

Executive Summary

SCAN Health Plan-Independence at Home (SHP-IAH) and Friends Outside (FO) of Los Angeles County are proposing an 18-month community-based planning initiative – the Released Aging Prisoners Project. Older prisoners released from state and federal penitentiaries are an unsympathetic and often ignored population that upon having paid their debt to society, return home lacking access to health and human services. Though a serious problem today, the numbers of aging prisoners is rapidly increasing, and will present an even greater social and financial challenge to California communities in the years to come.

Research shows that the physiological age of the average inmate is between six to 15 years older than his or her chronological age due to poor lifestyle choices often coupled with substance abuse, absence of healthcare, and poor nutrition. Thus, even relatively younger released prisoners present needs associated with a much older person. They are also at increased risk for psychological and social maladjustment due to their frail physical conditions, as well as to the many challenges that release from long-term incarceration presents without community-based or familial systems of support. Since they are felon parolees, they are ineligible for federally subsidized services or programs of entitlement. They sometimes deliberately re-offend in order to return to a familiar environment, thus shifting the responsibility for their healthcare to boards of corrections at a time when they are at low risk to society and yet require high levels of healthcare.

SHP-IAH and FO are proposing to initiate an intensive planning process that will position these two complementary agencies, along with departments of corrections, law enforcement, and allied health and human services agencies, to develop a pilot community-based services intervention for released aging prisoners. SHP-IAH and FO will devote staff to the planning process, which will be headed by Nancy King, LCSW, a senior manager with SHP-IH.

The Released Aging Prisoners Project will be overseen by a 15 member Advisory Council, which will be composed of specialists in aging, law enforcement and corrections, healthcare, and family members and advocates for prison reform. A conventional planning process will ensue that will include (a) secondary data collection and analysis; (b) identification and structure of key informant interviews; (c) literature review and production of an annotated bibliography of articles, research papers, and studies; (d) exploration of community-based services and intervention models, supported by site visits; (e) development of a final report of issues to be addressed, promising practices, and a recommended model(s) for piloting in Los Angeles County; and (f) preparation of proposals for funding, based on the Advisory Council's recommendations.

SHP-IAH's programs are as follows: Multipurpose Senior Services Program (MSSP), Integrated Care Management (ICM) Program, and Volunteer Action for Aging Program (VAA). Service recipients include Medi-Cal eligible frail older adults, ages 65 years and older, who are certifiable for placement in nursing homes, and disabled adults. FO offers support and assistance to inmate families, offenders, and ex-offenders, in addition to diversion, intervention, and prevention programs.

Proposed Scope of Work

The Released Aging Prisoners Project, a joint effort between SCAN Health Plan-Independence at Home (SHP-IAH) and Friends Outside (FO) of Los Angeles County, seeks to address the impending social problem of lack of community-based and specialized supportive health and

human services for the rapidly increasing number of released older prisoners that is forecasted as American society and the prison population age. Thus, as the Baby Boomers age, the number of older persons in the United States will dramatically increase, as well. Prison populations are subject to the same shifting demographic influences as the general population. In the last 20 years, for example, the population of older prisoners has grown by 750 percent, accelerating at an even faster rate than the general population due in part to tougher sentencing laws enacted in the 1980s. The California Legislative Analyst's Office projects that the inmate population of ages 55 years and older will approach 50,000 in 20 years, increasing at a rate much faster than the prison population as a whole.

The problem of a rapidly increasing older inmate population is compounded many fold by the fact that there is a greater difference in chronological age compared to physiological age among prisoners due to the long-term epidemiological effects of smoking, substance abuse, poor nutrition, poverty, lack of healthcare, and the stresses of prison life. The National Institute of Corrections has estimated that the physiological age of the average inmate is six to 10 years older than his or her chronological age. The Washington Department of Corrections estimates that inmates are 15 years older than their chronological ages. Thus, an inmate with a chronological age of 45 years could have the medical profile and frailties of a 60 year old.

Released older prisoners can be expected to have a higher incidence of disease, increased prevalence of chronic illness, and significantly greater functional disability than the average older person. Older released prisoners are also at increased risk for psychological and social maladjustment due to their frail physical conditions, as well as to the many challenges that release from long-term incarceration presents without community-based or familial systems of support. Older released prisoners can be expected to have a higher rate of poverty, unemployment, lack of access to healthcare, inadequate housing, lack of health insurance, and greater problems of social isolation due to lack of family and friends. As felon parolees, released older prisoners are not eligible for federally subsidized services or entitlement programs, such as Medi-Cal. These factors contribute to re-incarceration – often for infractions – which thus shifts the burden of healthcare to boards of corrections, at a time in their charges' lives when they are at low risk to society and require high levels of healthcare.

Although the period immediately following release is crucial for all former prisoners, older prisoners are often even more ill prepared for their transition. Behavioral problems that may have led to incarceration are often made worse by overcrowded prisons and by a culture that values aggression and dominance. Years of unhealthy living and inadequate healthcare have left many released prisoners with un-addressed dental, vision, and medical problems. Prisoners who have had lengthy sentences have an especially difficult time making the psychological transition from prison culture to mainstream society; they often express feelings of disorientation and alienation. Used to having things done for them, they are not accustomed to making plans and decisions. Released prisoners also have difficulty accessing services because they are released without identification, have only \$200 "gate money", and are uninformed or misinformed about community resources.

The drastically increasing population of older prisoners represents a tremendous challenge to society as it grapples with the needs of prisoners within the correctional system, and its obligation to provide them with services following release. The tidal wave of released aging inmates will result in a great need for post-incarceration services. The fact that they will be chronologically older than released prisoners in the past, and physiologically older than the general population of older persons, will add immensely to the challenge.

SHP-IAH and FO are proposing to engage in an 18-month planning process, during which each organization's expertise and network of allied providers will be utilized to develop a Los Angeles County-based model of community-based health and human services for released older prisoners. Following plan development and design, a pilot initiative will be proposed for implementation with funding sought through separately prepared requests.

An Advisory Council on Released Older Prisoners, composed of a minimum of 15 members, will be formed to guide the 18-month planning process. In addition to two seats designated for representatives from SHP-IAH and FO, other invited institutional members will include representatives from the California Attorney General's Office, the California Board of Corrections, the California Department of Corrections, the Los Angeles County Sheriff's Office, the Los Angeles County Department of Community and Senior Services, the Los Angeles County Department of Public Social Services, and the Los Angeles Police Department. In addition gerontology experts and researchers from local universities and centers such as the USC Ethel Percy Andrus Gerontology Center and the Edward Royball Center at California State University, Los Angeles, will be invited to participate. Family members of felons, advocates for prison reform, and formerly incarcerated persons will also be invited to join the Advisory Council. A minimum of 25 percent of members will be community-based.

SHP-IAH will assign a senior manager, Nancy King, LCSW, as project coordinator. She will provide administrative, technical and facilitation support for the planning activities of the Released Aging Prisoners Project for the 18-month period. Ms. King is familiar with the criminal justice system, having worked in the juvenile justice field for Ventura County and as a social worker with mentally ill juvenile offenders. She is also experienced in community-based planning. It will be the project coordinator's responsibility to support and document the directives of the Advisory Council, while also overseeing the following anticipated related tasks: (a) secondary data collection and analysis; (b) identification and structure of key informant interviews; (c) literature review and production of an annotated bibliography of articles, research papers, and studies; (d) exploration of community-based services and intervention models, including coordination of site visits, which have either been shown to be a promising practice for released prisoners or populations with similar characteristics; (e) development of a white paper of issues to be addressed, promising practices, and a recommended model(s) for piloting in Los Angeles County; and (f) preparation of proposals for funding based on the Advisory Council's deliberative work and recommendations for the piloting of the initiative in Los Angeles County.

Michelle Brown, SHP-IAH program manager, will assist Ms. King. Ms. Brown holds a Bachelor of Science degree in criminal justice from California State University, Long Beach, and like Ms. King, is personally as well as professionally interested in issues associated with released aging prisoners. In addition to the SHP-IAH staff, FO's executive director, Mary Weaver, will

participate in a supporting staff role during the 18-month planning effort. Working closely together, these three will support the activities of the Advisory Council, serving as consultants and as liaisons to their respective agencies. They will assure compliance with the project objectives presented below. Graduate student interns drawn from criminology, social work, and related fields will be engaged to assist in the literature review and data gathering process.

The Advisory Council will meet bi-monthly, though subcommittees charged with specific responsibilities that support the planning process will meet more regularly. The charge to the Advisory Council is to develop a plan with recommendations for the development of a pilot initiative that addresses the issue of aging released prisoners to Los Angeles County with limited social or familial support. By combining the expertise and years of experience that SHP-IH brings to serving low-income and disenfranchised older and disabled adults, and of FO's work in supporting prison populations and their families at home, we believe that this collaboration is uniquely qualified to accomplish the compelling task set forth in this request.

A macro practice conceptual framework developed by Netting, Kettner, & McMurtry (1998)¹ will be used to guide the planning process. The model has three intersecting components – definition of the problem, definition of the population, and the arena (i.e., community) in which the problem and the population are located. The intersection of these three components will become the focus of the planning effort. For example, the Advisory Council will define the problem, acquiring supporting documentation as to scope, prevalence, and severity; clearly understand the affected population and/or subpopulations and their unique needs; and within the Los Angeles community, or a subpart of the community, resources and other factors that either contribute to, or adversely impact, on the delivery of intervention services.

Though the planning process will employ a rational approach, the Advisory Council will also be encouraged to consider the political environment (e.g., support for community-based services and prejudice against felons), as well as short- and longer-term financing options. These perspectives are necessary in order to maximize the probability of the ensuing pilot project's success.

Grant Objectives

The goal of the project is to develop a comprehensive plan with recommendations for implementation of a community-based health and supportive services model for newly released older prisoners in Los Angeles. The three primary objectives that relate to the goal, include the following:

1. To develop a 15 or greater member Released Older Prisoner Advisory Council, with written charge, of which 25 percent of members represent community and/or prisoner interests.
2. To thoroughly research the issues of released aging prisoners, producing during this process (a) an annotated bibliography of salient articles, research papers, and studies on this issue; (b) an analysis of statistical information on older adults in prison and those

¹ Netting, Kettner, & McMurtry. (1998). *Social Work Practice*, 2nd Edition. New York: Longman.

released, based on secondary data sources; (c) evidence-based models of intervention that have benefited comparable populations (conducting site visits where applicable); and (d) interviews with key informants in criminal justice, aging, and system reform.

3. To prepare a final comprehensive written report with implementation plan that summarizes findings, presents the scope of the pilot initiative, the resources required, and partners proposed that can be disseminated to elected and appointed officials, and which can be used as the foundation for proposals for funding to implement a pilot initiative.

Agency Organization

For more than 25 years, SHP-IAH has provided integrated healthcare and social case management services to an ethnically and economically diverse population of frail older and disabled adults throughout the Greater Long Beach, Harbor Gateway, and South Los Angeles areas so that they may remain independent and healthy in their own homes. The equally as long tenured Los Angeles County FO Chapter has offered support and assistance to inmate families, offenders, and ex-offenders, in addition to diversion, intervention, and prevention programs since 1972.

SHP-IAH's program is comprised of three core service components. They are the Multipurpose Senior Services Program (MSSP), the Integrated Care Management (ICM) Program, and the Volunteer Action for Aging Program (VAA). Through MSSP, SHP-IAH provides services to Medi-Cal eligible frail older adults, ages 65 years and older, who are certifiable for placement in nursing homes. ICM serves low-income frail older adults or disabled individuals, 18 years of age and older, and VAA, which is funded in part by the Robert Wood Johnson Foundation, provides volunteer support services, primarily from the faith community, to assist frail elderly and disabled adults who wish to maintain their independence at home.

Founded in 1955, FO is the broadest-based and most well-known service provider in California to children and families affected by incarceration, and their incarcerated or formerly incarcerated loved ones. The goal of the organization is to break the cycle of incarceration by addressing the unintended consequences of incarceration. FO is comprised of 11 community-based chapters and a state office that contracts with the California Department of Corrections to maintain staff in all prisons and to manage the prisons' visitors' centers. FO in Los Angeles County is an independent chartered chapter of FO, which was founded in 1972 at the recommendation of a federal judge. The chapter maintains community-based offices in Watts, Long Beach, and Pasadena and offices in two county jails.

Evaluation Plan

Each of the objectives presented above are written in quantifiable terms, and lend themselves to evaluative assessment based on completion of activities or product production. A secondary evaluation of the planning process itself will also be documented as a means of informing similar undertakings in the future.

Anticipated measures that substantiate compliance with the objectives described above include the following forms of documentation: (a) matrix of Released Older Prisoner Advisory Council members with credentials, affiliations, and form of contribution to the planning process delineated (objective 1); (b) CVs and resumes of Released Older Prisoner Advisory Council members

(objective 1); (c) literature review with an annotated bibliography, and copies of an index of articles and papers on file (objective 2); (d) compilation of statistical information on target population with analytically-based findings and comments (objective 2); (e) minutes of Advisory Council meetings where data is presented and discussed (objective 2); (f) audited files of research-based models of intervention, including target population and program descriptions, correspondence with providers, operating budgets, and outcome measures (objective 2); (g) agenda and written report on site visits (objective 2); (h) transcriptions of interviews with key informants and summary notes across interviews (objective 2); (i) completion of a final comprehensive written report with full implementation plan (objective 3); (j) list of elected and appointed officials to which the final report is disseminated and meetings held (objective 3); (k) proposals for pilot funding of model initiative and list of sources to which proposal is submitted (objective 3).

The process analysis of the planning effort will be developed vis-à-vis reviews of Advisory Council minutes, staff member correspondence, compliance with proposed objectives; and quarterly prepared notes that comprise a retrospective review by project staff of the initiative's progress. A summative report of key steps will be prepared along with issues that characterize each stage.