates, but one group was selected from FY06 placements while the other group was selected from FY08 placements. For both the FY06 NMI and FY08 NMI groups, data were gathered for community transition placements and return to custody facility placements. By doing so, this study was able to determine the impact of time (e.g. policy, program, or system changes) on program completion rates.

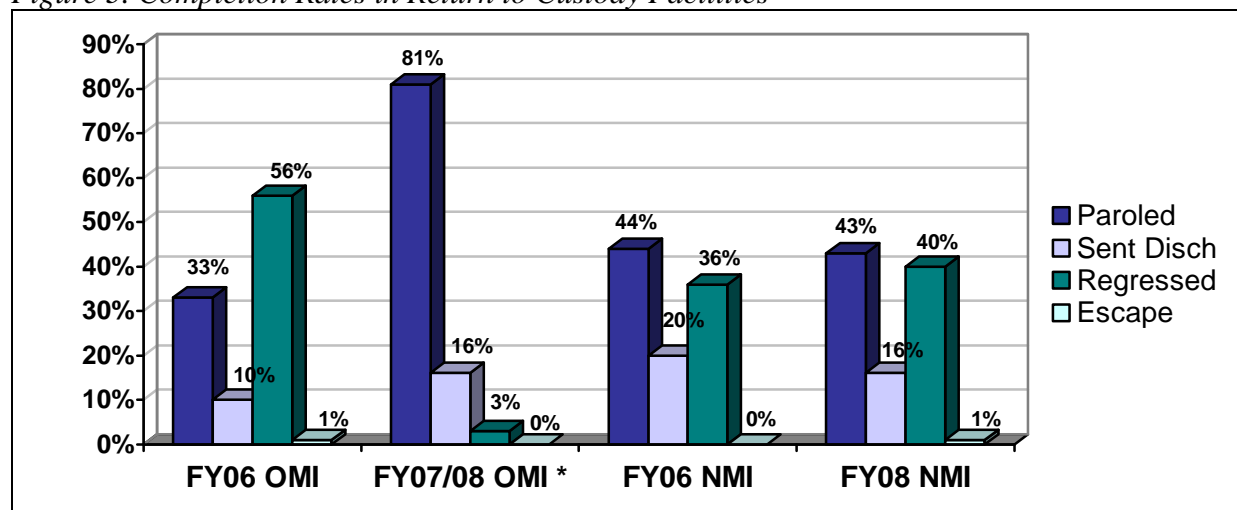
Figures 2 and 3 compare the program completion rates of offenders with mental illness (OMI) to NMI offenders. The data indicate that parole rates for NMI inmates in community transition programs actually *decreased* over time and regressions to prison *increased* slightly. For return to custody facilities, there was little change over time, although what changes are seen appear to be in a negative direction, with more offenders regressing to prison in FY08 than FY06. Given that the trend is towards more regressions to prison over time for the NMI inmates, it seems highly probable that the gains made over time by mentally ill inmates who received medications are attributable to the availability of psychotropic medication funding.

Figure 2. Completion Rates in Community Transition Placements



* FY08 OMI group received psychotropic medications under SB 07-160.

Figure 3. Completion Rates in Return to Custody Facilities



* FY08 OMI group received psychotropic medications under SB 07-160.

Discussion

It should be noted that there are some limitations to drawing further comparisons between groups in this footnote. First, due to the short time frame involved it is difficult to develop a complete picture of recidivism for these offenders. The comparison group had a longer at-risk period by approximately 2 years than program participants, which would inflate recidivism rates for the comparison group. Nearly a third of community transition inmates receiving psychotropic medications under this program have not even released from their community inmate status, suggesting that comparisons between groups on return to prison measures are premature at this date. The length of time at risk needs to be greater in order to determine if funding psychotropic medication for offenders on community supervision reduces the likelihood of re-offense.

Another shortcoming is that the severity of mental health needs may not be comparable across groups. It is also impossible to determine the extent to which offenders are reliant on the psychotropic medication program. It is possible that offenders who do not utilize the program, including those offenders released prior to the program's inception, have/had other resources available to them that enabled them to acquire the psychotropic medications they need. Again, this makes it difficult to draw comparisons between program participants and the control group.

As program participants' length of time post-release increases, it may be possible to draw more meaningful comparisons between program participants and the control group. At the very least it will allow for a more complete picture of recidivism because offenders will have had a greater period of time at risk of re-offending. The fact that both parole and regression for data for OMI offenders are trending in the directions that stakeholders would hope to see, despite the fact that the opposite pattern is emerging for NMI offenders, is reason for cautious optimism regarding the impact of the SB 07-160 psychotropic medication program on recidivism.