



FLORIDA POLICY PROJECT

BEST PRACTICES, BETTER OUTCOMES

**Addressing the Elderly Prison
Population in Florida:
Reducing Correctional Costs and
Improving Lives**

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As a consequence of lifestyle choices, poor socioeconomic background, and the harsh conditions of incarceration, people in prison experience accelerated aging (1). This means people in their 50s in prison experience chronic healthcare conditions more commonly experienced by people in their 70s in the community. Rapid aging of people in prison combined with the increasing elderly prison population in Florida has led to a crisis of increased healthcare costs, geriatric housing needs, and service demands for the Department of Corrections.

This report details the challenges of Florida's aging prison population. It also offers some solutions that policymakers should explore to both reduce the number of elderly people in Florida prisons and better prepare them for their return to society.

Recommendations include:

- Introducing programming that improves reentry, emphasizing the specific needs of older people.
- Creating and evaluating digital literacy programming to improve reentry for a rapidly changing society.
- Exploring geriatric release policies that reduce the total number of elderly people in prison.
- Developing creative solutions to transition elderly people from prison to community, including home confinement, so they can begin receiving Medicare/Medicaid, Social Security, and Veterans Affairs benefits.

Best Practices

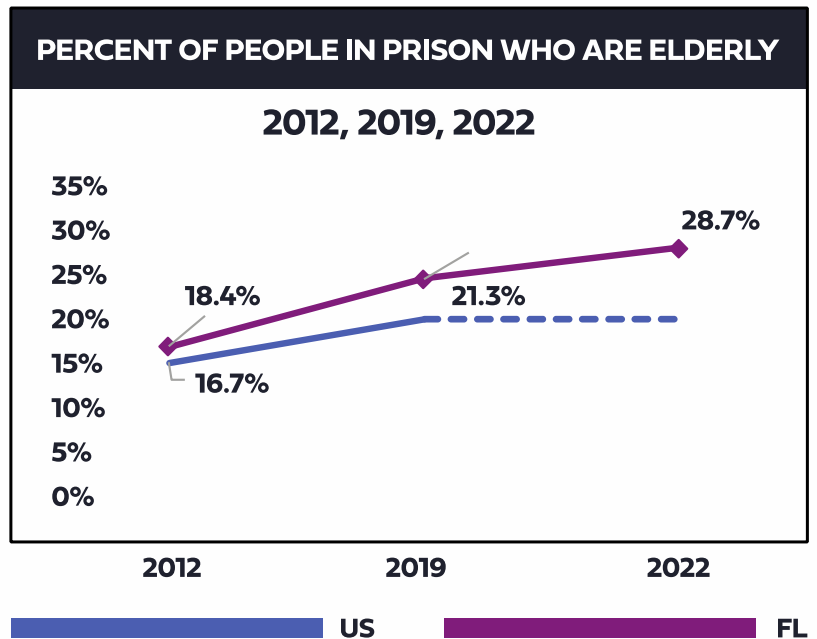
The following areas should be addressed to obtain best outcomes:

- Digital Literacy
- Transitional Services
- Geriatric Release

Florida statute 944.02 defines people in prison as elderly if they are 50 years of age or older. While 50 might seem young in terms of the general public, people who end up in prison often experience accelerated biological aging. This can be the result of a constellation of life factors associated with engaging in a criminal lifestyle and a low socioeconomic background. Such factors include poor health care, drug use, poor nutrition, and violent victimization. In addition, the strain of incarceration exacerbates these factors, resulting in premature aging. As Figure 1 shows, the proportion of people in prison who are elderly is increasing nationally, but Florida’s elderly prison population is growing even faster. National data are only available through 2019, but state level data show that as of 2022 the percentage of Florida prisoners who are elderly is nearly 29%.

Accelerated aging means people in prison present health conditions and physical deterioration at younger ages than people in the general public. For example, research suggests that an average 59-year-old in jail presents geriatric conditions (functional, mobility, and hearing impairment, incontinence, falls, and multiple morbidities) similar to people 75 and older who live in the community (2). People in prison also experience cognitive impairments, mental health diagnoses, and dementia at much younger ages than people in the community (3).

FIGURE 1.



(1) Aday, R. 2003. Aging Prisoners: Crisis in American Corrections. Praeger

Premature aging of people in prison means people over 50 can cost the Department of Corrections significantly more to house and care for compared to younger people in prison.

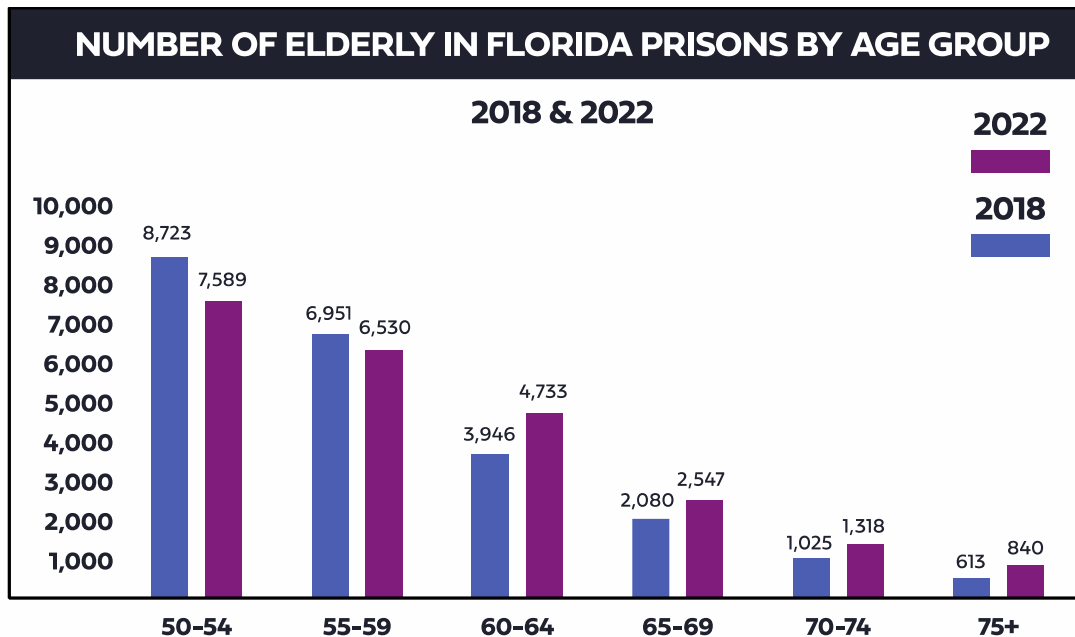
Facilities that house more people over 50 spend on average five times more on medical care and 14 times more on prescription drugs (4). To put that into perspective, healthcare accounts for over 20% of the daily costs of housing people in Florida's prisons or about \$18 per elderly inmate per day (5).

While inmates younger than 50 are evaluated for chronic medical conditions every five years and receive dental examinations every two years, those 50 and older are evaluated annually. Further, elderly inmates account for almost 70% of all in-patient hospital days—which can incur considerable expense for security and transportation costs on top of the medical costs (6).

Inmates over 50 are often housed in separate facilities or housing units to reduce the likelihood that they will be victimized by younger people.

(2) Greene, M., Ahalt, C., Stijacic-Cenzer, I., Metzger, L., & Williams, B. 2018 Older adults in jail: High rates and early onset of geriatric conditions. *Health & Justice*: 6, 3. (3) Kaikow, F., Brown, L., & Merse, K. 2022. Caring for the Rapidly Aging Incarcerated Population: The role of policy. *Journal of Gerontological Nursing*, 49(3): 7-11. (4) U.S. Department of Justice. Office of the Inspector General. 2016. *The Impact of an Aging Inmate Population on the Federal Bureau of Prisons*. (5) Florida Department of Corrections. Annual Report 2021-22. (Here forward: FDC. AR 21-22). (6) FDC. AR 21-22

While the total number of people 50 and older in Florida prisons is increasing, so too is the proportion of elderly. As Figure 2 shows, the absolute number of people and proportion of the 50-plus group who are 60-64, 65-69, 70-74, and 75-plus is growing. So not only is a greater proportion of the prison population older than 50, but the ages of the elderly population are also growing. The problems presented with people in prison over 50 (healthcare, housing, security, etc.) are even further exacerbated as that group is made up of increasingly older people.



Housing elderly people in prison costs roughly twice as much as incarcerating younger adults (7). Many of these people have served lengthy sentences. Despite the three-year recidivism rate for people 60 and older being significantly lower than 25-59 year-olds (16% compared to 20-21%) and much lower than 18-24 year olds (27%), there is little effort to reduce the elderly prison population or to prepare the elderly for reentry. Of the people released from Florida prisons in 2021, 14% were 50-59 years old and another 7.3% were 60 or older (1,766 people). These people have often served long sentences and face additional challenges compared to the average person returning from prison. However, ensuring elderly people successfully reenter society is critically important. If they fail to reintegrate, they may recidivate, return to prison, and continue to drain resources from an already strained correctional budget.

(7) "At America's Expense: The Mass Incarceration of the Elderly," American Civil Liberties Union Report 2012.

RECIDIVISM RATES BY RELEASE AGE				
TIME SINCE RELEASE (2018)				
	12 MONTHS	24 MONTHS	36 MONTHS	TOTAL
18-24	9.2%	9.9%	7.8%	26.9%
25-34	6.9%	7.6%	6.0%	20.5%
35-49	8.8%	7.2%	4.9%	20.9%
50-59	10.4%	6.2%	3.7%	20.3%
60+	9.0%	4.4%	2.4%	15.8%

Source: Florida Department of Corrections. 2022. "Florida Recidivism Report: Released from 2008 to 2020."

General programs designed for reentry would be beneficial for elderly people leaving prison, as well, but rather than reemphasizing the importance of reentry programs like job training and education, this report focuses on programming and legislative recommendations that would be especially beneficial for Florida’s elderly inmates before they leave incarceration.

General Practices for Improving Reentry

Employment-related programs are associated with reductions in recidivism from 13-55% and can save taxpayers as much as \$17 for every \$1 spent on the programs.

Educational programming can reduce recidivism upon release by up to 13% and every dollar spent can save taxpayers \$5 to \$12.

Substance abuse treatment can reduce recidivism by as much as 10% and may save \$5 in taxes for every \$1 spent on treatment.

Mental health programming can reduce recidivism by 40-50% and may save \$2-\$6 for each \$1 spent.

Staying connected with friends and family may reduce recidivism by as much as 13%.

Transitional services that continue to provide programming into the community may reduce recidivism by as much as 9%.

Source: "Improving Reentry in Florida: Reducing Crime, Reducing Costs, and Transforming Lives." 2023. Report from the Florida Policy Project.

Best Practice: Digital Literacy

Many elderly people in prison have served lengthy enough sentences to have missed major technological and societal advancements during their incarceration. Even older people in the general population have difficulties adapting to newer technologies. With the increased use of technology for healthcare, assistive technology, and communication, digital literacy is important for successful reintegration for older people leaving prison. Despite the aging prisoner crisis in the U.S., there are no validated programs that examine improving digital literacy for elderly people in prison. However, programs have been explored for improving digital literacy in retirement communities that may provide a framework for prison programs.

One such program implemented in Alabama retirement communities employed an eight-week curriculum designed to get older people comfortable with technology. Each week consisted of two 90-minute sessions and an optional third session dedicated to questions and answers to troubleshoot problems. The eight weeks consisted of understanding computer basics like turning the machine on, using a mouse, navigating the start menu, opening and closing application, two weeks of creating and using email, four weeks of internet training including using search engines, social media, entertainment options on the web, and accessing healthcare information on the web. Adapting this program to a prison setting would require some changes for security purposes, but a similar program could be implemented following evidence-based guidelines for best practices in correctional education. For example, Colorado had the Long-Term Offender Program that provided similar technology education along with other educational resources for long-term and elderly prisoners preparing for reentry. The program boasted a mere 2% recidivism rate.

(8) Cotton, S., Yost, E., Berkowsky, R., Winstead, V., & Anderson, W. 2017. Designing Technology Training for Older Adults in Continuing Care Retirement Communities. CRC Press.

Best Practice: Transitional Services

Many seniors reentering society from prison have chronic medical needs and lack the resources to secure housing or employment. Transitional services such as Osborne’s Elderly Reentry Initiative (ERI) provides assistance with Medicare/Medicaid applications, Social Security, and temporary and long-term housing. The Senior Ex-Offender Program in California provides similar services. Implementing some of the strategies employed by these nonprofits would be beneficial for the state’s approach to transitional services for elderly people leaving Florida’s prisons. An ideal model would implement these programs similarly to the Federal Bureau of Prisons’ (BOP) elderly offender home confinement pilot program. Under the Second Chance Act of 2007, the BOP was tasked with implementing the Elderly Offender Pilot Program, which transferred eligible elderly people in federal prisons to home confinement. One main benefit of such a program is the ability for people on home confinement to apply for Medicaid/Medicare, Social Security, and Veterans Affairs benefits, none of which they are eligible for while incarcerated. The pilot was extended under the First Step Act. Additional people were similarly released under the CARES act following the COVID-19 pandemic. Although recidivism details are still unavailable for the Elderly Offender Pilot Program, data for the individuals released to home confinement under the CARES act suggests recidivism rates below 1%. Florida should implement a similar home confinement pilot program combining the elements of senior/elderly reentry programs that provide additional transitional care. A pilot program will allow for necessary cost-benefit analysis to be performed before system-wide rollout.

(9) <https://www.osborneny.org/our-services/elder-reentry>

(10) <https://bhpmss.org/senior-ex-offender-program/>

(11) “Bureau of Prison Eligibility and Capacity Impact Use of Flexibilities to Reduce Inmates’ Time in Prison” 2012. Report to Congressional Requesters by the United State Government Accountability Office.

(12) U.S. Department of Justice, Office of the Attorney General. 2023. “First Step Act Annual Report.”

Best Practice: Geriatric Release

Perhaps one of the most efficient ways to reduce correctional costs related to aging would be to release older people from prison. Age- and illness-related release policies exist in 49 states. Iowa is the only state without such a policy. These policies typically take the form of compassionate release, which allows the terminally ill to seek release from prison so they can spend their remaining time with loved ones (and limits palliative care and end-of-life costs for the department of corrections). In Florida, F.S. 947.149 establishes the conditions of medical release as being a “permanently incapacitated inmate” or a “terminally ill inmate.” Florida’s statute is similar to other states’ medical release policies. However, several states have legislation that also considers release on the grounds of old age and time served. The table that follows provides details about the geriatric conditional release policies across the U.S. that Florida could use for model legislation. To put geriatric release in context, Florida currently incarcerates over 8,600 people 60 or older, about half of these people are 60-64 years old. Not all of these people would be eligible based on time served or offense seriousness, but many would immediately meet eligibility requirements for release consideration if similar legislation were passed in Florida. Releasing even a fraction of the people over 60 could result in millions of dollars in savings for Florida taxpayers with the least risk to public safety.

(13) Ibid.

ADDRESSING THE ELDERLY PRISON POPULATION IN FLORIDA:

REDUCING CORRECTIONAL COSTS AND IMPROVING LIVES

STATE	CRITERIA	LAW	RELEASE AUTHORITY
Alaska	<ul style="list-style-type: none"> • 60 or older. • Served minimum of 10 years. • Excludes certain offense categories. 	Alaska Statute § 33.16.090 (a) (2)	Parole Board
California	<ul style="list-style-type: none"> • 50 or older. • Served minimum 20 years. • Excludes life sentence or death sentences; or people sentenced under three strikes; or first-degree murder of peace officer. 	California Penal Code § 3055	Parole Board
Colorado	<ul style="list-style-type: none"> • 64 or older. • Served minimum 20 years. • Excludes certain offense categories. 	Colorado Rev. Statute § 17-1-102 (7.5) (a) (III)	Parole Board
District of Columbia	<ul style="list-style-type: none"> • 60 or older. • Served minimum 20 years. 	D.C. Code § 24-403.04 (a) (2)	Sentencing Court
Georgia	<ul style="list-style-type: none"> • 62 or older. 	Georgia Constitution Art. IV, § II, par. II (e)	Parole Board
Louisiana	<ul style="list-style-type: none"> • 60 or older. • Served minimum 10 years. • Completion of programming. • Excludes certain offense categories. 	Louisiana Rev. Stat. § 15:574.4 (A) (4)	Parole Commission

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STATE	CRITERIA	LAW	RELEASE AUTHORITY
Maryland	<ul style="list-style-type: none"> • 60 or older. • Served minimum 15 years. • Excludes people eligible for sex offense registry. 	Maryland Crim Law Code Ann. § 14-101 (f)	Parole Commission
Mississippi	<ul style="list-style-type: none"> • 60 or older. • Served minimum 10 years and at least 1/4 sentence. • Excludes certain offense categories. 	Mississippi Code § 47-7-3	Parole Board
Nevada	<ul style="list-style-type: none"> • 65 or older. • Served majority of sentence. • Excludes certain offense categories. 	Nevada Rev. Statutes § 213.12155	Parole Board
Oklahoma	<ul style="list-style-type: none"> • 60 or older. • Served shorter of 10 years or 1/3 of sentence. • Excludes certain offense categories. • Must be classified low risk. 	Oklahoma Stat. §§ 57-332.21 (A) (1)	Pardon and Parole Board
Utah	<ul style="list-style-type: none"> • “Advancing Age”. 	Utah Administrative Code Rule 671-314-1 (4)(a)	Board of Pardons
Virginia	<ul style="list-style-type: none"> • 60 or older and served at least 10 years. • 65 or older and served at least 5 years. • Excludes certain offense categories. 	Virginia Code § 53.1-40.01	Parole Board

STATE	CRITERIA	LAW	RELEASE AUTHORITY
Washington	<ul style="list-style-type: none"> • “Advanced Age”. 	Rev. Code of Washington § 9.94A.728 (1) (d)	Governor via Clemency Board
Wisconsin	<ul style="list-style-type: none"> • 60 or older and served at least 10 years. • 65 or older and served at least 5 years. • Excludes certain offense categories. 	Wisconsin Stat. § 302.113 (9g) (b)	Parole Commission

Recommendations include:

1. Consider the specific needs of the elderly while developing and implementing programming and reentry services.
2. Create digital literacy education programs for older and long-term people leaving custody.
3. Expand the scope and use of age-based and healthcare-related release.
4. Begin a pilot program for geriatric release that combines home confinement and transitional services.
5. Fund the development, implementation, and evaluation of programs dedicated to elderly reentry.

Conclusion

The demands of an aging prison population must be balanced against public safety, justice, and cost. Older people are significantly less likely to reoffend but are significantly more costly to incarcerate. The goal is to find solutions that reduce the elderly prison population through policies such as geriatric release while also preparing people for a successful return to the community.



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Thomas Baker is an Associate Professor in the Department of Criminal Justice at the University of Central Florida. He has published more the 40 articles and reports on criminal offending, criminal justice policy, and incarceration. Thomas is recognized as an expert in the areas of correctional populations, criminal offending, and incarceration by the Crime and Justice Research Alliance. He is an active member of the American Society of Criminology, Academy of Criminal Justice Sciences, and the Southern Criminal Justice Association.