

Photo: Ron Levine/Prisoners of Age (2000)

# Aging in an Incarcerated Setting

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No Disclosures

*The views and opinions expressed here are my own and do not necessarily represent the views of the CCHCS or CDCR.*

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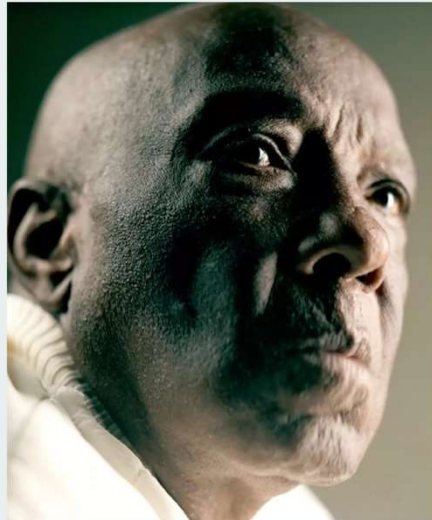


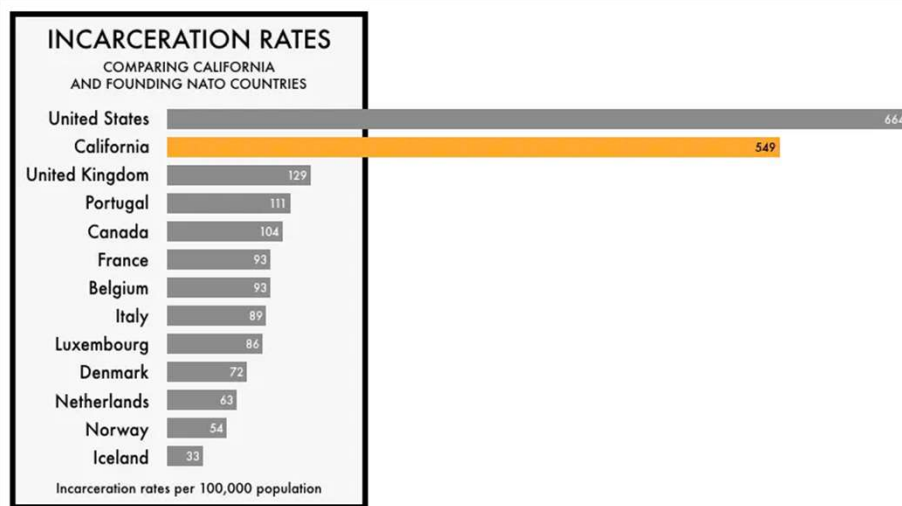
Photo: Ron Levine/Prisoners of Age (2000)

## Overview

- Background Data
- Address the Needs of Older Adults
  - Pre-sentencing
  - During incarceration
  - Post-incarceration upon reentry
- Strategies for Moving Forward

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## United States



Prison Policy Initiative 2021

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Photo: Ron Levine/Prisoners of Age (2000)



## US Prison Population

2008 Pew Report 1:100 Americans **currently** incarcerated:

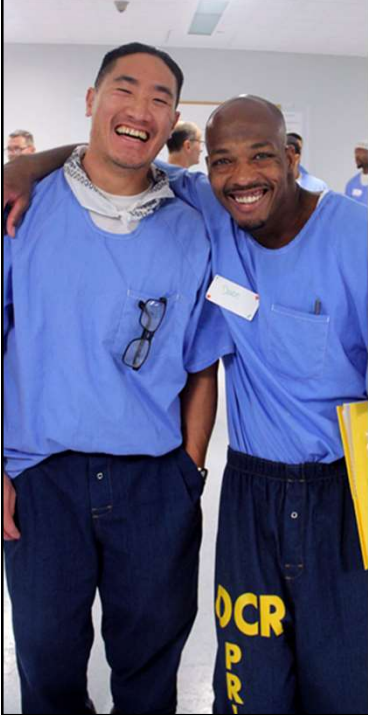
- 1:30 men 20-34 yrs
- 1:9 AA men 20-34 yrs
- 1:100 AA women 30-40 yrs
- Lifetime risk for men:
  - AA 1:3
  - Latino 1:6
  - White 1:17

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## Contributing Factors

- Long sentences
  - 1 in 10 sentenced to life\*
  - Three strikes laws
  - Mandatory minimums
  - Limits on judicial discretion
- Limited parole opportunities
- Lack of MH/SUDT/geriatric care
- **Increasing conviction rates for older adults\*\***

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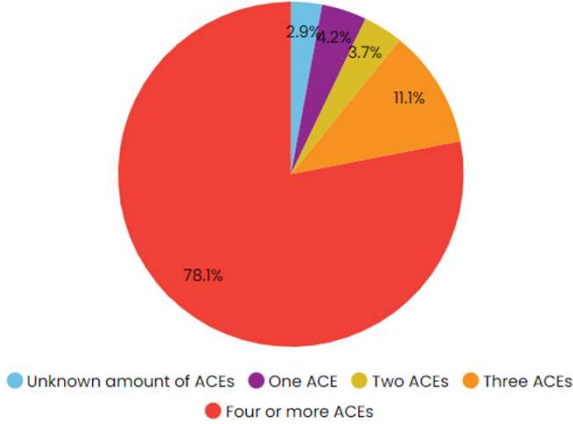


## Sentencing Disparities

- **Black males 19.1% longer sentences than White males with similar situation\***
- **LWOP for Nonviolent Offences \*\***  
65.4% Black, 17.8% White, 15.7% Latino
- **Youth Life Sentences**  
80.4% POC and 55% of those are Black youth
- **~40,000 Lifers in CA**  
60% are POC

\*2017 US Sentencing Commission (2012-2016 data)  
\*\*ACLU "A Living Death" 2013

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## Rates of ACEs: Incarcerated Populations


- 98% 1 ACE vs 64%
- 78% 4+ ACEs vs 16%

State Prison

- Mental Illness: 43-54%
- Substance use disorder: 50%
- Accelerated Aging

<https://compassionprisonproject.org/childhood-trauma-statistics>

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## Aging Prison Population


**Nationally**

- 1993-2013, 400% increase 55+
- 2021, 20% of the prison population was over 50 yo
- 2030, anticipated ~33% of prison population will be over 50  
*~400,000, many of whom will develop MCI/dementia*

\*ACLU

Photo: Ron Levine/Prisoners of Age

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### UNIQUE CHALLENGES

- ADA (mobility, vision, hearing)
- Incontinence
- Profound isolation
- Serious illness/end of life care
- Cognitive impairment
  - Victimization
  - Rules violations\*

### UNSUSTAINABLE

- Fiscally (high cost of low risk)
- Ethically (cost to human dignity)
- Staffing (moral injury)
- Legally (*Estelle v Gamble, 8th*)

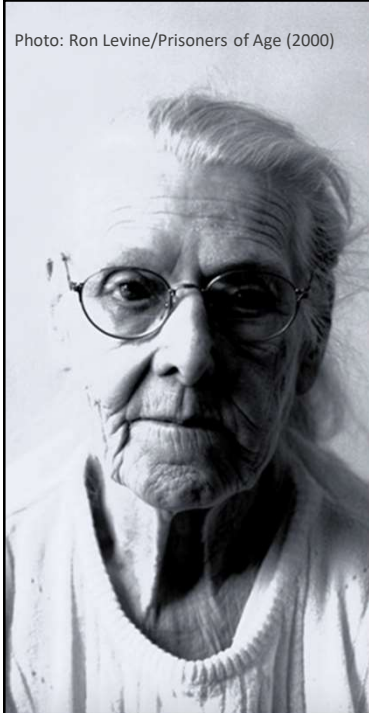
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Photo: Ron Levine/Prisoners of Age (2000)



## Pre-Sentencing

- Augmented community supports for older adults and their families
- Training police, lawyers, judges, parole officers to recognize cognitive impairment
- Growing links between police and community resources
- Collaborative Courts
  - Michigan MH court saved 7\$ for every 1\$ spend and reduced recidivism by 300%

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## During Incarceration

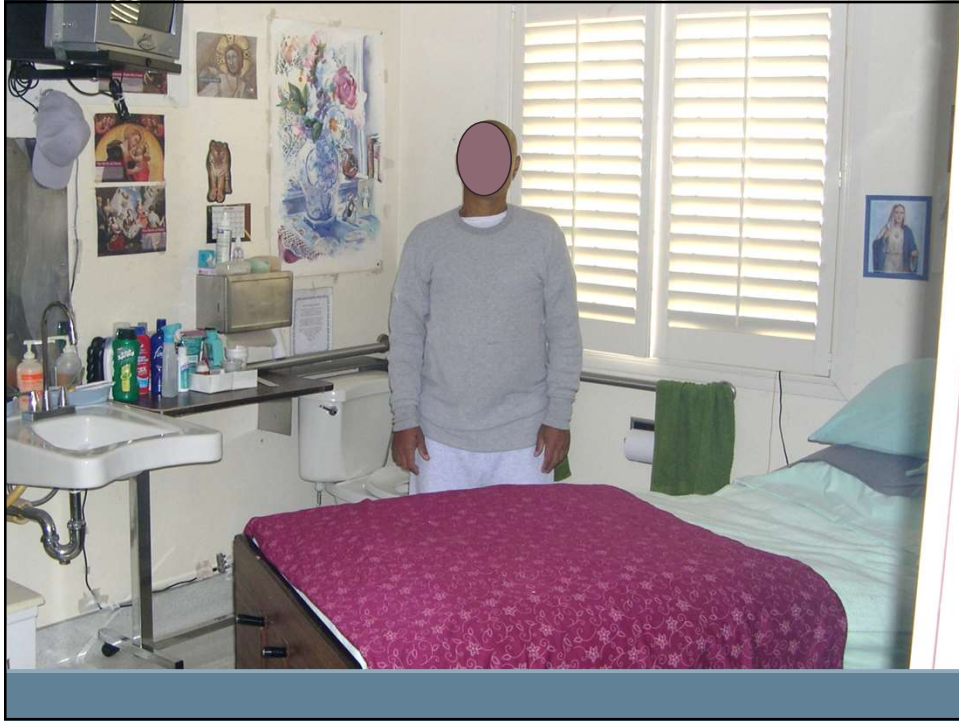
- Trainings in geriatrics/palliative care/cognitive impairment
  - Clinical
  - Custodial
- Decision-making Capacity (autonomy vs beneficence)
- Programs for older adults (address isolation)
- Create normalized spaces for end-of-life/memory care
  - Memory care units/services
  - Provision of palliative care/hospice services
- Medical SW support ACP, HCPOA, family reunion, reentry
- Developing robust peer support models

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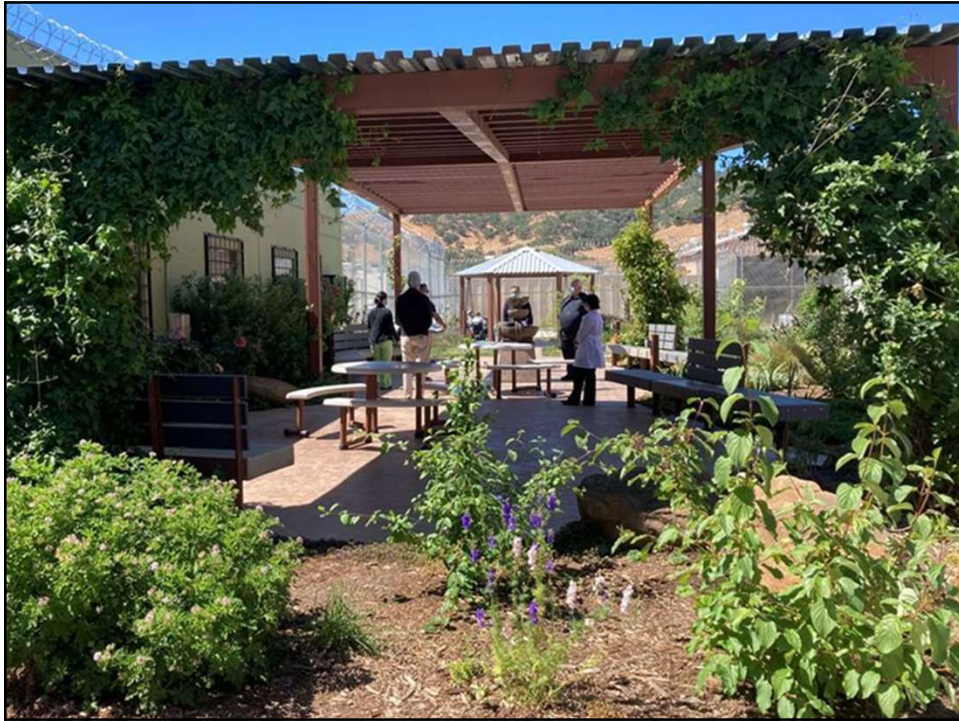


2018 Reuters Lucy Nicolson "Caring for California's aging prisoners"

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## Memory Care Unit

- Staff specially trained in interactions
- Activities to reduce isolation/engage
- Social workers connect family/reentry planning
- Painted doors
- Memory boxes
- Contact sheets
- Peer Support Program

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“Before I was numb. Death didn’t hold the weight that it should have.”

NYT Magazine May 2018

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NYT Magazine May 2018

## Peer Support Specialist

*“When I first joined the hospice program, I didn’t fully understand who we were going to help...I didn’t realize how many people here in the prison were dying. I originally joined the program because I saw it as a way to atone for the things I’ve done, but I’ve learned a lot more about myself in the past year. I have found abilities and strengths that I didn’t know I had.”*

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## Post- Incarceration

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## High Costs of Low Risk

(Osborne Association May 2018)

- **Older adults**
  - 3-5 X increase cost
  - Majority of hospital costs
  - Require infrastructure upgrades
  - Fiscally untenable
- **Low recidivism rates (Lifer CA)**
  - <4% including felonies and misdemeanors
  - ~0.4% crime harming others

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## Barriers to Release

- Lack of pathways to communicate medical frailty to decision makers
- Limited supportive housing options for release and reentry
- Societal challenges facing all older adults
  - Lack of affordable housing / growing homelessness among elders
  - Lack of social support networks
- Added challenges: loss of community connections and **stigma of incarceration**



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## Recent Changes to Compassionate Release in CA

- Improved Tracking/Communication
- Legislative changes (added dementia)

Year	CR Releases
2020	16
2021	19
2022	29
2023	63*



\*rate limiting factor is Post Release Plan (PRP)

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Photo: Ron Levine/Prisoners of Age




## Moving Forward

- Grow community supports to prevent crimes (3\*)
- Train police, judges, parole boards and parole officers (3,4)
- Loss of liberty is punishment but inside we have an obligation to provide humane care inside (3)
- Correctional staff trained to support those with cognitive impairment (2)
- Age-appropriate housing and supports (3)
- Use of Peer Support Specialists inside and reentry (3)
- Reentry supports (communication, reentry planning, soft landing) (2, 3)
- Legislate for Compassionate Release/Medical Parole that address the needs of those with dementia (3)

*\*numbers correlate to National Plan to Address Alzheimer's Disease Goals 2023 Update*

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## Questions/Comments?

Hospice/Palliative Care and Compassionate Release Warmline

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