

COLORADO DEPARTMENT OF CORRECTIONS

**PSYCHOTROPIC MEDICATION PROGRAM FOR COMMUNITY-BASED
OFFENDERS WITH MENTAL ILLNESS**

A LEGISLATIVE FOOTNOTE REPORT FOR SENATE BILL 07-160

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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, 2013, 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."

In FY2012, The Colorado Department of Corrections spent all of the \$131,760 allocated by SB07-160. However, with the addition of one other funding source (HB10-1360), a total of \$853,380 was spent on psychotropic medications for community-based inmates and parolees in FY2012. 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. Because it was possible for individuals to receive psychotropic medications from either source of funding depending on their supervision status, and because the funding source of a particular prescription is difficult to ascertain, utilization information will include offenders serviced through both sources of funding. As stipulated in HB 07-160, the outcomes of offenders in community corrections programs (and not parolees) will be examined.

PROCESS

Over 32% of inmates in Colorado are identified with moderate to serious mental health needs.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 community return to custody facilities. In FY2011, funding from HB 10-1360 enabled the program to expand to all parolees, thus increasing the utilization of the psychotropic medication program.

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 community return to custody facility for up to 180 days as a diversion from prison. Offenders may only be placed in community return to custody facilities if they were on parole for a class four, five or six nonviolent felony other than menacing, stalking or unlawful sexual behavior (to include sexually violent predators).

¹ Barr, B. L., Gilbert, C.R., & O'Keefe, M. L. (2013). *Statistical Report: Fiscal Year 2012*. Technical Report. Colo Spgs, CO: Dept of Corrections.

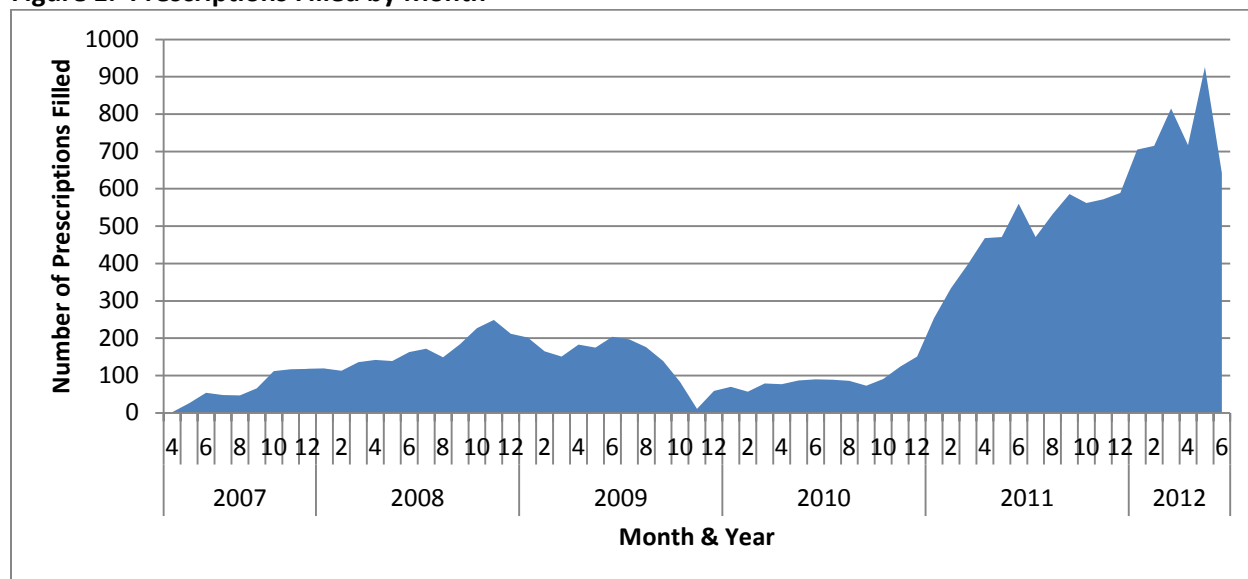
Upon transition from prison to the community, offenders routinely receive a 30-day supply of appropriate medications and become eligible for the psychotropic medication program after the supply of these medications have been exhausted. The referral process is initiated by the community parole officer (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.

SERVICE DELIVERY

In FY 2012, a total of 7,701 prescriptions were filled for 1,343 offenders, 330 of whom also received medications in a previous fiscal year. The number of issued prescriptions averaged 5.7 per offender over this 12-month period. Figure 1 shows the number of prescriptions filled per month, which shows a marked increase since new funding was designated for psychotropic medications and parolees became eligible to receive them.

Figure 1. Prescriptions Filled by Month



PROGRAM COMPLETION

The status of offenders who participated in the medication program through FY2012 was tracked through December 2012 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.

Figures 2 and 3 provide program completion information and return to prison data for participants in the psychotropic medication program and the comparison group (FY2006). Data are further divided by whether offenders were in a community transition program while receiving medication funding or in a community return to custody facility.

Figure 2. Transition Community Corrections Completion/Regression Rates By FY of Entering Program

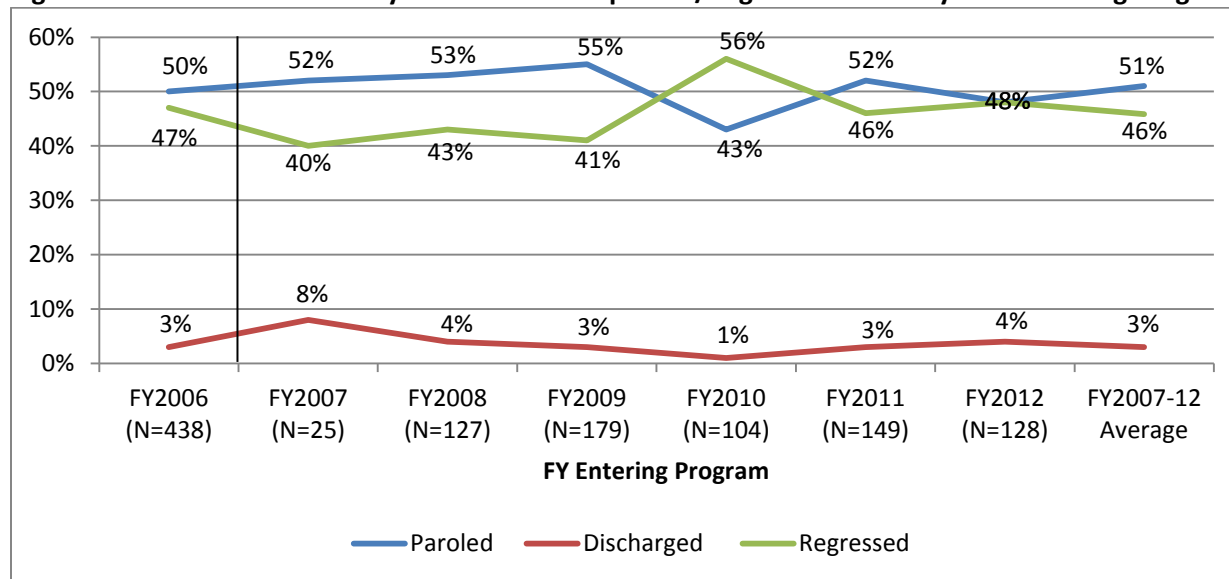
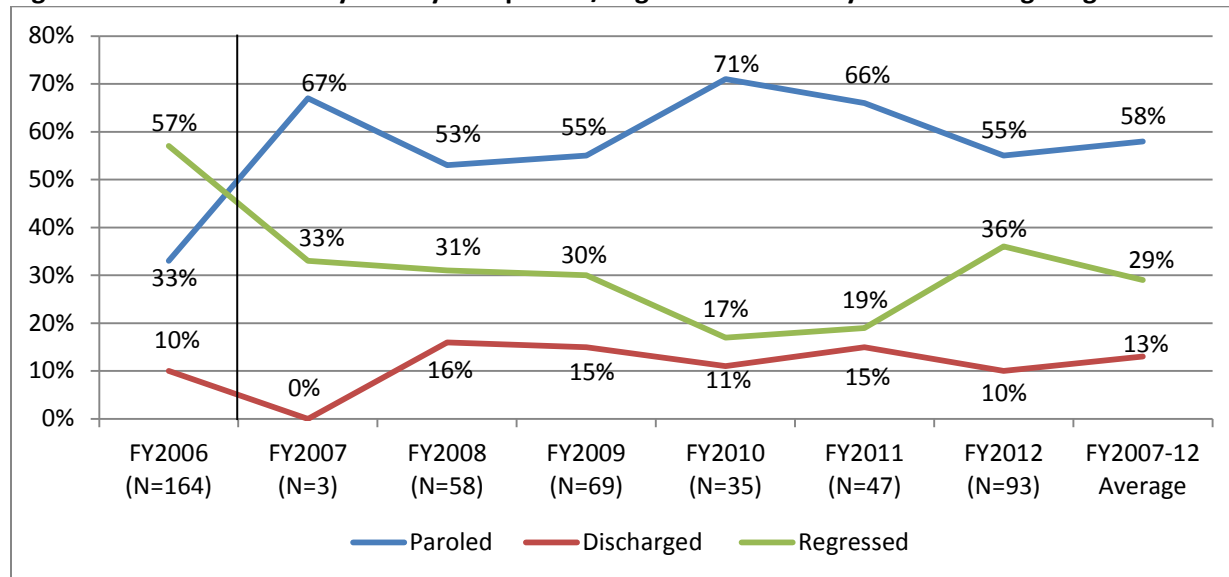


Figure 3. Return to Custody Facility Completion/Regressions Rates by FY of Entering Program



Inmates in community 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. Conversely, regressions to prison directly from community return to custody facilities decreased substantially after the psychotropic medication program was implemented for offenders in community return to custody facilities. While there are fluctuations from year to year, no clear trends

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

PRISON RETURNS

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 July 1, 2011, were included. Figures 4 and 5 track recidivism for the first two years after each offender completed the program in order to set up a fair comparison between the FY 2006 comparison group and the FY 2007-2012 program participants.

In an effort to correct for the unequal time at risk for recidivism between the comparison group and offender receiving psychotropic medications, offenders were separated by time at risk. Thus, only offenders who had had been in the community three years after completion were included in the three year return to prison rates. For offenders in community transition, the rate of returns to prison has not improved and in fact, has worsened since FY07. However, it is interesting to note that while returns for technical violations have increased, the percentage of returns for new crimes is slightly lower than in the comparison group. In contrast, for offenders in community return to custody facilities, the return to prison rates have decreased. For the community return to custody offenders, technical revocations have decreased while rates of new crimes have increased slightly.

Figure 4. Recidivism Rates for Transition Community Corrections Completions

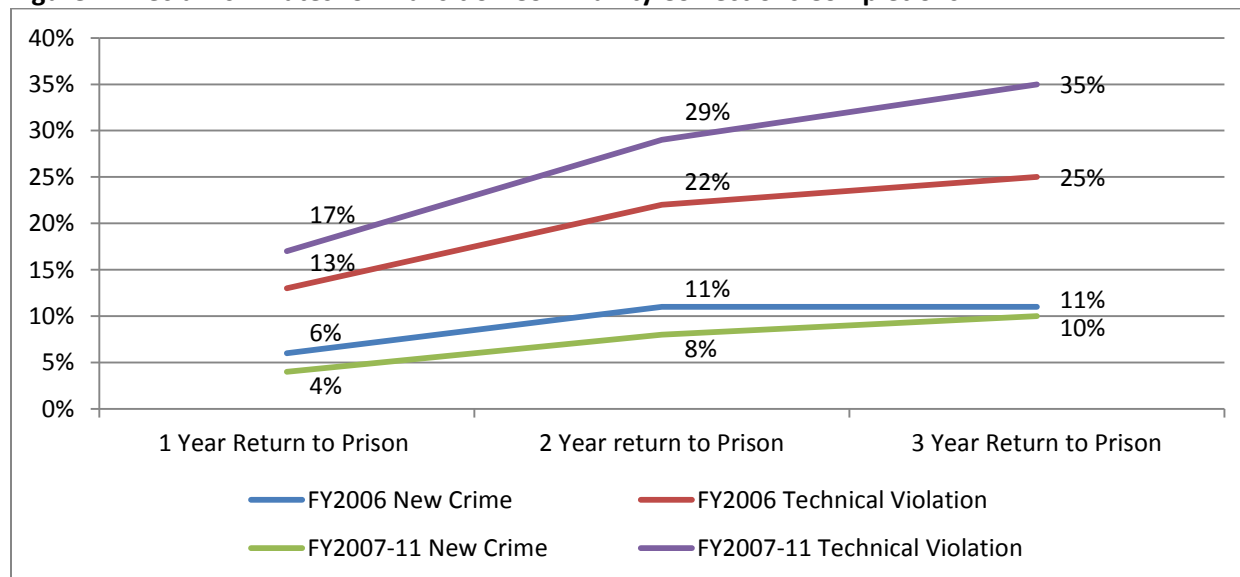
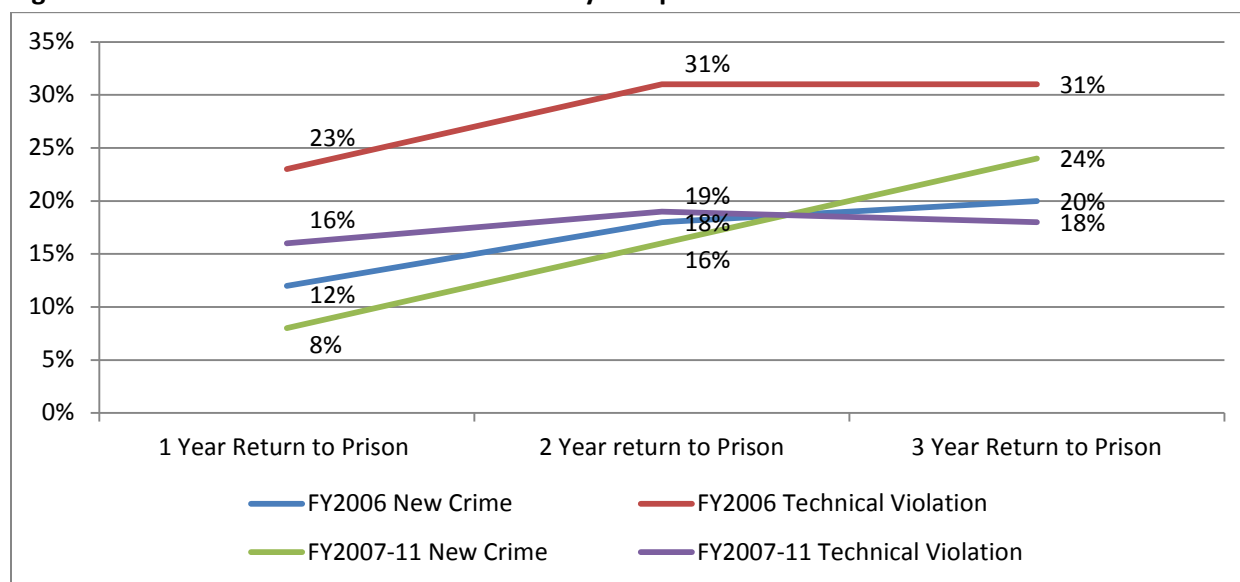


Figure 5. Recidivism Rates for Return to Custody Completions



Meaningful comparisons cannot be made between outcomes of inmates in community transition vs. community 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 community 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 community return to custody inmates. Parole participants receiving psychotropic medications are not included in the tables.

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. Psychotropic medications have been shown to be effective in reducing mental health symptoms and preventing decompensation, thereby potentially decreasing criminal behavior and re-incarceration. Since 2006, and the creation of the psychiatric medication program, there appear to be sizeable gains in the program completion rates of parole violators in community return to custody facilities with mental health needs. The prison return rates of community return to custody offenders receiving medications were better than those of the FY06 comparison group.

This research design, as stipulated in legislation does present some challenges. Because the comparison group is historical, the two groups are exposed to different environment and external factors. Thus, even if attempts were made to control for individual level factors, there would still be fundamental and uncorrectable between-group differences. It is imperative to recognize that this comparison of offenders could only suggest that at best there is a correlation between the provision of psychiatric

medication and offender success. It cannot be said that the psychiatric medication program reduces recidivism and increases successful program completions.

The results of this report should be interpreted cautiously for several reasons, even when exploring possible correlations. 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, 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. For example, periods of revocation have shortened considerably and eligibility criteria for community return to custody facilities have expanded since the inception of this program. Therefore, it would be difficult to attribute differences or similarities to the psychotropic medications program.

To date, there has been no “best practice” established for reducing recidivism for offenders with mental illness. While pharmacotherapy is effective in reducing mental health symptoms and some studies have shown certain medication to reduce criminal behavior, other research suggests that there is no relationship between mental illness and criminal behavior. Following this logic, it would not be expected that psychiatric medication alone would produce a reduction in recidivism. Some studies have suggested that the factors leading to and supporting criminal behavior do not differ between mentally ill and non-mentally ill offenders. Congruently, other research has suggested that treatments shown to be effective in reducing recidivism in the larger offender population (i.e., cognitive behavioral therapy, applying risk-need-responsivity principles) could also be effective in addressing the criminal behavior of offenders with mental illness. However, the role of psychotropic medication in symptom reduction and stabilization should not be overlooked. In this manner, pharmacotherapy could play an important part in enabling the receipt of other, more generalized services targeted at reducing/eliminating criminal behavior and enable the offender to meet the terms and conditions of supervision.