

**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, 2010

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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, 2010, 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 spent \$131,400 to fund psychotropic medications for inmates under community supervision in fiscal year 2009, the full amount appropriated for this purpose under the Community Services, Community Supervision Subprogram. In comparison, \$171,000 was appropriated in FY 2008 after a supplemental adjustment, and \$167,314 was spent. The medications have been purchased through Avia Partners, Inc. since the program started. Avia has an extensive network of participating pharmacies throughout the state of Colorado and their selection enabled the implementation process to be expedited.

## **Process**

Over 24% of inmates in Colorado are identified with a moderate to serious mental illness (O'Keefe & Barr, 2009). 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 are placed in community transition programs after prison in order to help them reintegrate back into the community. In contrast, inmates with a parole revocation for a technical violation are eligible for placement in a return to custody facility for up to 180 days as a diversion from prison. Offenders may only be placed in return to custody facilities if they were on parole for a class five or six nonviolent felony other than menacing or unlawful sexual behavior.

Upon transition from prison to the community, offenders routinely receive a 30-day supply of appropriate 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 his or her prescribed psychotropic medications that is honored by participating pharmacies.

Awareness and training of all CPOs 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

In FY 2009, a total of 2,201 prescriptions were filled for 325 offenders, 74 of whom also received medications in a previous fiscal year. The number of issued prescriptions averaged 6.8 per offender over this 12-month period. Figure 1 shows the number of prescriptions filled per month, which has increased over time until 2009, when funding was reduced.

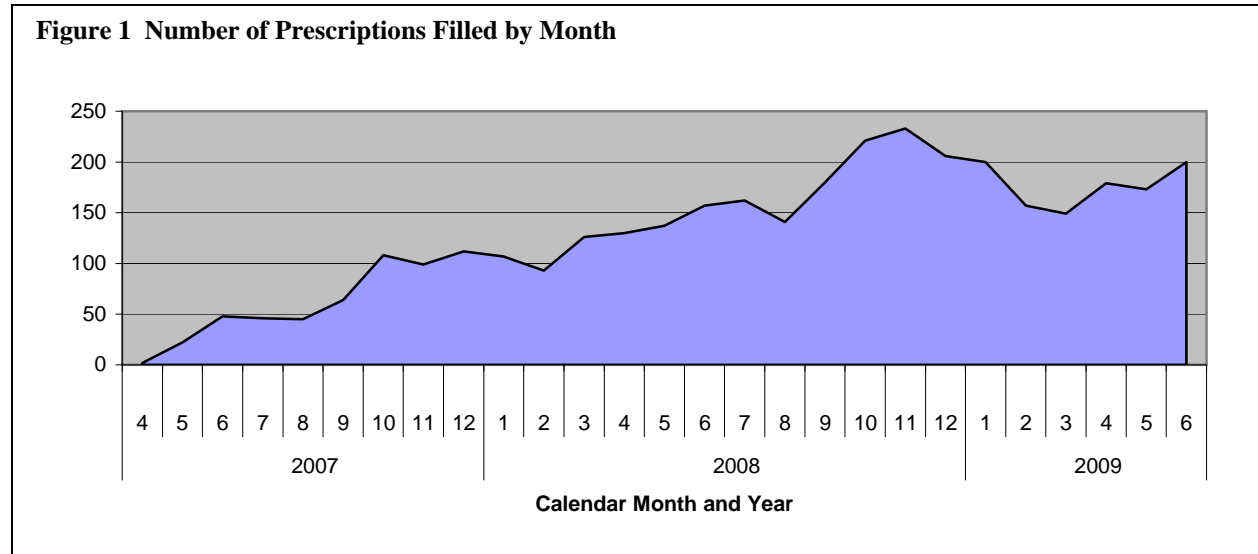
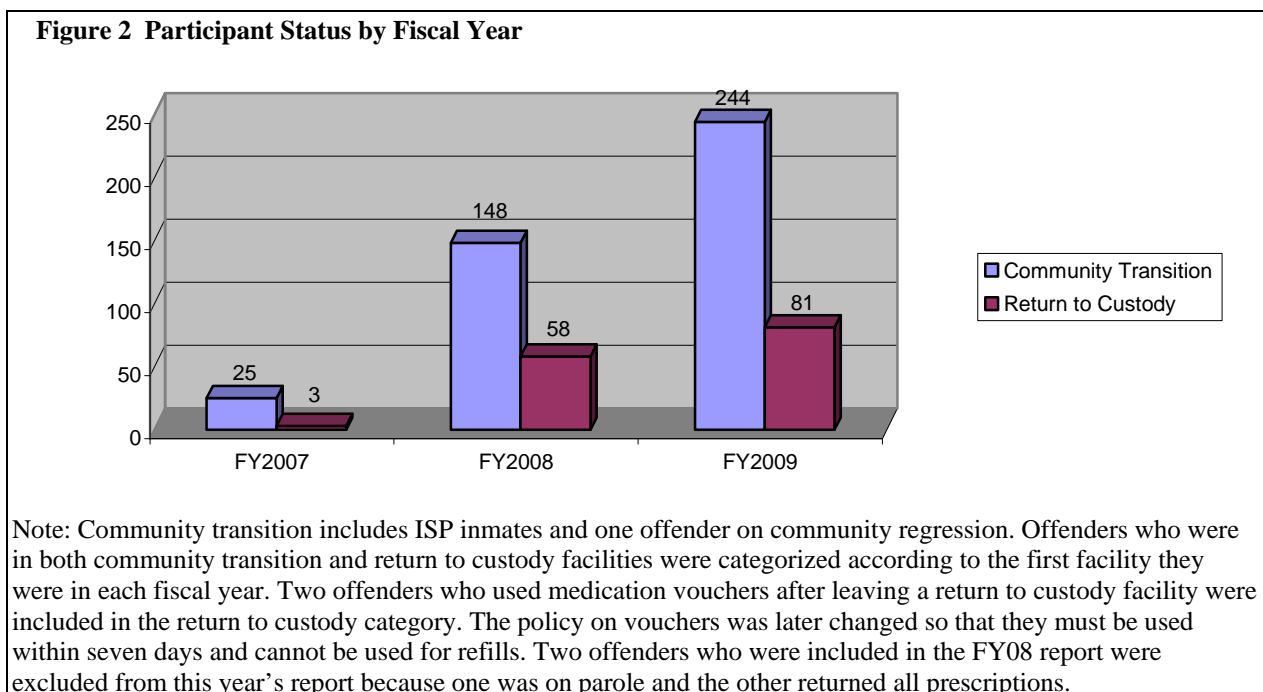


Figure 2 shows the number of offenders receiving services for each fiscal year by their location. In each fiscal year, the majority of the offenders receiving prescriptions have been in community transition.



The status of offenders who participated in the medication program through June 30, 2009 was tracked through December 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 offenders were in a community transition program while receiving medication funding or in a return to custody facility. Meaningful comparisons cannot be made between the program completion rates and return to prison rates of inmates in community transition vs. return to custody facilities because the two populations differ in terms of their criminal history and current offenses. In addition, offenders who revoke to a return to custody facility automatically re-parole after 180 days unless they discharge their sentence or commit a new offense.

Prison return rates were examined for offenders who released to the community directly from inmate status, that is successfully completed the program by paroling or discharging their sentences. Only offenders who had at least one year at risk in the community were included. In other words, only participants who completed the program prior to January 1, 2009, were included. In addition, recidivism was only tracked for the first year after each offender completed the program in order to set up a fair comparison between the FY 2006 comparison group and the FY 2007-2009 program participants.

**Table 1 Program Completion and Return to Prison Rates as of December 2009**

	Community Transition		Return to Custody	
	FY06 (n = 440)	FY07-09 (n = 333)	FY06 (n = 164)	FY07-09 (n = 132)
Still in	3	97	0	12
Escape status	2	2	1	1
Program Completion				
Paroled	217 (50%)	119 (51%)	54 (33%)	71 (60%)
Discharged sentence	14 (3%)	5 (2%)	17 (10%)	9 (8%)
Regressed to prison	204 (47%)	110 (47%)	92 (56%)	39 (33%)
Total	435	234	163	119
1 Year Prison Return Rates				
No return	134 (75%)	43 (72%)	33 (57%)	26 (55%)
Technical return	30 (17%)	14 (23%)	16 (28%)	16 (34%)
New crime	14 (8%)	3 (5%)	9 (16%)	5 (11%)
Total	178	60	58	47

## Program Completion

Inmates with a mental illness in return to custody facilities who received funding for psychotropic medications paroled at a higher frequency than mentally ill inmates in community programs prior to this new funding (60% vs. 33%). Conversely, regressions to prison directly from return to custody facilities decreased substantially after the psychotropic medication program was implemented for offenders in return to custody facilities (33% vs. 56%). For

offenders in community transition and intensive supervision programs, the percentages of offenders with each outcome were similar before and after program implementation.

### **Prison Returns**

Prison returns were similar for offenders who received funding for psychotropic medications compared to those in community programs prior to this funding. In the community transition group, nearly three-quarters of offenders stayed out of prison the first year following release (75% for the FY 2006 comparison group vs. 72% for the FY 2007-2009 program participants). In the return to custody group, over half the offenders stayed out of prison within the first year following release (57% for the FY 2006 comparison group vs. 55% for the FY 2007-2009 program participants).

Prison return rates for new crimes were slightly lower for offenders receiving funding for psychotropic medications than for the FY 2006 comparison group (5% vs. 8% for community transition and 11% vs. 16% for return to custody facilities).

### **Discussion**

This report briefly examines an important program designed to promote re-entry of mentally ill offenders by providing the necessary psychotropic medications that are critical to their everyday functioning. The data shows that an increasing number of offenders have been served each year since its inception in 2007 as more staff and offenders become aware of the program. Additionally, there appear to be sizeable gains in the program completion rates of parole violators in return to custody facilities who are receiving medications compared to similar inmates prior to the program inception. The prison return rates of offenders receiving medications were similar to those of the FY06 comparison group, although there were some slight improvements in the rate of new crimes among individuals receiving the medication funding.

The results of this report should be interpreted cautiously for several reasons. First, this program is still early in its inception. Nearly a quarter of individuals who have received medications under this program are still in the community program. Secondly, of those who successfully completed the program ( $n = 204$ ), only about half ( $n = 107$ ) have had one year at-risk in which time to measure recidivism outcomes. Finally, there are a host of other factors that affect recidivism rates that were not taken into account in the present analysis. A variety of individual characteristics, including age, gender, seriousness of offense, prior failures, program participation and community supports are known to affect recidivism rates. To make meaningful comparisons, it would be important to understand the individual characteristics of inmates receiving the psychotropic medications and those in the comparison group. Additionally, historical factors may affect the outcomes of community offenders, which is problematic in using a comparison group from a different time period. There may be other changes, such as policy or procedural changes, which occurred during the same time as the psychotropic medications study that have affected the program completion and recidivism rates of offenders in community programs. Therefore, it would be difficult to attribute differences or similarities in outcomes to the psychotropic medications program without gathering more data.

It is recommended that future research attempt to take these factors into account when the number of program participants having a year or longer at risk in the community grows. Also, needs and process evaluation may be beneficial to understand how well the program is meeting the needs of mentally ill inmates and how it is being implemented. The results of these types of evaluations would also be useful to understanding the success of the program.

### **References**

O'Keefe, M. L., & Barr, B. L. (2009). Statistical Report: Fiscal Year 2008. Retrieved from [https://exdoc.state.co.us/secure/combo2.0.0/userfiles/folder\\_18/StatRpt08final.pdf](https://exdoc.state.co.us/secure/combo2.0.0/userfiles/folder_18/StatRpt08final.pdf).