

January 2002

Access to Atypical Antipsychotic Medications: Program Characteristics and Participant Profiles

EXECUTIVE SUMMARY

Schizophrenia and other psychiatric and neurological disorders are now being treated with new medications commonly called “atypical antipsychotics.” For many people, the new medications are more effective and provide a better chance of living productively in society. While the new medications are much more expensive than their predecessors, research from clinical trials suggests that they can be cost-effective (Essock et al., 2000).

For a number of reasons, including low income and medical assistance gaps, access to atypical antipsychotic medications can be problematic. In order to address these issues, the 2000 Legislature passed Second Substitute House Bill 2663 (2SHB 2663),¹ providing for the distribution of atypical antipsychotic medications to underserved populations who present a risk of harm to themselves and the community. To assess the effectiveness of 2SHB 2663, the Legislature mandated a study to be conducted by the Washington State Institute for Public Policy (Institute).

Two organizations bid for and were awarded contracts to distribute the medications through a Department of Social and Health Services (DSHS) competitive bidding process: Harborview Mental Health Services (Harborview) in King County and Pierce County Regional Support Network (Pierce). Pierce began enrolling individuals into its program in November 2000, and Harborview began enrolling individuals in January 2001.

This initial report provides descriptive statistics on three issues: the programs, the participants, and preliminary access and funding results for individuals entering the program prior to June 30, 2001.² Program characteristics include enrollment and length of time in the program, while participant characteristics include demographic, mental health, and criminal history background. The preliminary results include the program’s effect on participants’ access to atypical antipsychotic medications and whether participants found a stable funding source at the time they left the program.

Program Characteristics

The data show that the Harborview and Pierce programs are operating in accordance with legislative requirements. While enrollment is lower than expected, participants meet program eligibility and other legislative requirements: they have a serious mental illness, low income, and no medical coverage. A substantial proportion of those enrolled meet the target population definitions. Both programs are providing temporary access to the medications, in accordance with the transitional funding mandate.

¹ Enacted March 30, 2000, Chapter 217, Laws of 2000.

² The cut-off date of June 30, 2001, was necessary in order to acquire the administrative data for this report.

Specific program findings include the following:

- In the first six to eight months of program operation, Harborview and Pierce enrolled approximately 13 and 7 participants a month, respectively.
- Approximately 27 percent of Harborview and 58 percent of Pierce participants fell into the legislative target population of individuals transitioning out of correctional facilities or recently receiving treatment under involuntary civil commitment laws.
- The majority of participants in both sites received medications for less than 60 days, consistent with the legislative mandate of transitional funding.

Participant Profile

The data indicate that participants are severely mentally ill; most have a major psychotic or mood disorder and very low psychosocial functioning. The majority of participants are men between 31 and 45 years of age who have few economic resources. About one-third of participants have an adult felony conviction. Many participants, particularly in Pierce, have received public mental health system services, but few have received continuous outpatient or medication management treatment.

Specific participant characteristic findings include the following:

- Over 50 percent of Harborview participants were homeless, as were 10 percent of Pierce participants.
- Nearly half the participants at Harborview had a co-occurring substance disorder, as did 16 percent of Pierce participants.
- Most program participants reported public assistance or no income source at program entry.
- Nearly two-thirds of participants had no wages recorded in Employment Security records in the four quarters prior to program enrollment.
- Approximately 31 percent of Harborview and 34 percent of Pierce participants had an adult felony conviction.
- The majority of participants had not received medication management treatment in the public mental health system in the year prior to program entry.
- Approximately 5 percent of Harborview and 26 percent of Pierce clients received outpatient mental health services in each year from 1998 to 2001.

Preliminary Access and Funding Results

Given the substantially lower than expected enrollment numbers, it is unlikely that either site significantly increased access to the medication among the targeted populations at this time. However, of those enrolled in the program, the majority of target group participants had not received outpatient medication management treatment in the year prior to program entry. Thus, the programs enrolled persons who had limited history of access to the medications through the public mental health system. Only 5 percent of Harborview and 35

percent of Pierce participants had medication management treatment in the year prior to program entry; after program enrollment the figures increased to 73 and 96 percent, respectively.

In both programs, approximately half the participants obtained Medicaid coverage or another medication funding source. Thus, the programs provided transitional funds necessary to bridge the medication gap for half of the participants. However, about half the participants left treatment without funding. Obviously, a higher proportion retained in treatment with funding would have been a desired outcome. Low medication compliance rates, consistent with other studies of compliance with atypical antipsychotic medications, participant characteristics indicating a difficult-to-treat population, and a lack of program funds for follow-up services may have worked against better retention and funding outcomes.

Future Research

At this point, sufficient time has not yet elapsed to address all outcomes identified by the Legislature. Program participants have less than a one-year follow-up period; thus, post-measures are not yet available. The Institute will continue to collect data on participants for a full year and provide a final report on participants' employment, mental health, and criminal justice outcomes to the Legislature in December 2002.