

# Department of Corrections

## I. Internal Scan

The aging of Utah's offender population is expected to have a pronounced affect upon the Department of Corrections. While the older inmate population remained relatively stable during the years 1984 to 1990, from 1.8% to 2.0% of the total prison population, the increase over the last 15 years has grown to 6.7%. In addition, the increase in older parolees grew from 3.5% to 5.2% during the years 1990 to 2006. The number of 55 and over prison admissions has risen steadily from 41 admissions in the year 2000 to 80 in 2005, an increase of 100%, or a mean yearly rate of increase of 18%.

If this recent 5-year period were a continuing trend, then new admissions of 55 and over inmates could reach more than 180 per year by 2010. When projected prison releases are considered, based on the current rate of release for this age group, then the number of older inmates could double by 2010, approaching 13% of the total prison population.

The majority of older prisoner releases will likely remain under the supervision of the Department of Corrections, and could impact Community Correctional Center (CCC) beds and Agent caseloads. At present older offenders occupy only 20 of 273 halfway house (CCC) beds. This is an occupancy rate of 7.3% and not disproportionate for their age group, based on their representation in the prison population. But, as the cohort of aging inmates released on parole increases, the utilization rates may be expected to grow accordingly, varying directly with their representation in the general offender population. Even if the occupancy rate doubles by 2010, it is difficult to predict whether this would significantly contribute to a worsening halfway house bed shortage.

Over 60% of older offenders in Utah are convicted for sex offenses, and for the oldest offenders the percentage approaches 70%. Older inmates comprise almost 13% of all imprisoned sex offenders, which is twice the rate of 55 and older prisoners occurring in the general inmate population. As the population of older offenders increases in this crime category, the demand for sex offender treatment for this age group is likely to expand, impacting both prison and halfway house based sex offender treatment programs.

Medical care for aging inmates is the most costly component of incarceration for this age group. During the 3 years 2002-2004 older inmates consumed a yearly average of 18% of the contract hospital and physician costs to the Department.

As Utah's prison population ages it is expected they will consume an ever-larger proportion of the medical budget. And funding for the medical budget has not kept pace with health care cost inflation. Since older inmates are over-represented in terms of health care spending, there is the danger that the concentration of expenditures devoted to older and infirmed prisoners will deepen, and have an adverse affect on medical resources available to all inmates.

A growing number of elderly and infirm prisoners will need assisted living and long-term care. There are serious community concerns about releasing prisoners with a history of violence or sex offenses to nursing homes, yet at the same time, prisons were never intended to serve as nursing home facilities. The Prison will need to plan for the development of a long-term care or assisted living unit for older inmates who cannot be released to the community.

As a result of the Internal Scan a list of aging issues that may impact the Department has been developed, as follows:

1. Develop accurate prediction of anticipated older offender population growth
2. Sex offender treatment resources may need to be expanded
3. Plan for a long-term care/assisted living unit to house elderly and infirm inmates
4. Older inmates' medical costs will need to be offset by further cost reduction strategies and/or increased funding.

These identified issues do not fall outside the overarching priorities the Department has set in its 10-year plan, but may instead intensify the urgency for certain priorities in view of the aging demographics in Utah.

## II. Priorities

As a result of the Internal Scan, and in accordance with the previously submitted Work Plan, the following three aging offender priorities are expected to most impact the Department of Corrections by the year 2015:

1. Creation of a long-term care/assisted living unit to house elderly and infirm inmates.

“A growing number of elderly and infirm prisoners will need assisted living and long-term care. The State Long-Term Care for Inmates legislation of 2006 punctuates serious community concerns about releasing prisoners with a history of violence or sex offenses to extended care facilities, yet at the same time, prisons were never intended to serve as nursing homes. The UDC will need to plan for the development of a prison-based long-term care or assisted living unit for older inmates who cannot be released to the community.”

Steve Caverley LCSW, UDC Health Program Administrator

2. Older inmates' medical costs will need to be offset by further cost reduction strategies and/or increased funding.

“Clearly, older inmates consume a larger proportion of a limited healthcare budget. Increasing the percentage of older inmates will result in higher overall medical costs. Such increased consumption needs to be offset or existing funding will become inadequate”

Richard Garden MD, UDC Director Bureau of Clinical Services

3. Community Correctional Center beds providing sex offender treatment to older inmates will need to be expanded.

“The group with the most need for services will be the aged sex offender. This group represents individuals who are considered high risk and pose a potential threat to the community. The Division’s halfway house population is overflowing. They have waiting lists and cannot keep up with the demand for bed-space. These offenders are also in need of sex offender treatment. Housing offenders in the community is becoming increasingly more difficult. Many communities are placing restrictions on the types of individuals who can reside in their properties. Placement in nursing homes or care centers can be difficult to find. Many scrutinize candidates for placement in their facilities and pending legislation may decrease these options.”

Stephen Metcalf, Correctional Administrator, Adult Probation and Parole

### III. Planning

**Priority Issue #1** - Create a long-term care/assisted living unit to house elderly & infirm inmates.

#### **Actions**

- Survey existing facility structures to determine suitability for unit conversion
- Determine location for new facility if conversion of existing unit is not feasible
- Consider unit design based on current models of private sector nursing homes and similar facilities operating in other state prison systems.
- Develop cost estimates for facility remodeling or new facility construction
- Develop estimate of required staffing patterns and projected personnel costs.
- Consult with the Commission on Correctional Health Care regarding correctional standards for nursing facilities and model programs.
- Consult with Board of Pardons and Parole if proposed unit will diminish available beds, impacting offender releases.

#### **Results**

- Submit Project Building Block to the Governor’s Budget Office by August 2007.

**Priority Issue #2** - Community Correctional Center beds providing sex offender treatment to older parolees and probationers will need to be expanded.

#### **Actions**

- Increase treatment capacity for prison-based sex offender treatment, which will impact demand for halfway house beds
- Submit Request for Proposals to solicit bids from private contractor to provide prison-based sex offender treatment

- Develop plan for 60 bed halfway house/residential treatment program targeted to 55 and over sex offenders

### **Results**

- Increase prison-based sex offender treatment capacity to 600 by June of 2007.
- Submit Building Block to Governor's Budget Office by August of 2007.

### **Priority Issue #3 - Increasing medical costs.**

#### **Actions**

- Creation of proposed nursing facility will help reduce medical costs for elderly
- Continue to request yearly funding increases that keep pace with burgeoning medical costs based on the CMPI or other model
- Transform external medical costs into a separate line item so that catastrophic hospital costs do not bleed resources from other necessary clinical programs

#### **Results**

- Nursing/extended care facility in prison for elderly.
- Ongoing funding from the Legislature that keeps pace with medical costs
- inflation
- Create separate line item for external hospital costs