VIRGINIA DEPARTMENT OF CORRECTIONS HOUSE BILL 110 REPORT

House Bill 110 from the 2006 General Assembly amended ***Code of Virginia Section 2.2-5510*** and requires all agencies to report "its progress for addressing the impact of the aging population and at least five specific actions."

1. Input/Output and Outcome Measures for the Agency.

❒ It is commonly regarded in Corrections that an inmate age 50 and older is typically regarded as 'geriatric' because their previous lifestyles have tended to make these offenders reach 'old age' faster than non-inmates (Morton, 1992). Such an inmate chronologically 50 is actually 10 to 15 years older physiologically than someone not incarcerated. Lifestyle reasons that contribute to offenders being physically older than their stated age include a history of alcohol and drug use and abuse, limited health care and the stressors of prison life (Madden, Rossiter, & Klock, 2003).

❒ Over the past 15 years, the inmate population of the Virginia Department of Corrections (DOC) has been getting older. In FY1990, there were 715 'geriatric' inmates, age 50 and older, and they comprised 4.9% of the confined population. In FY2005 the 'geriatric' population increased to 3,700 or 10.6% of the confined population. Overall 95% of the 'geriatric' population is male and only 5% are females.

❒ During FY2005 a total of 684 geriatric (age 50 and older) inmates out of 11,251 new court commitments were sentenced to the DOC. This represents 6.1% of DOC new court commitments. This is approximately three times the number (223) of geriatric inmates sentenced to DOC in FY1990. In FY1990 the 50 and older inmate represented 3.6% of new court commitments.

❒ In addition, at the end of September 2006 there were approximately 54,512 offenders on community probation and parole (P&P) release status of whom 4,605 or 8.4% were 51 and older.

❒ In FY1999, there were 510 geriatric inmates released out of 8,997 total releases. This was an overall geriatric release rate of 5.7%. In FY2005, there were 1,080 geriatric releases out of 11,855 or a 9.1% release rate. The DOC estimates an output by geriatric releases of approximately 9% over the next two years.

❒ Under ***Code of Virginia Section 53.1-40.01***, Virginia has a conditional 'geriatric release' clause that allows certain inmates who were not convicted of a Class 1 felony to apply for early release. If they are 60 years old and have served at least 10 years or are 65 years old and served at least 5 years, the inmate may apply to be heard by the Virginia Parole Board. There has only been between 200 to 400 inmates eligible annually to apply for 'geriatric release' between CY1999 and CY2005. Only 65 of the 400 eligible inmates applied for 'geriatric release' in 2005 and only one was

granted. Of the inmates who applied for 'geriatric release' in 2005, 58 were denied because of the serious nature of their crime (homicide, rape, robbery and kidnap), 5 were denied because of the risk to the community and 1 was denied because he did not meet the criteria. The 1 granted, was serving a 7 year sentence for Schedule I/II Possession with Intent to Distribute. According to the Parole Board there have only been 2 'geriatric releases' in the past 3 years (CY2003-2005). While the 'geriatric release' mechanism might have been originally enacted to help offset the increasing numbers of elderly offenders, few offenders have been released under 'geriatric release' policy since it was enacted in 1994.

❒ The current overall DOC recidivism rate is 29%. The geriatric release recidivism rate for FY1999 was 3.1% for inmates 50 years or older at time of (discharge or parole) release who were recommitted to DOC within three years. In light of this extremely low recidivism rate for the older offender, there is little room for reduction in recidivism rate for this cohort.

2. A Description of the Use of Current Agency Resources in Meeting Current Needs and Expected Future needs, and Additional Resources that may be Needed to meet Future Needs.

❒ The DOC is legislatively obligated to meet the needs of its population. This includes providing needed health care for medical, dental and mental services consistent with community standards. Older inmates are not targeted for specialized service on the basis of their age, but rather, on the basis of their need. All offenders are assessed and given appropriate level of care and treatment according to their needs.

❒ While older prisoners are housed in a number of institutions throughout the Department, Deerfield Correctional Center (DCC) in Southampton County, Virginia mainly houses inmates with special health care needs and the older inmate. Currently 66% of the Deerfield's population is 50 and older. The average age of the Deerfield inmate is 54 years old and has a projected length of stay of 17 years. Over 75% of Deerfield's geriatric population is incarcerated for violent offenses (including rape, homicide, abduction, robbery and assault.) The most common primary offense is rape or sexual assault (29%). The Deerfield Center currently houses 450 male prisoners and is slated for an expansion to 1,100 beds by early 2007.

❒ Deerfield Correctional Center's operating per capita was $28,038 in FY2005. Medical costs are becoming a bigger part of total expenditures. Medical expenditure data, within the DOC, is not available currently by age. A large portion of the total medical expenses, the off-site is available by age. Off-site medical expenses would be greatly impacted by an aging population and would be reflective of the increased costs associated with an older group. Off-site costs are almost 23% of the total medical expenditures and are referenced here to reflect a trend. In FY2005, the average inmate under the age of 50 has had annual off-site medical costs of $512

while the average inmate age 50 and older has had annual off-site medical costs of $2,490.

❒ If not housed at Deerfield, the geriatric inmate is more likely to be confined at other DOC facilities that have the ability to care for the more acute medical needs of the geriatric inmate and at a skilled nursing facility including Greensville and Powhatan Correctional Centers and Marion Treatment Correctional Center which has an infirmary. Currently inmates that have medical needs beyond DOC's on-site abilities are transported to off-site medical facilities. This health care is expensive not only because of the nature of the medical treatment needed, but also because of the transportation and security costs involved with off-site health care.

❒ Based on the Secretary of Public Safety's (SPS) official state responsible new court commitment forecast, the total number of inmates expected to be sentenced to DOC from FY2006 through FY2008 is 11,426, 12,127 and 12,556. It is estimated that for these same three years there will be an additional 697, 740 and 766 geriatric offenders sentenced annually to DOC.

❒ Currently DOC needs 194 employees to oversee the total 450 population housed at Deerfield which mainly confines the geriatric population. It is a one-story and completely handicap accessible institution that addresses the mobility needs of some of its inmates. It also has two handicap accessible vans in order to transport these inmates.

❒ Deerfield will expand from 497 to 1,100 beds by early 2007. An additional 194 employees will be needed at Deerfield Correctional Center with the 600 bed expansion. A new 18 bed medical infirmary is also part of this new expansion. The medical infirmary will provide skilled nursing level of health care. Among other special health care equipment, it is expected that additional handicap accessible vans will be needed with the increase in population. DOC would also anticipate needing to expand this infirmary over time as more Deerfield housing units and pods need to be expanded.

❒ The DOC plans to develop a future diagnostic and disease prevention/care unit that could include surgery, radiology, medical oncology, dialysis, and physical rehabilitation. Much of this prevention/care facility would be utilized by geriatric inmates.

❒ Many older inmates have different physical and mobility requirements than younger inmates. Geriatric inmates will require special equipment, more assistance and are not necessarily able to be double-bunked (climb up to the top bunk). Geriatric chairs (shower and wheel chairs and higher legged chairs), beds, walkers and special bathroom facilities should be provided based on recommendations from medical officials.

❒ Many older inmates have different medical and mental requirements than younger inmates. They have problems with medical conditions, endurance, hearing and vision. They may also require a special, more costly diet.

❒ Currently the Department offers the following geriatric treatment programs at Deerfield: horticulture, library with large print books, board games, assisted living services, reality orientation to check for dementia, Alzheimers' Disease and cognitive abilities. There is peer tutoring and a cooperative effort with the Virginia Beach library to assist with material for blind and visually challenged. Activities such as arts and crafts, music and games are used to keep the inmates physically active and mentally alert. The activities are designed to encourage independent living skills and good health. There are programs like productive citizenship, anger management, and sex offender treatment, plus, pre-release services that are also offered. Because of the special needs of these inmates, employment may not be an option so placement and assistance are planned for some of the inmates' release. While all sex offenders are difficult to return to the community, older sex offenders are a special challenge. Families may no longer know the inmates who have been incarcerated for a long period of time or may not be willing to take them in due to the nature of the crime. Similarly, nursing homes and assisted living facilities may reject them. In addition, other substance abuse, sex offender treatment, educational services and recreational services, including special exercise equipment and machines are available that not only provides an activity for the geriatric inmate but also helps keep them as healthy as possible, thus, reducing medical and rehabilitation costs. These latter services are also offered to geriatric inmates who are at other prisons throughout the state.

❒ There is no special training offered at the Academy Staff Development (ASD) for the special needs of the geriatric population. New curriculum has been drafted but has not been currently implemented. Such training will need to be approved and effected.

❒ There currently are no reentry programs currently dedicated to the geriatric inmate. A geriatric transition coordinator will have to be hired and trained and responsible for the following: arrangement for social security, Medicare, Medicaid, possible nursing home placements, durable medical equipment purchases (wheelchairs, crutches, splints, home nebulizers, braces, elevated toilet seats), possible special medical treatment follow-up for dialysis, Alzheimers' and special medicines.

❒ The official SPS projected state responsible (SR) population of 50 and older for December 31, 2006 is 3,944 or 10.6% of the confined population. For December 31, 2007 it is expected to increase to 4,461 or 11.8% of the projected SR population and increase to 4,824 or 12.6% of the projected SR confined population by the end of CY2008. By the end of 2009, the expected 50 year and older confined population will reach 5,052 and comprise 12.9% of the expected SR population.

❒ There needs to be improved coordination and communication between the DOC and the Parole Board concerning the 'geriatric releasee'. Possibly the current process

whereby the geriatric inmate must apply to the Parole Board for 'geriatric release' needs to be reconsidered and made automatic. It should be noted that only 127 of 545 geriatric inmates applied for release over the three year period CY2003 to CY2005. However, the current geriatric release process has only resulted in two geriatric releases over that same time period.

❒ Currently there are approximately 4,605 or 8.4% of the Probation and Parole offenders are 51 and older. Such a caseload of just over 4,600 community offenders requires 61.2 FTE (full time equivalent) positions for appropriate supervision.

❒ Current projected total P&P caseload indicates that there will be close to 54,500, 56,000 and 58,000 under supervision by the end of FY2006 through FY2008. Since currently 8.4% of the P&P population are 51 and older, it is assumed that a minimum of 8.4% of the future P&P population will be 51 and older. That would equate to a geriatric population of at least 4,605, increasing to 4,732 and to 4,953 from FY2006 to FY2008. Since the total number of age 51 and over released from prison in FY2005 was 1,080 (direct discharges and those under supervision) this previously used estimate may be low and deserves close monitoring. For every 1,000 additional geriatric P&P offenders, an additional 13.3 P&P Officer and Supervisors will be needed to manage these geriatric releases due to their unique health care needs in the community.

3. **Description of the activities of the Agency that have Received Either a Lesser Priority or have been Eliminated from the Agency's Mission or Work Plan over the Previous Year because of the Changing Needs, Conditions, Focus or Mission.**

❒ The Department has **not** downgraded its priority concerning the aging inmate population in prison or in the community.

❒ Rather the DOC has planned to expand its Deerfield Correctional Center and is proposing a special diagnostic and disease prevention/care unit that would assist in the health care of a number of geriatric inmates.

❒ In the future, additional requests to fund 24 hour nursing at various correctional centers housing geriatric inmates are likely.

❒ There are, in addition, a number of proposals which have been listed above which are pending at this time concerning training, reentry, equipment and automatic review for 'geriatric release'.

❒ Additional P&P community staff and vehicles to supervise a growing geriatric offender population are anticipated. The need to specialize for the geriatric population, like is done for the sex offender in Sex Containment Programs, may be needed in the future.

- Geriatric offenders have different housing, programming, health care, and community placement needs than younger offenders. The geriatric population in prison and in the community is projected to increase over the next six-year forecast horizon. As the geriatric population increases so will the costs and activities to provide the appropriate types of institutional and community care and services required by law.

REFERENCES

Madden, H.T., Rossiter, L.F., & Klock, D.F. (2003). Study of the Older Prison Population in Virginia and its Budget Implications. The Center for Excellence in Aging and Geriatric Health and The College of William and Mary

Morton, J.B. (1992). An Administrative Overview of the Older Inmate. Washington, DC: U.S. Department of Justice, National Institute of Corrections.