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, 2011

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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, 2011, 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 $119,975 of the $282,953 appropriated for FY 2010 to fund psychotropic medications. Part of this funding was added to the line item from the Accelerated Transition Pilot Program (ATPP) in order to provide psychotropic medications for parolees who need them. In previous years, SB 07-160 funding for psychotropic medications was only available for offenders in Community Return to Custody Facilities (CRCF) and community transition placements. In FY 2009, $131,400 was spent 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. 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 27% of inmates in Colorado are identified with a moderate to serious mental illness[1]. All community-based inmates with mental health treatment needs are eligible to receive psychotropic medications under SB 07-160, including those in community transition programs and return to custody facilities. In addition, starting in FY 2010, funding from the ATPP was made available for parolees who require psychotropic medications.

Inmates are placed in community transition programs following a prison term 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 90 or 180 days (depending on the parolee's level of risk) as a diversion from prison. Offenders may only be placed in return to custody facilities if they were on parole for a class four, 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-

[1] Barr, B. L. & O'Keefe, M. L. (2010). Statistical Report: Fiscal Year 2009. Technical Report. Colo Spgs, CO: Dept of Corrections.

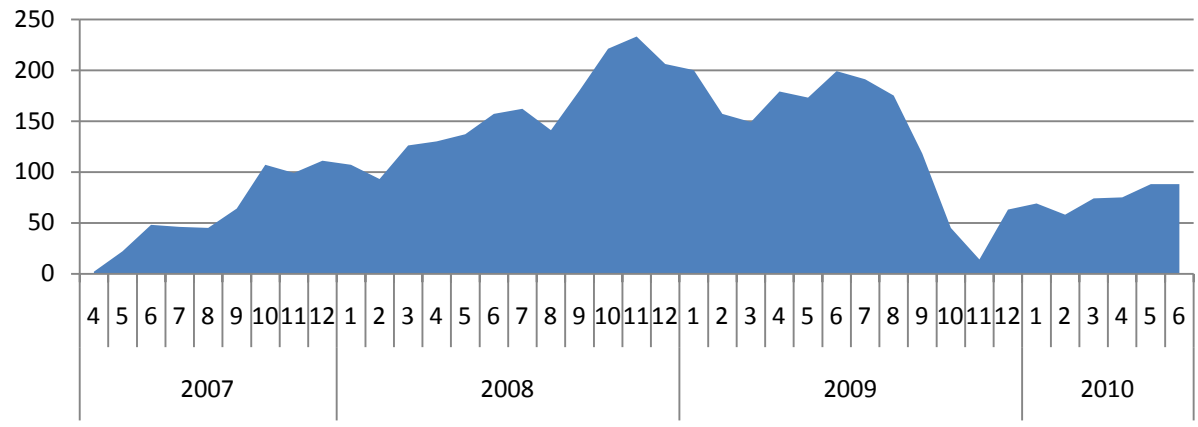
Entry Program staff, the Department's administrator of the funds. Verification of the eligibility documentation is completed and the offender receives a voucher for his or her prescribed psychotropic medications that is honored by participating pharmacies.

Awareness and training of all CPOs and community corrections staff has been and continues to be 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 2010, a total of 1,057 prescriptions were filled for 230 offenders, 87 of whom also received medications in a previous fiscal year. The number of issued prescriptions averaged 4.6 per offender over this 12-month period. Figure 1 shows the number of prescriptions filled per month.

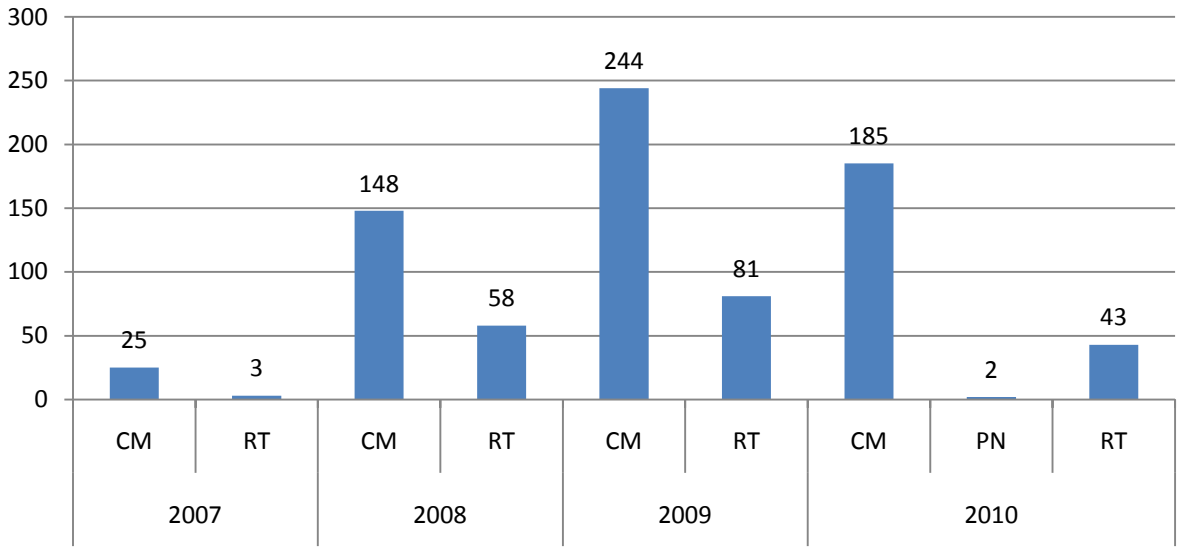
Figure 1 Number of Prescriptions Filled by Month



From FY 08-09, the psychotropic medication fund expenditures were $252,115 (though the Long Bill had appropriated $131,400). For FY 09-10, the Long Bill appropriation was again $131,400. Around September of 2009 (about 3 months into the fiscal year), the budget was reduced to $101,400. At this time, 45% of the allocation had been spent. As a result, the provision of medication was changed to a one month supply of psychotropic medication per mentally ill offender. Once the monthly allocation was reached, the fund was closed for the month. This fundamentally changed the way (and process) by which CPOs utilized the medication fund. This strategic change appears to coincide to the significant drop in the number of prescriptions filled per month in November 2009. In December, the fund was made "whole" again, increasing back to $131,400), and there was subsequently an increase in the numbers of prescriptions filled for the month.

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.

Figure 2 Participant Status by Fiscal Year



Note: Community transition (CM) includes ISP inmates and one offender on community regression. PN indicated participation in ATPP and RT indicated placement in a return to custody facility. Offenders who were in both community transition and return to custody facilities were categorized according to the first facility they were in each fiscal year. Two offenders who used medication vouchers after leaving a return to custody facility were included in the return to custody category. The policy on vouchers was later changed so that they must be used within seven days and cannot be used for refills. One offender was excluded from this year's report because all prescriptions were returned.

The status of offenders who participated in the medication program through FY09 was tracked through December 2010 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.

Prison return rates were examined for offenders who released 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, 2010, 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 2007-2010 program participants.

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 must re-parole after spending 90 or 180 days in a return to custody facility unless they discharge their sentence, whereas offenders in community transition do not necessarily parole, so it would not be meaningful to compare the parole rates of community transition and return to custody inmates. ATPP participants are not included in Table 1 because there are too few to make meaningful comparisons.

Table 1 Program Completion and Return to Prison Rates as of December 2010

	Community Transition		Return to Custody	
	FY06 (*n* = 440)	FY07-10 (*n* = 439)	FY06 (*n* = 164)	FY07-10 (*n* = 168)
Still in	3	57	0	1
Escape status	2	1	1	0
Program Completion				
Paroled	217 (50%)	185 (49%)	54 (33%)	96 (58%)
Discharged sentence	14 (3%)	13 (3%)	17 (10%)	24 (14%)
Regressed to prison	204 (47%)	183 (48%)	92 (56%)	46 (28%)
Total	435	381	163	167
1 Year Prison Return Rates				
No return	134 (75%)	84 (69%)	33 (57%)	49 (58%)
Technical return	30 (17%)	31 (25%)	16 (28%)	27 (32%)
New crime	14 (8%)	7 (6%)	9 (16%)	8 (10%)
Total	178	122	58	84

Program Completion

Inmates 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 (58% 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 (28% vs. 56%). For offenders in community transition and intensive supervision programs, the percentages of offenders with each outcome is 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 ¾ of offenders stayed out of prison the first year following release (75% for the FY 2006 comparison group vs. 69% for the FY 2007-2010 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. 58% for the FY 2007-2010 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 (6% vs. 8% for community transition and 10% vs. 16% for return to custody facilities). However, sometimes new crimes are initially coded as technical returns prior to prosecution.

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. 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.

The results of this report should be interpreted cautiously for several reasons. First, this program is still early in its inception. Secondly, of those who successfully completed the program (317), only about two-thirds (206) 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 to the psychotropic medications program.

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 need 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. Additionally, as HB 10-1360 becomes fully operational, it may be beneficial to further examine how the mental health needs of the offender population are being served by the interplay of these two pieces of legislation.

Action Plan

The Department has made numerous attempts to re-educate CPOs and staff regarding the funding restoration that occurred in December 2009 but has yet to return to past spending levels. A FTE position has been dedicated to the program to serve as the Psychotropic Medication Fund Coordinator. The coordinator will serve as a contact point and educator for department staff as well as seeking to educate Community Corrections facilities, boards and parolees with respect to the psychotropic medication fund.

To increase the efficacy and utilization of the Psychotropic Medication Program, the Department has developed the following initiatives:

1. Improving the completion and transmission of the mental health transition summary between institutional staff and parole staff. Currently, only 21% of offenders with mental illness who are releasing to parole have a completed mental health transition summary. Resource limitations have been the greatest barrier to staff completing forms, however inmates must also agree to sign a release of information. By May 31, 2011, the Department will achieve a 90% completion rate of mental health transition forms for inmates releasing to parole and community corrections who do not refuse to sign a release.

2. Developing computer programming that will match offenders on the release list with the medication program. Once completed, the parole staff would be given access and be able to check for medications.

3. Exploring the possibility of psychiatric staff writing the release medications for 60 or 90 days instead the standard 30 days. The DOC pharmacy would then be able to fill the prescriptions for a longer period of time. The offender would still be given the 30 days supply when leaving but then medications could be reordered and sent to the appropriate parole office.

4. Long term - Developing a card system that would be issued to offenders which has the prescriptions imbedded. The offender could then take the card to a pharmacy and receive the medications. The card would be loaded with appropriate payment information. The Department is in the process of drafting a RFP for this program.

5. In addition, the Department has established a committee to focus on improving the discharge planning process for offenders transitioning from prison to community. The committee will focus on all aspects of discharge planning including psychotropic medications.

These initiatives have been targeted to address challenges and obstacles within the current system. By improving communication between prison and parole staff and increasing the ease of program utilization, the Department can achieve a higher level of continuity of care to offenders releasing into the community.