



Supporting America's Aging Prisoner Population

Opportunities & Challenges
for Area Agencies on Aging

NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING



advocacy | action | answers on aging

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Introduction

America's prison population is aging rapidly. Between 2007 and 2010 the number of state and federal prisoners age 65 and older grew at a rate 94 times the overall prison population, making it the fastest growing demographic.¹ The increase can be attributed to a variety of factors including the aging of the overall U.S. population, longer prison terms due to factors such as mandatory sentencing, and an increase in the number of older people committing crimes.²

The result is the criminal justice system, which has been traditionally focused on serving a younger inmate population, now houses an older population, many of whom have chronic health conditions or physical disabilities and may need assistance with bathing, dressing, eating and other aspects of personal care.

The impact of the incarceration of older prisoners is not confined to their prison term. Older prisoners, once released, experience unique challenges. They may lack social support after long-term imprisonment, which, combined with physical health issues or chronic diseases, results in a need for increased social services support. Some older prisoners being released may need residential support in assisted living or nursing homes, although placement of this population can present challenges. They may also have outdated job skills which drives financial instability by hindering employment opportunities. They may also experience challenges accessing public benefits and services due to factors such as lack of current photo identification or state laws barring participation in certain benefit programs (e.g., the Supplemental Nutrition Assistance Program).

The challenges and opportunities associated with the burgeoning U.S. aging prisoner population have gained more attention in recent years with increases in research and media coverage. With funding from the U.S. Department of Health and Human Services' Administration for Community Living (ACL), this report examines trends in the U.S. aging prison population and focuses on the role of the Area Agencies on Aging (AAAs) in helping to address the needs of this population.

Overview of the Aging Prison Population

It is important to consider what constitutes older age in a prison setting. Incarcerated individuals on the whole experience “accelerated aging.” That is, they face chronic health conditions and age-related disabilities at a younger age compared to those living in the community. Accelerated aging is attributed to a multitude of factors including lack of access to health care, history of substance abuse, history of mental illness and exposure to traumatic events.³

In 2000, three percent of the state and federal prison population was age 55 and older but by 2010 that number had risen to eight percent—a 166 percent increase in one decade.⁴ According to the Bureau of Justice Statistics, there are more than 150,000 prisoners over age 55 in state or federal correctional facilities.⁵ The proportion of prisoners age 65 and older is growing most rapidly. In 2007, there were 16,100 prisoners over age 65. By 2010, the number had risen to 26,200. This is an increase of 63 percent among the age 65 and older prison population while the rest of the prison population grew by only 0.7 percent.⁶

Although the rapid rise in the aging prison population is often attributed to the overall rise in the U.S. aging population, researchers attribute several factors to the recent growth. The Bureau of Justice Statistics cites two primary reasons in the *Aging of the State Prison Population 1993–2013 Report*. First, data indicate there has been an increase in the number of older adults who commit crimes and enter the prison system at an older age. While there were 2 million fewer arrests in 2012 than in 1993, arrests of people age 55 and older increased by 77 percent in the same time period.⁷ Another factor contributing to the growth of the older prison population is longer prison terms. The number of prisoners aged 55 and older who were sentenced to more than one year in prison increased from 26,300 in 1993 to 131,500 in 2013—a 400 percent increase.⁸ Older people may have longer criminal histories and therefore be more likely to be affected by multiple strike laws.⁹ Additionally, individuals who entered the system in young or middle age are aging in place in the prison setting. For example, between 1993 and 2003, prisoners aged 45–49 were the fastest-growing age bracket

in the prison population. Thus, by 2013, many had aged into the category of older prisoner.¹⁰

The aging of the prison population has implications for the quality and type of services they receive in the correctional system, as well as for reentry services since the vast majority of prisoners return to the community at some point. In terms of care for aging prisoners within the correctional systems, considerations include the need for a physical infrastructure within the prison facility that supports people as they age (accessible cells, grab bars, alternatives to bunk beds), programming geared for older inmates (employment, skills training, recreation), health needs (addressing physical and mental health conditions, medication management), prison workforce needs (additional staff may be needed to provide personal care assistance with bathing, dressing and moving around the institution).¹¹ There is also support needed when older inmates are paroled or prepare to return to the community to ensure successful reentry into society and prevent recidivism. Access to services such as transportation and housing, assistance finding employment, connection with a social support system, access to physical and mental health care, and help with signing up for benefits are important factors in a successful reentry.

With the Bureau of Prisons' changes to the compassionate release program in 2013, prison systems have given greater attention to compassionate release programs. The concept behind compassionate release is that it provides a community-based option for prisoners who have an "extraordinary or compelling" reason for release, such as a terminal illness, progressive illness or debilitating injury from which they will not recover. Compassionate release may also be a factor in helping to address prison overcrowding, particularly since older prisoners are less likely to re-commit crimes.¹² However, compassionate release options are not always well-utilized due to eligibility limitations, the bureaucracy of navigating the compassionate release process, and lack of public support for these programs. When compassionate release is utilized, it can present different challenges. For example, finding an appropriate placement for individuals who are terminally ill and setting up appropriate benefits in advance to ensure that the released individual has resources to pay for care can be challenging. As a result, nursing homes have reported situations where older

prisoners have been “dumped” in their facilities with little or no resources or services in place for the person to live successfully. Lack of social acceptance and fear of this population returning to the community or entering a community-based long-term care setting is an ongoing challenge.

About Area Agencies on Aging

An important part of America’s long-term services and supports (LTSS) system for serving older adults, Area Agencies on Aging (AAAs) have been operating in virtually every community in the United States since they were established in the federal Older Americans Act (OAA) in 1973. Each AAA shares a clear mission: to preserve the independence and dignity of older adults by providing services and supports that enable them to remain living in their homes and communities for as long as possible.

While each AAA provides a set of core services mandated by the OAA, including planning and program development, information and assistance, home and community-based services, and caregiver support, they also may offer distinct services tailored to the needs of older adults in their community. AAAs coordinate and support a wide range of home and community-based services, including home-delivered and congregate meals, in-home care, transportation, benefits and insurance counseling, employment services, senior center activities, adult day care and more.

AAAs are flexible and take advantage of emerging opportunities to mount new initiatives or expand services. As the client base, funding landscape and community needs each change, so do the challenges and opportunities facing AAAs.

“WE OFFER FINANCIAL ELIGIBILITY for medical and medical assistance programs, food stamps and LTSS eligibility, utilizing dedicated staff—an eligibility specialist and a case manager—who work with about 50 prisoners a year, to connect them with resources that can be life-changing for a population with few options.”

—RODNEY SCHROEDER,
Executive Director of Operations,
NorthWest Senior and Disability
Services, Oregon

AAAs are well-positioned to develop programs to respond to the needs of America's aging prisoner population. There are many synergies between addressing the needs of the aging prisoner population and the services and supports already being provided by AAAs to the broader aging population. As this report will detail, some AAAs are already engaged with the criminal justice system in their communities to connect older prisoners with appropriate services, including programs that support healthy aging during incarceration. Other AAAs are engaged with prisons and jails to assist with transitional reentry to ensure that, once released, former inmates have the resources, skills and social supports necessary to avoid recidivism.

Federal Initiatives to Address Reentry

Supporting successful reentry into the community after incarceration is a federal priority. The Federal Interagency Reentry Council created in April 2016 is built upon five years of work by this group as an informal collaboration among federal agencies. The Council is led by the Attorney General, with involvement from departments and agencies across the government, with the goal of guiding the federal work on the rehabilitation and reintegration of individuals returning to their communities from prisons and jails.

Several other initiatives are recently underway, conducted across different branches of government, to further support the reentry of individuals with a criminal record. The Office of Personnel Management (OPM) published a proposed rule that would prohibit federal agencies from asking questions about criminal and credit history to applicants for federal positions until a conditional offer of employment has been made. The Department of Justice (DOJ) announced its "Roadmap to Reentry," outlining principles to be implemented by the Bureau of Prisons to ensure reentry is incorporated throughout someone's incarceration period from their entry into the system to their exit. The Attorney General sent a letter to state governors asking them to allow individuals reentering the community to exchange their corrections identification card for a state identification card, or to accept a corrections identification card as a form of identification; this would address the issue of a lack of photo identification creating additional reentry barriers. The Department of Housing and Urban Development

(HUD) issued guidance on the Fair Housing Act standards to exclude the use of arrest records in making public housing decisions. The Department of Health and Human Services (HHS) released guidance clarifying that individuals in halfway houses and those on probation or parole are eligible for Medicaid if they meet the eligibility requirements; it also provided guidance on how states can better facilitate access to Medicaid services for individuals reentering the community. The Department of Veterans Affairs (VA) is participating in events at Bureau of Prison facilities and VA medical centers to better serve veterans who are involved in the criminal justice system.

Methodology

To determine how the AAAs are or could be involved in responding to the growing crisis of aging prisoners, n4a, with the support of ACL, conducted a poll of its members on the topic. The purpose of the poll was to determine how AAAs are responding to the aging of America's prison population, including individuals who have been released from prison, and specifically what types of pilot projects and other programs are available.

The data included in this report is based on the poll results, as well as follow-up interviews with a select number of AAAs that are implementing projects related to the aging prisoner population. The poll contained 12 questions and was conducted in March and April 2016. It was disseminated to all 622 Area Agencies on Aging across the country. Two hundred and thirty-one AAAs completed the survey for a response rate of 37.1 percent.

The poll assessed several issues, including:

- Impact of aging prisoner population on the community
- AAA services designed specifically for aging inmate population and/or those being released
- Existing AAA services that could be made available to inmates or those being released (e.g., chronic disease self-management, financial literacy, benefits access, employment assistance)
- Current capacity to serve the aging inmate population
- Interest in pilot programs to serve the prison population
- Technical assistance and training needed to implement such programs

After the poll was completed, in-depth interviews were conducted with six AAAs to gain a deeper understanding of best practices, barriers to success and needs for technical assistance and training. Areas explored during these interviews included:

- Impact of the growing aging prisoner population on their community
- Services/programs offered to aging prisoners and funding sources
- Types of pilot programs that would be most beneficial
- Misconceptions about serving the aging prisoner population
- Resources and training materials that would be valuable to serve this population

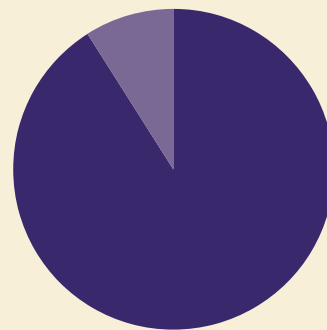
Interviews were conducted with AAAs in Arlington County, VA; Washington, DC; Denver, CO; Louisville, KY; Schuyler County, NY; and Richmond, VA. These agencies were identified through a review of the poll results and n4a literature.

Findings

AAAs with Programs for Older Prisoners or Those Recently Released

Approximately nine percent of AAA respondents currently have a program serving older prisoners or prisoners who were recently released. Given that there is not a dedicated funding stream to support specific programs that target the aging prisoner population, it is not necessarily surprising that a relatively small proportion of AAAs (9 percent) have developed services in this area.

Does your AAA have a program to serve aging inmates or those being released?



91% No
9% Yes

Of the AAAs with programs for older prisoners or recently released individuals, 40 percent are part of a Chronic Disease Self-Management Education Program (CDSME), 24 percent are reentry programs for those individuals who are being released or recently released and 36 percent are classified as other types of programs, which will be summarized later.

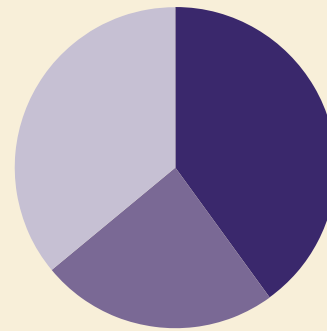
Chronic Disease Self-Management Education (CDSME) programs provide older adults and adults with disabilities with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS and depression. ACL has been supporting the dissemination of CDSME programs through grants to states since 2003. State governments use these funds to develop an infrastructure (state and community partners, workforce, sites and enrollment system) to deliver the programs in their communities. CDSME programs help to address a major need—approximately 73 percent of prisoners age 50 and older have had a chronic health condition.¹³

Examples of CDSME programs include those implemented by Oklahoma and New Jersey. In Oklahoma, the Department of Corrections obtained a CDSME License and now their medical office refers patients age 60 and older with chronic conditions to the program. Master trainers oversee the program and provide fidelity monitoring with some facilities conducting as many as six workshops per week. Incarcerated individuals providing the training in prison as lay leaders are partnering with AAAs to deliver community workshops upon their release.

In New Jersey, three master trainers from University Correctional Healthcare have trained peer leaders across 13 state prisons. Workshops have been conducted since August 2010. Physicians refer inmates with chronic conditions to the peer leaders who then connect people to the program. Prison program evaluations report that the inmates feel a greater sense of control over some aspects of their lives as a result of participating in these programs. An additional CDSME program example can be found under Virginia in the *Case Examples* section of this report.

Reentry programs offer assistance to aging prisoners upon their release, providing help with housing, job placement or accessing transportation. For example, the Washington, DC Office on Aging helps inmates who are soon to be released with employment and housing by partnering with the Court Supervision and Offender Release program

What type of program for older prisoners does your AAA have?



40% CDSME
24% Reentry
36% Other

“OUR EXPERIENCE HAS TAUGHT US that our evidence-based program is highly applicable to the aging prisoner population, which means there’s virtually no additional work for our staff to implement it in that setting. We’re providing self-management tools that not only help older prisoners take greater charge of their health, but also give them a greater sense of purpose.”

—SAVANNAH BUTLER ,
Chronic Disease Self-Management
Program Manager, Capital Area Agency
on Aging, Richmond, VA

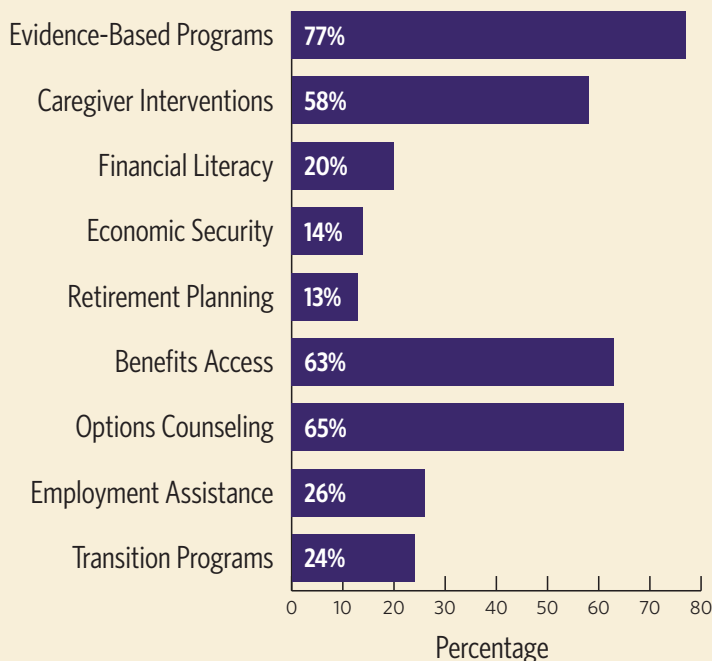
and conducting individual needs assessments.

Examples of “other” services that AAAs are providing to the aging prisoner population are related to the provision of case management and education. AAAs noted that they help incarcerated and released individuals access appropriate social services and benefits. For example, Kentucky focused on outreach and education around Medicaid eligibility. In Arlington, Virginia, the AAA provided education to inmates in the county jail to help make them aware of resources they are eligible for and even begin the application processes before release, when possible, to reduce the gap between release and connection to services. More information on specific programs that are in place is available in the *Case Examples* section.

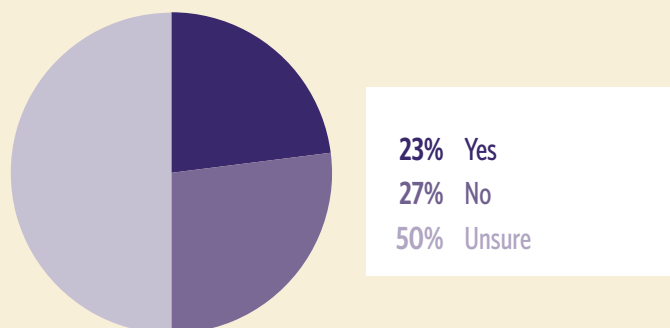
Opportunities for Involvement

Even though only a small percentage of AAAs are currently providing services to aging prisoners, a high percentage of AAAs reported that many of the services they currently offer to the

What programs could your AAA provide to aging inmates or those reentering the community?



Do you have the capacity through current programs to become more involved with this population?

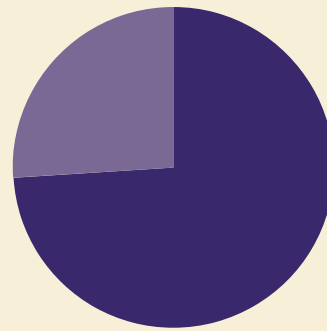


community could potentially be made available to older inmates or individuals who were recently released. Seventy-seven percent of AAAs responded that evidence-based interventions could be provided to this population. Other services that were rated highly in this category include benefits access (63 percent), options counseling (65 percent) and caregiver interventions (58 percent). Other responses included employment assistance (26 percent), economic security (14 percent), financial literacy (20 percent), retirement planning (13 percent) and transition programs (24 percent).

The poll findings also indicated there are opportunities to further explore enhancing services offered by the AAAs to the aging prisoner population. Twenty-three percent of AAAs indicated that they have the capacity to get more involved in providing resources to this population. Fifty percent noted that they were unsure and need more information to determine if they could provide services to aging prisoners. Only 27 percent of AAAs reported that they did not have the capacity to serve this population.

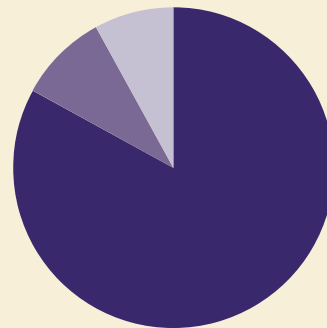
All AAAs were asked if they would be interested in participating in a pilot or demonstration program to serve this population. The majority of respondents (74 percent) indicated they would be interested in such a program, with only 26 percent responding that they would not be interested in a pilot program. Providing case studies to AAAs detailing how they can

Would you be interested in a pilot program or demonstration to serve this population?



74% Yes
26% No

If you do not want to become more involved in this population, why not?



83% Staff time and/or
budgets stretched
thin
9% Numbers low in my
community
8% Need more
information first

assist this population without straining existing resources may further stimulate programming in this area.

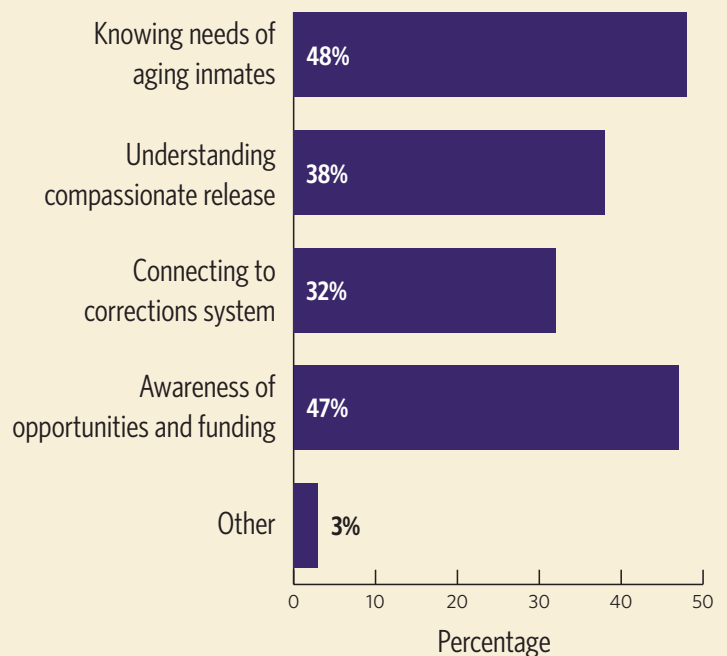
AAAs that indicated they would not like to become more involved in serving this population right now were asked why. The vast majority responded that tight budgets and limited staff time were the biggest barriers. A small percentage of AAAs indicated that they did not want to become more involved because the numbers of older prisoners or those being released was low in their community and, therefore, not a priority. Other AAAs responded that they need to gather more information before making a decision to pursue aging prisoners as a target population.

Training and Technical Assistance Needs

When asked what training or technical assistance would provide the most benefit to assist their staff with serving this population, “awareness of opportunities and funding” was among the highest ranking needs. The opportunity to secure additional financial resources is always valued among AAAs. The majority of AAAs report their budgets that have decreased or remained flat¹⁴ over the last two years despite the growth in the aging population. These serious budget constraints make it very difficult to expand their client base.

AAAs also reported that staff would benefit from more knowledge of the needs of aging inmates, understanding compassionate release and reentry programs,

Which of the following areas of training and technical assistance would most benefit your staff to potentially serve this population?



and more information on how best to partner and connect with the corrections system.

Case Examples

Many AAAs across the country are already engaged in providing services to older prisoners or those who have recently been released. As a follow-up to the prison poll, n4a conducted interviews with several AAAs to collect information and gain a deeper understanding of the challenges and opportunities faced by AAAs that have aging prisoner or reentry programs. The following case examples are a result of those interviews.

Arlington County, Virginia AAA

Aging Without Bars is a six-week person-centered training that helps inmates age 50 and older prepare to transition to the community. It addresses inmates' lack of awareness of available resources by providing education and connecting them to case management services prior to their release, when possible. The program is implemented through a collaboration of the AAA and jail intake staff, as well as community partners. The AAA became engaged in this area after the 2008-2012 Virginia 4-Year Plan for Aging Services¹⁵ ranked the older prisoner population as among the top areas of concern.

Measuring impact is a priority of this program. There is a pre-test and a post-test follow-up with each participant to assess what they have learned and to help calibrate the person's needs moving forward. Evaluation of the program indicates that improvements have occurred across each of the performance measures: housing and economic stability, mental and physical health, and social supports. Inmates have shared that this is a life-changing program for them and have commented that they feel less invisible and forgotten as a result of their participation.

Washington, DC Office on Aging

The DC Court Supervision and Offender Release Program and the Washington, DC Office on Aging (the AAA) partnered to address older inmate reentry needs related to employment and housing. The program began several years ago as an ad hoc effort in response to tremendous demand to assist older offenders with reentry. The DC Office on Aging conducted comprehensive pre-screening of mental and physical health status of the participants in order to develop customized plans and partnered to provide job skills training and coaching. The program has now transitioned from the DC Office on Aging to the DC Office of Employment Services so it can be integrated with other training and skills development programs such as the Senior Community Service Employment Program, the workforce program within the Older Americans Act.

As a result of the program, approximately 80 percent of participants were employed within a six-month period of reentry. Word-of-mouth has continued to increase enrollment. Families reach out proactively to the program to help pave the way when their loved one is released from prison, providing evidence that the community sees the value of this program. Challenges the program works to overcome include bringing participants' job skills up to date, ensuring participants have photo identification, addressing needs of individuals who did not enter the country legally, and addressing mental health and substance abuse issues.

Kentucky Regional Planning and Development Agency (KIPDA)

The Healthy Reentry Coalition of Kentucky program is spearheaded by the AAA. With the expansion of Medicaid in Kentucky, the AAA identified aging prisoners as a population that was being underserved by the Medicaid program. The AAA organized a coalition to focus on access issues related to health insurance, recognizing that this issue was particularly important when individuals reenter the community. The Kentucky Regional Planning and Development Agency has three state contracts with Medicaid for public education and enrollment and are marketing extensively to prisoners

of all ages. As a result of the coalition, providers and partners meet monthly to discuss reentry issues, challenges and opportunities. Important stakeholders in the prison and criminal justice system now also have a greater understanding of AAA services and supports. Reaction from the community has been very positive about services to support older prisoners and those transitioning into the community.

In addition to the Health Reentry Coalition, the Kentucky State Department of Aging provides Chronic Disease Self-Management Education (CDSME) in prisons. Discussions are underway to also offer Health Rhythms, a group empowerment drumming program, in the prisons. Reentry coordinators from prisons are reaching out to AAAs for service linkages and to specifically help place aging prisoners in long-term care facilities.

Schuyler County Office for the Aging

The Schuyler County Office for the Aging, an Area Agency on Aging, realized that the adjacent county, which has two prisons and a jail, was releasing inmates in the AAA jurisdictional area. Given the rural nature of the area, transportation for health care and counseling appointments and other services were virtually impossible for recently released individuals to access. Recognizing the need, the AAA now works closely with the Probation and Parole Departments to help meet the needs of these individuals. The AAA has a paid driver and a volunteer to help former prisoners attend their appointments, such as parole appointments or required counseling. Additionally, the Probation Department maintains a supply of materials explaining services offered by the Schuyler County Office for the Aging and the local Aging and Disability Resource Center, which they distribute as needs are identified to individuals reporting to their office. The AAA uses Older Americans Act funding, as well as a transportation grant, to support this effort.

A contributing factor to the effectiveness of this collaboration has been sharing of space. The Parole Department, while operated by the state and housed in an office in a neighboring county, utilizes a space in the county building to meet with Schuyler County parolees. Staff have embraced the program, a key factor in ensuring the success of this program. One client

reported that if the AAA had not provided transportation to help him attend counseling appointments, he believes he would have gone back to prison, believing there were few other supports available to him in the community. Additionally, word-of-mouth is spreading, and now the AAA reports that many inmates independently reach out to the AAA after they are released. There have been some challenges when situations arise that the AAA does not feel equipped to handle, sometimes due to safety concerns. The AAA is also stretched in terms of staff time and financial resources. Recruiting volunteers for this type of work can also be a challenge. The AAA is hoping for funding for a dedicated driver, which would allow more clients to be served.

Virginia Collaboration on CDSME

The Virginia Department of Corrections and the Virginia Department for Aging and Rehabilitative Services have embarked on a project to offer Chronic Disease Self-Management Education (CDSME) workshops for the aging prisoner population and other offenders living with chronic health conditions. Between 1990 and 2013 in Virginia, the prison population over the age of 50 increased from 822 individuals to 6,709 individuals. The state found that inmates were becoming older, sicker and staying longer behind bars. The program, now known as “Live Well Virginia!” was first introduced to the prison population at Bland Correction Center by District Three Senior Services AAA with the goal of helping Virginia offenders pursue a healthier lifestyle while incarcerated by teaching participants chronic disease self-management strategies and information on weight management, healthy eating, physical activity, rational decision-making and relaxation. The program found that a secondary benefit of the program is the interaction and mutual support that the workshop fosters between prisoners. Building upon the success of CDSME at this site, Senior Connections (the AAA in in Richmond, VA) also began offering CDSME at a prison in its service area.

Since the workshops began, 37 workshops have been held in five correctional centers from south west to north central Virginia. Approximately 479 offenders have attended these sessions, with 368 inmates completing the workshops (a 77 percent retention rate). The Virginia Department of

Corrections Director Harold Clark has stated, “This program helps offenders with chronic conditions take charge of their own well-being, contributing to better health outcomes while they’re incarcerated and successful reentry into their communities when they’re released.” A participant in the program stated, “The lessons you all have taught me will last a lifetime.” Based on the program’s early success, the effort was expanded to other prisons through partnership with additional AAAs.

The program receives budgetary support from the Virginia Aging and Rehabilitation Services Department, small donations and grants, and in-kind contributions. Statewide, the CDSME will be maintained through a formally adopted program sustainability plan. Senior Connections won a 2016 n4a Aging Innovation Award at the n4a Annual Conference in recognition of their work with this population.

Lessons Learned

Common Factors of Successful Prison and Reentry Programs

The poll and follow-up interviews reveal opportunities for engaging AAAs in supporting older inmates or those being released in the near future. The most important factor contributing to a successful initiative is a relationship between the AAA and the criminal justice system, whether it is a relationship with the local jail or prison in the AAA service area, a relationship with the local parole or probation department, or a contact at the state Department of Corrections. In instances where the jail or prison was not receptive to a partnership, implementing services in the jail or prison ultimately proved unrealistic. In many instances, partners in the criminal justice system (jail, prison, parole, probation, etc.) have recognized the limitations of the services they are able to provide and welcomed the partnership.

An additional predictor of a successful program is when the AAA and correctional system partner are housed within the same county, city government or Council of Governments structure. Having these

departments housed under one institution facilitates coordination and communication. For example, the Schuyler County Office on Aging in New York is located in proximity to the probation and parole departments, as both are part of county government. In Arlington, Virginia, the AAA and the local jail are also part of the same county government structure.

Finally, securing buy-in from both staff and community members is essential. Programs benefit from staff who are willing to learn about the needs of older prisoners, and, at times, expand work scopes to accommodate a new initiative. In general, AAAs reported being pleased with support from the community to provide services to older prisoners and recently released individuals and shared that securing this support is another significant contributor to success.

Barriers to Success

Some of the challenges in serving the prison population are the same that affect the AAAs' ability to serve the broader aging community. Lack of funding and staff resources are pervasive challenges for AAAs, no matter the population served. As the aging population has continued to grow, 75 percent of AAA budgets have remained flat or decreased over the last two years.¹⁶ AAAs find it difficult to expand programming to address the needs of new populations while existing programs, such as nutrition, transportation, case management and caregiver programs, are already stretched to the limit. For AAAs serving the older prisoner population, there is often more demand than they can handle, resulting in a need to triage their efforts and develop partnerships when possible.

AAAs would benefit from having efficient and effective tools to track aging prisoner program information to demonstrate the impact of their services. For CDSME programs, having data on how the program improves health outcomes (measuring weight, blood pressure and cholesterol) would be beneficial. For reentry programs, having data on the correlation between connecting recently released individuals to necessary services (such as transportation, housing and employment) and the impact on recidivism, would substantiate the need for these programs. Having the systems in place to track outcomes would underscore the importance of the AAA

interventions and may serve to enhance collaboration with the correctional system. While tracking outcomes is important, it has also been necessary for AAAs to establish metrics prior to beginning a program to make the case and secure buy-in from key stakeholders. Some AAAs have struggled to secure data from prison and jail partners, such as the numbers of prisoners who plan to return home to the AAA service area after their discharge.

Some AAAs have found challenges with engaging the correctional system in these programs. While some correctional facilities have been very receptive to partnerships and see the value in providing aging-related services in jails or prisons, others have been reluctant to partner with external organizations. Further education on the unique needs and challenges faced by the aging prison population with criminal justice stakeholders would be beneficial.

An additional challenge that AAAs face in serving this population is overcoming established biases toward this demographic. When core programs are already stretched, stakeholders may question whether inmates or recently released individuals are as deserving of support as those who have not been convicted of crimes. On the other hand, some aging prisoners may have a bias against “the system” and have reservations about using a government-funded program when they feel that the system has not always served their best interests. One example of this type of bias can be seen in the DC reentry program, which was focused on employment. As part of the assessment to ensure clients are matched with the most appropriate resources, questions about mental health and addiction are raised. The DC program found that individuals did not always feel comfortable disclosing this type of information, resulting in employment placements that did not align with the needs or abilities of the individual being served.

Recommendations

Area Agencies on Aging can play an important role in serving the fastest-growing segment of the prison population—older adults. As the n4a poll and interviews reveal there are a number of programs and services that AAAs can offer older inmates as well as older prisoners who are released. Recommendations to engage in this work include the following:

Build relationships with criminal justice system stakeholders, such as the local jail, state or federal prison, parole or probation departments, as well as with elected officials, to gather data and information on this population.

- Identify the number of older prisoners who are eligible for release in the service area or jurisdiction.
- Ask the local jail and/or prison officials about the number of older people served annually.
- Ask jail and/or prison case managers about the resources needed to successfully transition an individual from “inmate” to “member of the community.”
- Discuss the priority reentry needs the community such as transportation, housing, case management, benefits counseling, options counseling or other services.

Engage AAA staff in conversations about the needs of the prison population in the community and ask how they feel about supporting those needs. AAA staff may have valid concerns about their role and that of the AAA overall.

Capitalize on existing funding sources. At least one AAA had success building a program after learning that the state prison population was underserved by the state’s expanded Medicaid program. Other AAAs are retrofitting existing programs like Chronic Disease Self-Management or other evidence-based programs to accommodate the needs of aging prisoners. Collaborating with the local jail or prisons to facilitate the reentry of prisoners who are released, providing case management to connect them to employment, housing and transportation increases the chances they can live independent and productive lives. The expansion of services is only possible, however, if new or enhanced funding sources can be tapped.

Consider a pilot program. Before committing to a long-term project, consider piloting a project to explore its feasibility; this will also allow for course corrections before a full program roll-out.

Assess the agency's core strengths. If the evidence-based programs are particularly robust, consider extending that program to include the aging prisoner population. If strengths are based in information and referral or case management, consider partnering with a prison to develop a strong reentry initiative.

Conclusion

Research has found that inmates age more quickly than a person living in the community due to factors such as lack of access to quality health care over a lifetime, medication adherence issues, mental/behavioral health issues, histories of or current addiction, as well as the strains of living in a correctional environment. Additionally, once released from prison, former aging inmates face additional barriers to community reentry.

The n4a poll and interviews revealed there is currently a small but impressive group of AAAs across the country that are offering effective programs to support the needs of aging prisoners or those transitioning back into the community. Examples include AAAs that are providing reentry services such as access to transportation, employment and housing; AAAs that are providing case management to the recently released population; and AAAs that are offering programs in the jail or prison setting, commonly Chronic Disease Self-Management Education programs.

AAAs have the expertise to be a highly valuable resource when state and federal policymakers are looking for programs that can provide support for the unmet needs of this population. AAAs are already positioned to support aging prisoners and those reentering the community. However, AAAs are currently, for the most part, operating at capacity. With appropriate financial and staffing resources, AAAs can make a significant contribution to the well-being of America's aging prisoner population, as well as to the communities to which many will eventually return.

Before expanding AAA services nationally to serve this population, more data is needed to help build a sustainable business model for providing services. Foundation or government funding for further pilot projects would be beneficial to test new models as well as evaluate outcomes. Continuing to raise the national concern about the challenges this population faces among key stakeholders, policymakers and public officials remains important. Capitalizing on existing opportunities such as the Federal Interagency Reentry Council and the federal Roadmap to Reentry Initiative is one strategy to achieve this at the national level. Forming partnerships between AAAs and the correctional and criminal justice system is a way to achieve these goals locally.

Endnotes

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16. National Association of Area Agencies on Aging.

Further Reading

AMERICAN CIVIL LIBERTIES UNION

At America's Expense : The Mass Incarceration of the Elderly

https://www.aclu.org/files/assets/elderlyprisonreport_20120613_1.pdf

CENTER FOR JUSTICE AT COLUMBIA UNIVERSITY

Aging in Prison: Reducing Elder Incarceration and Promoting Public Safety

http://centerforjustice.columbia.edu/files/2015/10/AgingInPrison_FINAL_web.pdf

FORDHAM UNIVERSITY

Analysis of United States Compassionate and Geriatric Release Laws:

Towards a Rights-Based Response for Diverse Elders and Their Families and Communities

<https://www.prisonlegalnews.org/media/publications/Analysis%20of%20United%20States%20Compassionate%20and%20Geriatric%20Release%20Laws,%20Be%20the%20Evidence%20Press,%202015.pdf>

HUMAN RIGHTS WATCH

Old Behind Bars—The Aging Prison Population in the United States

https://www.hrw.org/sites/default/files/reports/usprisons0112webwcover_0.pdf

URBAN INSTITUTE

Aging Behind Bars Trends and Implications of Graying Prisoners in the Federal Prison System

<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/413222-Aging-Behind-Bars-Trends-and-Implications-of-Graying-Prisoners-in-the-Federal-Prison-System.pdf>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR COMMUNITY LIVING

Chronic Disease Self-Management Education (CDSME) Programs

http://www.aoa.gov/AoA_Programs/HPW/ARRA/PPHF.aspx

U.S. DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF PRISONS

Compassionate Release/Reduction in Sentence Procedures for Implementation

https://www.bop.gov/policy/progstat/5050_049_CN-1.pdf

U.S. DEPARTMENT OF JUSTICE, FEDERAL INTERAGENCY REENTRY COUNCIL

<https://www.justice.gov/reentry/federal-interagency-reentry-council>

U.S. DEPARTMENT OF JUSTICE, ROADMAP TO REENTRY INITIATIVE

<https://www.justice.gov/reentry/roadmap-reentry>

U.S. DEPARTMENT OF JUSTICE, OFFICE OF THE INSPECTOR GENERAL

The Impact of an Aging Inmate Population on the Federal Bureau of Prisons

<https://oig.justice.gov/reports/2015/e1505.pdf>

U.S. DEPARTMENT OF JUSTICE, BUREAU OF JUSTICE STATISTICS

Aging of the State Prison Population, 1993–2013

<http://www.bjs.gov/content/pub/pdf/aspp9313.pdf>

U.S. DEPARTMENT OF JUSTICE, BUREAU OF JUSTICE STATISTICS

Prisoners in 2014

<http://www.bjs.gov/content/pub/pdf/p14.pdf>

WASHINGTON POST

The Painful Price of Aging in Prison

<http://www.washingtonpost.com/sf/national/2015/05/02/the-painful-price-of-aging-in-prison/>

WHITE HOUSE

National Reentry Week

<https://www.whitehouse.gov/the-press-office/2016/04/29/fact-sheet-during-national-reentry-week-reducing-barriers-reentry-and>

Acknowledgements

This report was conducted by the National Association of Area Agencies on Aging (n4a) under a grant from the U.S. Administration for Community Living (ACL).

A special thanks is extended to ACL Project Officers Erin Long and Greg Link for their guidance and support in undertaking this survey. Lead n4a project staff include Sandy Markwood, Chief Executive Officer; Mary Kaschak, Deputy Director, National Aging and Disability Business Institute; Meredith Eisenhart, Director, Community Capacity Building; and Dallas Jamison, Director, Communications.

n4a project staff would like to acknowledge the major contributions of the AAAs who served as key informants providing critical information on how their agencies are serving the aging prisoner population in their communities: Arlington County, VA AAA, District of Columbia Office on Aging, Denver Regional Council of Governments AAA, Kentucky Regional Planning and Development Agency AAA and Schuyler County, NY Office for the Aging.

About n4a

The mission of the National Association of Area Agencies on Aging (n4a) is to build the capacity of its members so that they can better help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible. We work with our members to achieve the collective vision of building a society that values and supports people as they age.

n4a is the leading voice on aging issues for Area Agencies on Aging (AAAs) and a champion for Title VI Native American aging programs. Through advocacy, training and technical assistance initiatives, we support the national network of 622 AAAs and 256 Title VI programs. AAAs were established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans age 60 and older in every local community. By providing a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to “age in place” in their homes and communities.

Funder Acknowledgement

Development of this report was made possible, in part, by funding from the U.S. Administration for Community Living under grant number 90UC0002. The views expressed in this material do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or represent official U.S. Administration for Community Living policy.



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