

# Reentry Efforts for the Elderly Prison Population

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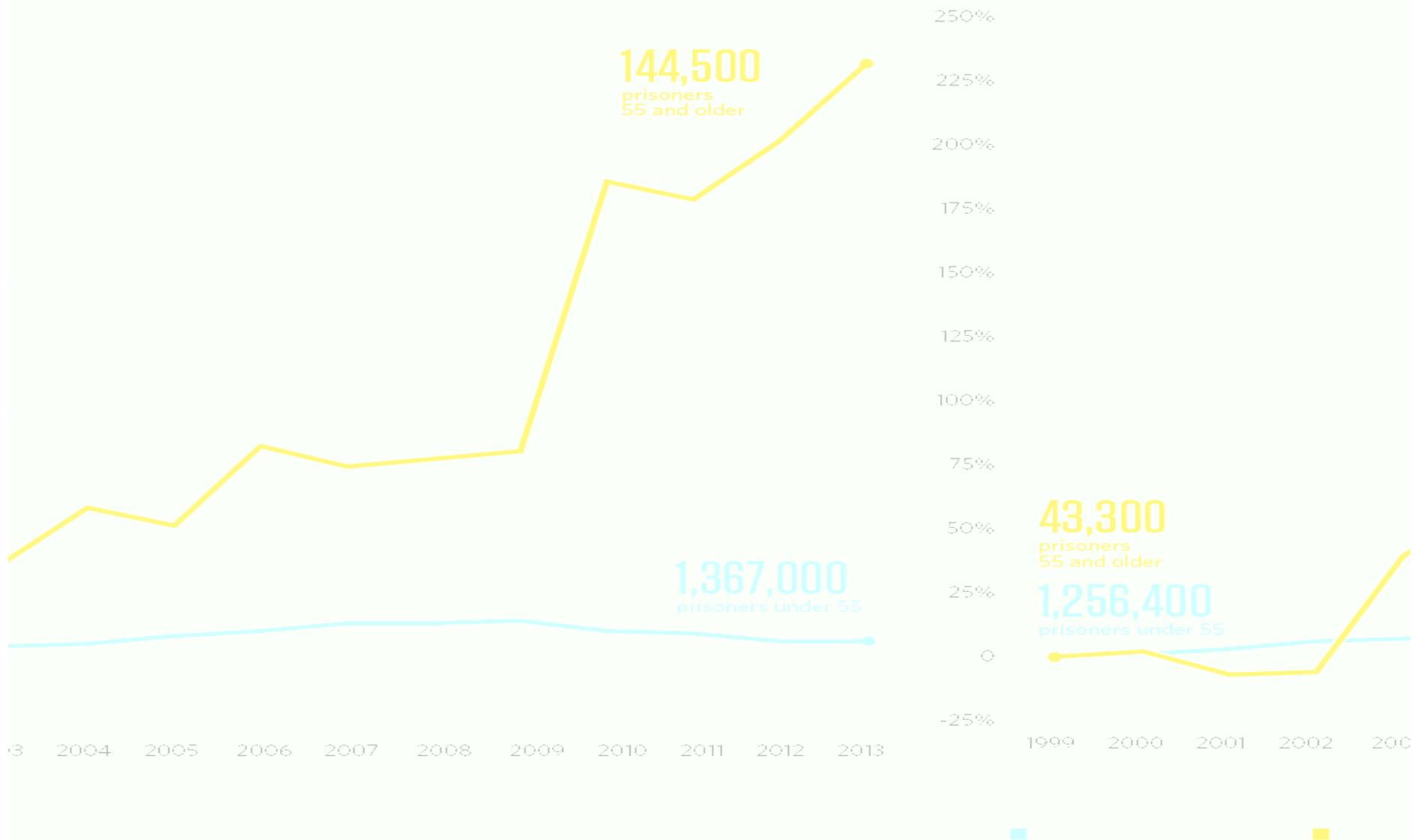
# Objectives

- **Overview of statistics for the aging population**
- **Discuss best practices for cost containment strategies during incarceration**
- **This session will focus on promising reentry approaches for aging and end of life offenders**

# The Number of State and Federal Prisoners Age 55 and Older Increased by 234%, 1999–2013

■ prison populations by age group

■ Percentage change in sentence



age distribution of prisoners using data from the Federal Justice Statistics Program and the National Corrections Reporting Program. State participation in this program has varied, which may affect the bureau's national estimates but this does not affect long-term trend comparisons. From

Note: The Bureau of Justice Statistics estimates the percentage change in sentence using the statistics that states voluntarily submit to the National Corrections Reporting Program. This may have caused year-to-year fluctuations in the bureau's estimates.

# Profile of Elderly Prisoner vs. "Free" Population

## Prisoners

- Most age quicker due to substance use, inadequate preventive and primary care prior to incarceration
- Develop chronic illness 10-15 years earlier than the rest of the population
- 85% have 1 chronic condition
- 61% have two or more chronic conditions (Study from Texas System)
- Harvard Study, 2009, compared to other Americans the same age
  - 31% more likely to have asthma
  - 55% more likely to have diabetes
  - 90% more likely to have a heart attack

# Cost of Elderly Prisoner

- In 2011, states spent \$7.7 billion (20% of total budget) to provide health care to U.S. prisoners (Bureau of Justice Statistics)
- Spending on elderly prisoners cost the state on average at least **2 – 3 times** more than other prisoners.
- In Michigan, a state study found that in a single year (2009) health care for inmates ages 55 to 59 cost more than **four times** more than for those aged 20 to 24.

# Best practices while incarcerated for cost containment and providing quality care

- **Inpatient Stays**
- **Emergency Room visits**
- **Medication cost**
- **Trips**
- **Diagnostic testing**
- **Staffing**

# Medicaid Approval for Inpatient Stays

- Medicaid Rate – \$5,000 per day
- During the FY 14-15, 60 % of all inpatient admissions were covered by Medicaid
- Medicaid paid approximately \$10 million

## Cost Containment for Medications 340-B Pricing

- **Costly chronic disease medications**
- **Offenders 60 years of age and older typically require more medications**

- **12% on 2 medications**
- **27% on 3-4 medications**
- **37% on 5 or more medications**

Source, CDC/NCHS, National Health & Nutrition Survey

- **Current prescriptions cost \$4.9 million. Same drugs would cost \$12.7 million without the 340-B rate**
- **Savings to Louisiana DOC is \$7.8million for one year (18,000 offenders)**

# Hospice / End of Life and Palliative Care Programs

- **Hospice inception in 1998 and at LSP is certified by Louisiana Dept. of Health and Hospitals.**
- **All other facilities have End of Life / Palliative Care**

	<b>What's the program for?</b>	<b>Who are the patients?</b>	<b>Program Highlights</b>	<b>Housing</b>	<b>Visitation Changes</b>
<b>Hospice</b>	To comfort terminally ill patients and their families during the patients' last days.	Patients with less than six (6) months to live. To provide help for the patient and his family in dealing with a terminal illness.	Treatment focus shifts from CURE to <u>CARE</u> . 24 hour care on Nursing Unit 1or 2. Education and support for patient families. Expanded visitation.	Give up their housing assignment and bed. Primarily for pain and symptom management.	Special visits are given frequently to help the patient and his family deal with his illness.
<b>Palliative Care</b>	To provide comfort while supporting decision to <u>stay in population</u> for as long as possible	Terminally ill patient who wishes to remain in population.	The patient can stay in his living area longer. The patient desires to pursue aggressive curative treatment.	If needed for respite stay usually 3- 5 days of treatment at the infirmary. Keep bed assignment.	Special visits are given, but not as often as with hospice. The family will visit in their usual place.

# Volunteers

- Provide support and assistance to hospice and palliative care patients and their families.
- The volunteers participate in this program in addition to their regularly assigned jobs



# Hospice and End of Life Care

- At Angola, where a large number of inmates are destined to only be released after death. Inmates are given proper burials. Family and friends are allowed to attend along with inmates.

# Re-Entry Efforts, Challenges and Options



# Reentry for the Elderly

- **Face obstacles and heightened complexities for reentry into the community**
  - Increased rates of homelessness
  - Low employment ability
  - Community and family ties
  - Chronic medical conditions
  - higher mortality rates within 2 years for elderly

# Evidence Based Practices for Addressing Health Care Needs Upon Release

- **Improve access to affordable health care, mental health and substance use treatment in the community**
  - Medicaid / Affordable Care Act / Health Insurance
  - Veterans Administration Benefits
  - SSA/Disability
  - Behavioral Health
  - Housing
  - Communication with probation and parole staff
  - Same formulary as community providers

# Medicaid / Affordable Care Act / Health Insurance

- **Medicaid**
  - **Expansion states**
  - **Non Expansion states**
- **Reinstatement of benefits**

# Additional Benefits

- Office of Public Health Linkage for HIV + offenders releasing
- Veteran Affairs
- SSA/Disability
- Office of Behavioral Health - Pre-release conferencing for the most seriously mentally ill



# What Other States are Doing

- **San Francisco - Senior Ex-Offender Program (SEOP)**, focuses on the aging population. Includes transitional housing, case management, pre- and post-release counseling, transitional support groups, health and mental health services, access to a certified addiction specialist, and useful provisions such as clothing and hygiene products.
- **Ohio's Hocking Correctional Facility** - one-stop pre-release program providing older individuals with age appropriate information on housing, employment training and job searching skills, self-care, available benefits and educational opportunities. Managing the unique issues affecting geriatric populations, ensures the proper supports and resources available for successful reintegration, including placement in nursing homes when necessary.
- **Colorado's Sterling Correctional Facility - Long-Term Offender Program (LTOP)**, assist parole-eligible individuals serving long sentences to transition to the community through structured programming grounded in peer support and restorative justice. Elderly prisoners who have demonstrated significant transformation while incarcerated are screened and enrolled in a course designed to acclimate them to the new realities of the outside world, including how to use an ATM, learn computer skills, and find a job. Successful candidates are then released to a halfway house, where they are supported by counselors and meet weekly with their peers to support each other in the reentry process.

Source, The High Costs of Low Risk: The Crisis of America's Aging Prison Population Prepared by the Osborne Association for: The Florence V. Burden Foundation July 2014

# Louisiana Prisoner Re-entry Initiative

- Goal is to reduce recidivism and correctional costs
- Create and validate criminogenic risk, need and responsivity tool
- Regional Reentry Program – Central
- Day Reporting Center – alternative to probation / parole revocation

# Medical Releases

- **Most states have released offenders**
- **Key barriers include**
  - **Shortage of nursing home spaces for such offenders**
  - **Many older and infirm prisoners were convicted of violent crimes or sentenced under habitual-offender laws**
  - **Opposition among policymakers and the public to the concept of medical or geriatric parole**

# Medical Releases

- Identify offenders with terminal medical conditions, or with significantly limited mobility
- Use evidence based practices, to identify offenders who do not pose a high risk to public safety and where public purpose is best served by providing high acuity of medical care in a non-correctional setting

# Questions / Comments

