COLORADO
Department of Corrections

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Psychotropic Medication Program for Community–Based Offenders with Mental Illness

A Report Submitted to the
Joint Budget Committee
due January 31, 2014 in response to
Department of Corrections FY 2013-14 RFI #2

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INTRODUCTION

This report provides information on the psychotropic medication program that was funded in SB 07-160 (a supplemental appropriation to the Department of Corrections) in the fiscal year 2006-2007 supplemental budget process. The FY 2013 Request for Information item 2 states:

> *"The Department is requested to submit a report to the Joint Budget Committee on or before February 1, 2014, 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 FY 2013, the Colorado Department of Corrections spent all of the $131,400 allocated to this line item through the Long Bill. However, with the addition of one other funding source (HB 10-1360), a total of $514,795 was spent on psychotropic medications for community-based inmates and parolees in FY 2013. 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 the request for information, the outcomes of offenders in community corrections programs (and not parolees) will be examined.

PROCESS

Over 32% of inmates in Colorado have moderate to serious mental health needs (1). Funding for community-based inmates with mental health treatment needs to receive psychotropic medications is allocated by the Long Bill, including those in community transition programs and community return to custody facilities. In FY 2011, funding from HB 10-1360 enabled the program to expand to 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).

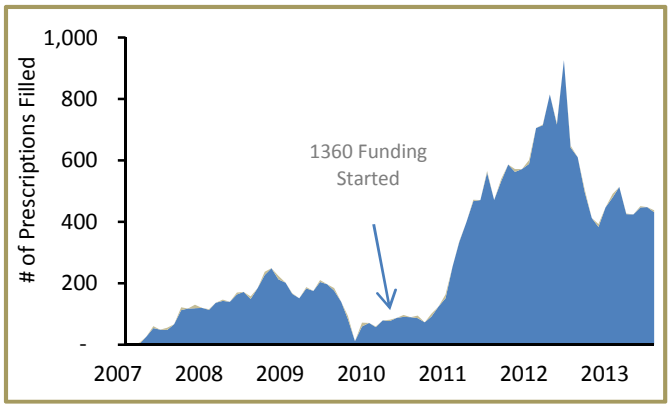
Upon transition from prison to the community, offenders routinely receive a 30-day supply of appropriate medications and become eligible for the psychotropic medication program after the supply of these medications have been exhausted. The referral process is initiated by the community parole officer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

UTILIZATION

In FY 2013, a total of 5,517 prescriptions were filled for 1,180 offenders, 368 of whom also received medications in a previous fiscal year. The number of issued prescriptions averaged 4.7 per offender over this 12-month period. Figure 1 shows the number of prescriptions filled per month, which has decreased since FY 2012.

Figure 1. Prescriptions Filled Since Program Began

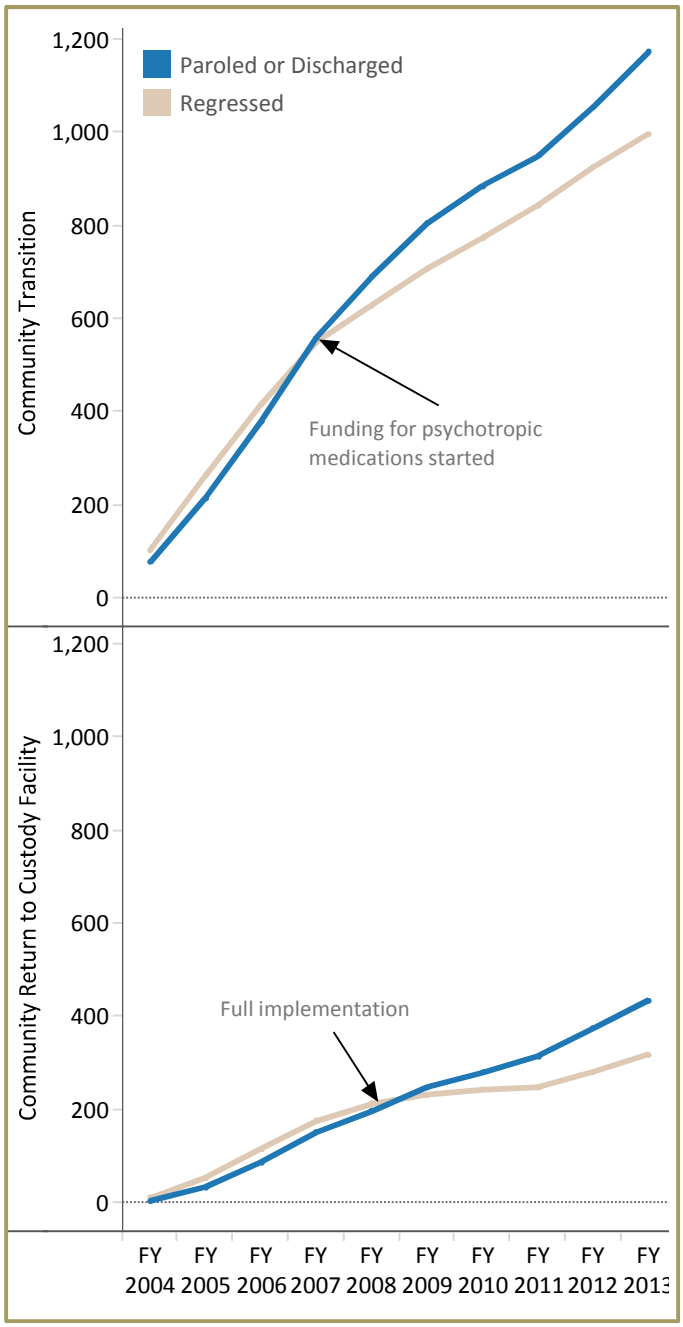


PROGRAM COMPLETION

The status of offenders who participated in the medication program through FY 2013 was tracked through December 2013 and compared to mentally ill offenders in similar placements before funding began in FY 2006. The comparison group consisted of all mentally ill offenders placed in community corrections programs or community return to custody centers in FY 2006, as specified in the request for information. However, data was also tracked through FY 2004 and 2005 in order to identify trends over a greater length of time in case FY 2006 was an atypical year.

Figure 2 shows the running total of program completions and regressions by the fiscal year of leaving the program. Starting the year the program began, the running total of community transition offenders who successfully completed the program exceeded those who regressed back to prison. The running total of offenders at community return to custody facilities who successfully completed the program exceeded the number who regressed in late FY 2008, which is when the program was fully implemented in community return to custody facilities.

Figure 2. Running Total of Completions/Regressions by FY of Leaving Program



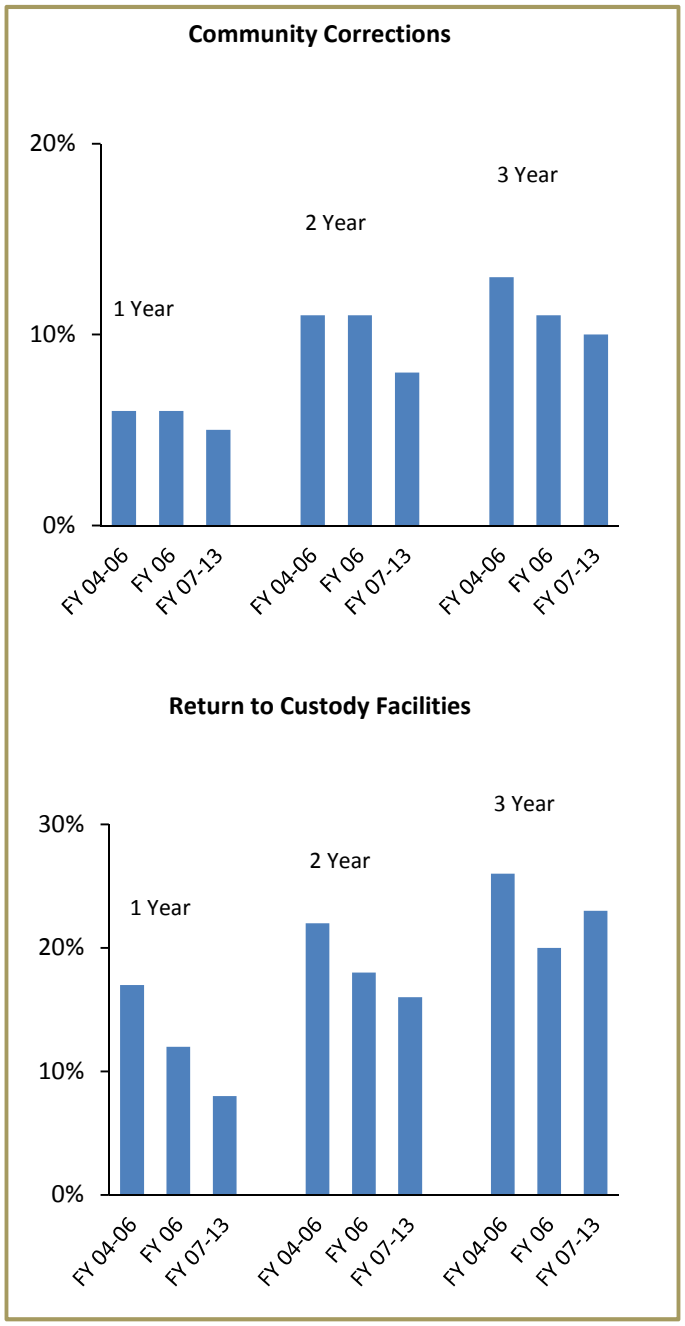
NEW CRIMES

Prison return rates for new crime convictions 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, 2012, were included. Figure 3 tracks recidivism for the first three years after each offender completed the program in order to set up a fair comparison between the FY 2006 comparison group and the FY 2007-2013 program participants.

In an effort to correct for the unequal time at risk for recidivism between the comparison group and offenders receiving psychotropic medications, offenders were separated by time at risk. Thus, only offenders who had been in the community three years after completion were included in the three year new crime rates. For offenders in community transition, the rate of new crimes is slightly lower since the program was implemented. For offenders in community return to custody facilities, the rate of new crimes is lower for psychotropic medications recipients than in FY 2004-2006.

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.

Figure 3. New Crime Rates for Transition Community Corrections and Return to Custody Completions



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 de-compensation, 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 offenders in the community with mental health needs, especially for parole violators in community return to custody facilities.

Community transition inmates had a slightly lower rate of new crimes than the FY 2006 comparison group. For community return to custody facility inmates, the rate of new crimes was especially low in FY 2006, suggesting that FY 2006 alone may be an inappropriate comparison group. However, community return to custody facility inmates had a lower rate of new crimes in FY 2007-2013 than in FY 2004-2006.

This research design, as stipulated in legislation, presents some challenges. Because the comparison group is historical, the two groups are exposed to different environmental and external factors, especially so many years later. 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 (2,3) and some studies have shown certain medication to reduce criminal behavior (3,4), other research suggests that there is no relationship between mental illness and criminal behavior (5,6). 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 (7). 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 (8). 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.

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