



# 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, 2015 in response to  
Department of Corrections FY 2013-14 RFI #2

Prepared by

Office of Planning and Analysis

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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 2014 Request for Information item 2 states:

*"The Department is requested to submit a report to the Joint Budget Committee on or before February 1, 2015, 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."*

In FY 2014, the Colorado Department of Corrections spent all of the \$131,400 that was allocated to this line item through the Long Bill. However, an additional \$471,508 was spent from the funding source (HB 10-1360) on psychotropic medications for community-based inmates and parolees in FY 2014. Since the start of the program, all medications have been purchased through Avia Partners, Inc. Avia has an extensive network of participating pharmacies throughout the state of Colorado and their selection enabled the implementation process to be expedited. Since 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.

## PROCESS

Over 35% of inmates in Colorado have moderate to serious mental health needs <sup>(1)</sup>. Funding for community-based inmates with mental health treatment needs receive psychotropic medications 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 may be 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 receive a 30-day supply of appropriate medications and become eligible for the psychotropic medication program after the supply of these medications has 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 eligible offenders receive a voucher for prescribed psychotropic medications that are honored by participating pharmacies.

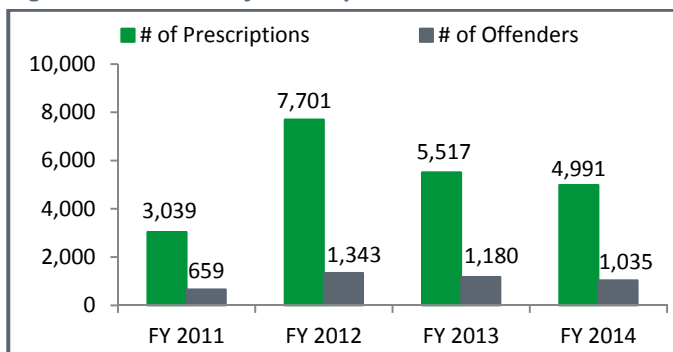
Awareness and training of all CPOs and community corrections staff has been a high priority since the program was implemented in April 2007 to ensure all eligible offenders in need of psychotropic medication receive assistance from this program.

Once an inmate paroled out of a Colorado Department of Corrections facility and becomes a parolee, the parolee has the option to enroll in Medicaid and receive the same prescriptions that they received from AVIA while on inmate status. Between February 15, 2014 and November 30, 2014, 4,079 parolees applied for Medicaid benefits. January 1, 2014 Colorado law modified the eligibility requirements for the Medicaid program which increased the income eligibility from sixty-one percent (61%) to one hundred thirty-three percent (133%) of the federal poverty line <sup>(2)</sup>.

## UTILIZATION

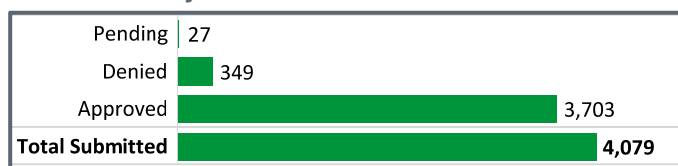
In FY 2014 (July 1, 2013 through June 30, 2014), a total of 4,991 prescriptions were filled for 1,035 mentally ill offenders, 250 of whom also received psychotropic medications in the previous fiscal year. The number of issued prescriptions averaged 4.8 per offender over this 12-month period. Figure 1 displays the number of prescriptions filled versus the number of offenders for the last four years. The significant increase in the number of prescriptions filled in FY 2012 is due to funding from HB 10-1360 that enabled the program to expand to all parolees, thus increasing the utilization of the psychotropic medication program. When comparing FY 2013 to FY 2014, the overall number of prescriptions declined in FY 2014 by 526; the largest decline occurred in May, 2014 and amounted to 206 prescriptions.

**Figure 1. Number of Prescriptions Filled**



Although, parolees are receiving prescription medications through Medicaid and we know how many offenders submitted to receive Medicaid benefits, we are unable to track the number of prescriptions filled. Figure 2 shows the breakdown of the 4,079 parolees that applied for Medicaid benefits between February 15, 2014 and November 30, 2014. Out of the 4,079 parolees that submitted to receive Medicaid benefits, 3,703 (91%) were approved for Medicaid benefits and 27 (1%) were still pending as of November 30, 2014.

**Figure 2. Number of Parolees that Applied for Medicaid Benefits**



## PROGRAM COMPLETION

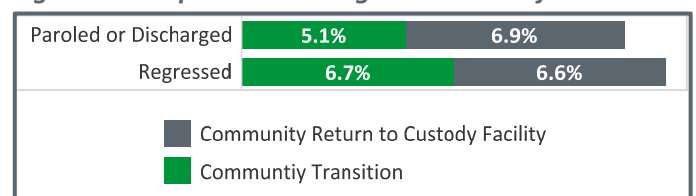
The group that was evaluated consisted of all offenders who received psychotropic medication during FY 2014, these included offenders who paroled, discharged, or regressed after receiving prescriptions during FY 2014. It is important to note that the majority of offenders receive multiple prescriptions throughout the fiscal year; however, after the offender receives their first prescription, the next completion or regression that the offender receives is the only transition that is being compared for this report. Of the 1,035 mentally ill offenders who received psychotropic medication during FY 2014, several changed classifications, statuses, and locations multiple times throughout the fiscal year. Oftentimes, the offender completed the psychotropic medication program and then regressed out of the program or regressed then completed the program.

Table 1 and Figure 3 show the total number and rates for fiscal year completions and regressions for the offenders who received psychotropic medication during FY 2014. Out of the 1,035 offenders who received prescriptions during FY 2014, 12% paroled or discharged, compared to 13% who regressed back to a Colorado Department of Corrections facility after receiving their initial prescription during FY 2014.

**Table 1. Total Number of Completions and Regressions for FY 2014**

Community Return to Custody Facility	Paroled or Discharged	71
	Regressed	68
Community Transition	Paroled or Discharged	53
	Regressed	69

**Figure 3. Completion and Regression Rates for FY 2014**



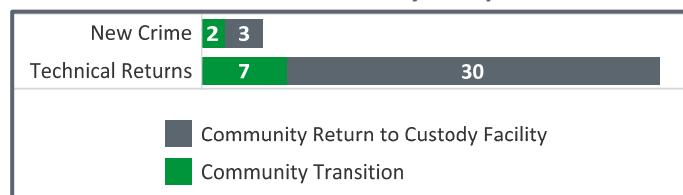
## NEW CRIMES

Technical returns and new crime rates were examined for offenders who successfully completed the

psychotropic medication program during FY 2014 by either paroling or discharging. Out of the 1,035 offenders with mental health needs who were enrolled and received psychotropic medication during FY 2014, 124 (12%) successfully completing the program by either paroling or discharging. However, of the 124 offenders, 42 (34%) regressed back to the Colorado Department of Corrections during FY 2014.

Figure 4 shows the fiscal year regression rates by community transition and community return to custody facility for those offenders who paroled or discharged after their first prescription during FY 2014. Of the 42 offenders who regressed back into a Colorado Department of Corrections facility, 37 (88%) returned on a technical return, whereas only 5 (12%) returned on a new crime. It is important to note that although Figure 3 is showing community transition and community return to custody facility distributed by new crime and technical returns; meaningful comparisons cannot be made between community transition and community return to custody facilities, because the two populations differ in terms of their criminal history and current offenses.

**Figure 4. 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, as well as inform the offenders about the potential of Medicaid benefits that pay for parolee medications upon release. 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 the creation of the psychotropic medication program,

there appear to be sizeable gains in the program completion rates of offenders in the community with mental health needs.

Community transition inmates had a slightly lower rate of new crimes than technical returns. For community return to custody facility inmates, the rate of new crimes was substantially higher for technical returns compared to new crimes. Out of the 124 offenders who successfully completed the psychotropic medication program, 4% committed new crimes within the fiscal year and 30% were technical returns within the fiscal year.

The results of this report should be interpreted cautiously for several reasons, even when exploring possible correlations. There are multitudes of confounding 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 regression rates. To make a more significant comparison, it would be imperative to understand the individual characteristics of inmates receiving the psychotropic medications and those in the comparison group. Additionally, historical factors, 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 may affect the outcomes of community offenders. 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 exclusively attribute differences or similarities to the psychotropic medications program.

During the short time frame (February 15, 2014 to November 30, 2014) a large percentage (91%) of those that applied for Medicaid benefits were approved. We are unable to track the number of prescriptions filled along with completion and regression rates after

medication use. It is important to note that although enrolling in Medicaid benefits is strictly voluntary, inmates are provided with the necessary information regarding Medicaid benefits.

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 <sup>(3,4)</sup> and some studies have shown certain medication to reduce criminal behavior <sup>(4,5)</sup>, other research studies suggest that there is no direct correlation between mental illness and criminal behavior <sup>(6,7)</sup>. Following this logic, it is not to 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 <sup>(8)</sup>. 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 <sup>(9)</sup>. Evidence of this study shows, that 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 enabling offenders to meet the terms and conditions of supervision.

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