



JANE ADDAMS CENTER FOR  
SOCIAL POLICY AND RESEARCH  
JANE ADDAMS COLLEGE OF SOCIAL WORK

# A SUMMIT ON REENTRY, REINTEGRATION & AGING

MAY 11, 2017



A SUMMARY OF THE

## **SUMMIT ON REENTRY, REINTEGRATION & AGING**

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# Background

On Thursday, May 11, 2017, the Jane Addams Center for Social Policy and Research (Policy Center) in partnership with the Illinois Department of Corrections (IDOC) held a half-day community summit at the University of Illinois at Chicago Jane Addams College of Social Work (JACSW).

The event, titled *A Summit on Reentry, Reintegration and Aging*, hosted twenty-eight participants which included staff and faculty from JACSW, IDOC key staff members, and leadership from community based organizations that serve returning prisoners, former prisoners and family members of current prisoners. The goal of the event was to identify effective reentry practices, policies and programs for older prisoners.

The Summit's focus was centered on two topics:

1. The problems and complications associated with the incarceration of older adults and how these problems impact outcomes after their release and
2. The unique needs of older prisoners when they are released and the resources needed to help them transition back to communities.

The Summit began with welcoming remarks from Dr. Creasie Finney Hairston, Dean of JACSW and Director of the Policy Center, and from Gladyse C. Taylor, Assistant Director of IDOC. Following the welcoming remarks, JACSW Associate Professor Aaron Gottlieb provided an overview of the current research on older prisoner populations in the United States and in Illinois:

## **Trends in the Older Inmate Population in U.S. and Illinois**

- The number of older inmates is increasing much faster than the total prison population both in the United States and in Illinois.
- From 1995 to 2010, the total U.S. prison population (state and federal) increased by 42%, while the prison population age 55+ increased by 282%.
- At the state level, while the total prison population in Illinois increased by 6% from 2005 to 2015, the older prison population age 55+ increased by 169%.

## **The Causes of the Increase in the Older Prison Population**

- The reason for the increase in the number of older prisoners throughout the carceral system, nationwide as well as in Illinois, can be attributed to various factors including tougher sentencing practices, such as mandatory minimum sentencing, three-strikes and truth in sentencing laws, as well as the increased use of life sentences.
- Another factor is that correctional and parole officials lack the legal authority to release older prisoners prior to the expiration of their sentence.
- Perhaps less of a contributing factor, but still statistically relevant, is the recent uptick of crimes being committed by people 55 years of age and older.

## **Reasons to Consider Reducing the Older Prison Population**

- Older prisoners have different needs than younger prisoners, especially in terms of healthcare, which are difficult for prisons and prison staff to meet as the older prison population gradually eclipses the younger.
- Older prisoners are twice as expensive to incarcerate as the average prisoner, so reducing older prison populations would lead to cost savings.
- Crime rates decline substantially as people age, so older prisoners represent less of a public safety risk than younger offenders.

# Community Dialogue

At the core of the Summit was a facilitated community dialogue that solicited participant responses to one key question from three focus areas:

1. In-Prison Experience
2. Community Reentry and Reintegration
3. Lessons Learned

## Dialogue 1

**Focus Area:** In-Prison Experience

**Facilitator:** JACSW Associate Professor Branden McLeod

*What issues do older prisoners face in prison and what challenges do prison administrators and staff face when working with this population?*

The dialogue revealed key problems and concerns regarding challenges faced by prison administrators and staff in housing older adult prisoners.

### **Healthcare is a major issue for prisons with aging prisoners.**

- Prisons are not nursing homes or hospitals, and yet you have people with nursing home and hospital care needs as they age behind the walls.
- Healthcare is expensive, especially for more complicated diagnosis such as dementia, cancer or renal failure.
- Transportation to obtain healthcare is also expensive, especially for prisoners on dialysis. IDOC spends a lot of resources on transporting people for treatments such as dialysis or chemotherapy.

### **Policies need to be created and in place to accommodate the healthcare needs of aging prisoners.**

- In some cases a prisoner may find it necessary to file an official grievance to receive medical attention that was not originally deemed necessary or cost effective.
- Due to existing protocols and red tape, IDOC may still take several years to address health care needs of a prisoner with a complicated diagnosis.
- The current infrastructure is antiquated, paper-based and requires too much time to retrieve and assess a patient's overall health history in a comprehensive manner. IDOC is working on an electronic medical record (EMR) system to cut the red tape and monitor prisoner health in real time. The EMR will make a tremendous difference once implemented and ostensibly make IDOC more accountable for the healthcare of its prisoners.

## Prisons are Designed to Accommodate Younger and Healthier Populations

- Younger prisoners and older prisoners have very different mindsets about their incarceration. Older prisoners are more accepting of their fate, while younger prisoners treat their incarceration as a phase.
- The gap between young and old prisoners needs to be bridged. On the streets, younger people look at their elders as mentors and sources of wisdom. This is not the case in prison, where older prisoners are not respected or valued by their younger counterparts.
- Older prisoners may be underutilized assets in prisons, and could serve as mentors to help younger prisoners navigate the system. There are many intelligent long-termers who are highly motivated and want to bring positive change to the prisons.

### Summary: Dialogue 1

The increased population of older adults in prison has created a growing demand for more timely and age-specific medical services. Correctional facilities face a major challenge of trying to provide adequate treatment to older prisoners with chronic conditions. Prison systems must put in place new policies and procedures that can meet the demand and reduce the wait for timely treatment after a diagnosis. Prisons were designed to house younger populations. There is an intergenerational divide in attitude and behavior that exists between the older and younger prisoners. Prison administrators and staff may benefit from utilizing older prisoners as mentors for younger prisoners as a way to model good behavior while serving time.

## Dialogue 2

**Focus Area:** Community Reentry and Reintegration

**Facilitator:** Policy Center, Associate Director Joseph Strickland

*What are the community reentry and reintegration experiences of older prisoners and what policies and programs are in place to facilitate successful reentry?*

The problems and concerns that emerged from the discussion of what is needed to enable successful reintegration fell into two areas: assessing and facilitating the release of older prisoners, and post-prison issues and problems facing older former prisoners.

### Assessing and Facilitating Release of Older Prisoners

- In 1977, Illinois abolished indeterminate sentencing. As a result, there are prisoners who have served over 40 years, but their release is dependent upon the approval of the parole board.
- The parole board also makes decisions regarding the release of chronically ill, terminally ill or mentally ill prisoners.
- There is no official strategy for training parole board members. The parole board is comprised mostly of people with law enforcement backgrounds. There is only one person on the board with a clinical (medical/psycho-social) background.
- Due to their background in law enforcement, many parole board members use Inmate Disciplinary Reports (IDRs) as a measure of assessing rehabilitation. IDRs lack nuance of circumstance and could contribute to an inaccurate assessment of the prisoner in question.
- Due to their knowledge and understanding of the prison experience there should be a seat for a former prisoner on the parole board who could provide experiential context to the issues that may arise during the hearings.
- For prisoners who have indeterminate sentences, the frequency for attending a parole hearing varies drastically from prison to prison. For some, the intervals may be annual, bi-annual, or every five years. The policy should be revised so that parole hearings are held every year in order to adequately serve and fairly assess a prisoners' eligibility for release.

### Post-Prison Issues and Problems Facing Older Former Prisoners

- Released prisoners are "on their own" to find health coverage once they are released from prison. Prisoners should be connected to healthcare and mental health support (specialist, medical card, medication) for an evaluation prior to their release.
- The Affordable Care Act (Obamacare) was excellent for prisoners being released, but enrollment was an issue since the soon-to-be-released prisoner only had a custodial address. Consequently, prisoners without a valid residential address were not eligible for coverage under the ACA.
- Many older prisoners need support to obtain photo identification, birth certificates and social security cards. There is a catch-22, if you don't have a birth certificate, you can't get a state identification card. If you don't have a photo identification card, you can't get a birth certificate. In order to receive a social security card, you need both photo identification and a birth certificate.
- Although in some cases there are pre-release programs to prepare prisoners for reentry, the information and resources are outdated.

- Upon returning to the community, many prisoners do not have access to adequate housing and/or the money needed to acquire a place to stay.
- Older former prisoners are faced with numerous impediments that make securing gainful employment difficult; such as criminal background, too old to be employed, or their overall state of health which may prove to be too much of an injury risk for the employer.

### **Summary: Dialogue 2**

While the State of Illinois abolished indeterminate sentencing in 1977, there still remains a large pool of aging prisoners who must go before the parole board to be approved for release. This is due, in part, to the wide variation in the frequency of parole board hearings for older prisoners with indeterminate sentences. For prisoners with chronic, terminal or mental illnesses, parole boards need to grant medical parole in a more timely manner. Once older prisoners are released, they face multiple challenges: securing proper identification, finding healthcare, obtaining employment and securing permanent housing. Institutions provide very little assistance to connect released prisoners to the programs and services they need in order to survive in the community.

## Dialogue 3

**Focus Area:** Lessons Learned

**Facilitator:** JACSW Associate Professor Branden McLeod

*What are the lessons learned from implementing, participating in, and researching policies and practices that prevent recidivism, increase community safety, and enhance the individual and well-being of older returning prisoners?*

Issue:	Recommendation:
<b>The returning prisoner is unprepared for living in the real world.</b>	There needs to be a coordinated, cross-agency effort made by government and social service agencies in order to properly assist prisoners being released back into the community. Connections to healthcare, housing, and essential forms of ID are needed for prisoners prior to and/or immediately after their release.
<b>Problems facing older prisoners are simply not being addressed.</b>	Coordinated efforts to address the problems that face older prisoners need to be ongoing, evolving and produce change. Funding via local and national foundations should be sought so that working groups can be organized, expanded and/or sustained to tackle the issues of the older returning prisoner in a thorough and realistic manner.
<b>How can we accomplish making positive change for this vulnerable population?</b>	A coalition that includes grassroots organizers, practitioners and scholars need to flesh out issues, carve our policy recommendations and produce white papers, hold conferences and community meetings to inform the general public and policymakers. Public policy and system change requires higher levels of civic engagement, organizing and the informing of policymakers.
<b>State agencies tend to work in “silos” with little or no collaboration.</b>	To improve outcomes for older prisoners, IDOC should not be the only state agency involved. More partnerships need to be forged with IDOC in order to improve the outcomes of former prisoners.  Other state agencies need to be at the table to provide support and solutions. State agencies overseeing human services, public health, aging, veterans’ affairs, children and family services, transportation, housing, medical, and education need to be working alongside IDOC in a coordinated effort to address the needs of older former prisoners.

**Can any substantive changes be made if our political landscape changes every four years?**

Policies and programs that are put in place must be robust enough to survive changes in the political landscape so that successful programs are not lost due to personnel changes in state administration and agencies. Legislation must be passed in order to mandate (secure) that certain programs remain viable despite changes in administration.

**There must be a better way to determine appropriate post-release conditions for prisoners.**

Instead of applying the current outdated and less individualized evaluation method for all returning prisoners, a new risk assessment model needs to be implemented system-wide. With a new risk assessment model in place, IDOC could ostensibly release rehabilitated and/or elderly prisoners and free up space for more hardened criminals. This would also save the state from the high costs of incarcerating older and/or chronically ill prisoners.

**How do we properly implement the new risk assessment model?**

Current state employees would need proper training on the new risk assessment model, with a concerted effort to hire of other qualified personnel.

Should the risk assessment model be implemented system-wide, social workers trained in making such assessments would be very much needed by the IDOC. This could result in a new career path for recent graduates of Jane Addams College of Social Work.

**How can we better prepare prisoners for a successful reentry into the community?**

Transitional education needs to be implemented throughout the prison system in order to thoroughly prepare those returning to the community and the workforce after years of imprisonment.

Transitional education should be started much earlier than the current 120 days prior to release and reflect current societal trends and challenges. The current model used by IDOC is outdated and therefore unrealistic.

The Adult Transition Center model for post-release prisoners should be replicated throughout the state for both returning male and female prisoners. ATC's have a proven track record, as reflected in their overall low recidivism rate, and provide much needed assistance for the formally incarcerated citizen.

## Summary: Dialogue 3

It is necessary to do more for prisoners before they are released from prison. In addition to providing education and training to prepare them for employment, correctional institutions and other state agencies need to collaborate better in order to provide assistance with the myriad of issues faced by the older and/or recently released prisoner.

IDOC has expressed willingness to reevaluate existing regulations and adopt new policies and procedures. However, it is unrealistic to expect such changes to occur overnight. A concerted effort must be made to form and maintain coalitions of community organizers, state agencies and non-profit organizations who can help facilitate the release and reintegration of low-risk prisoners.

Any changes that would occur with the early release of prisoners is going to require cross-agency cooperation, community support and the political will to bring about sustainable change. Additionally, voices from the community, including those of returning prisoners and their families, must be heard to ensure that our policies are realistic and therefore more likely to succeed.

Improvement of pre-release transitional education needs to occur so that it truthfully reflects the current realities of living in the 21<sup>st</sup> century. In addition, the successful model of Adult Transition Centers, currently in place in a few locations, needs to be expanded system-wide in order to handle the growing needs of the returning prisoner.

## Conclusion

The *Summit on Reentry, Reintegration and Aging* represented a healthy cross-section of community organizers, state agencies, non-profit organizations, former prisoners, and family members of current prisoners. The participants provided insights on best practices for reentry and reintegration, as well as perspectives on current practices in need of improvement. Summit participants voiced their commitment to meet regularly as a working group focused on shaping public policies for the formerly incarcerated.

# Summit Participants

Edgar	Barens	Social Documentarian, Jane Addams Center for Social Policy and Research
April	Bernard	Research Director, Safer Foundation
Arthur	Bishop	Senior Director of Workforce Development, Safer Foundation
Nasir	Blackwell	Green ReEntry Residence Coordinator, Inner-City Muslim Action Network (IMAN)
Janae	Bonsu	Graduate Assistant, Jane Addams Center for Social Policy and Research
Duffy	Clark	Spokesperson, Illinois Institute for Community Law & Affairs/Community
Edith	Crigler	Member, State of Illinois Prisoner Review Board
Creasie	Finney Hairston	Dean and Professor, JACSW; Director, Jane Addams Center for Social Policy and Research
Marybel	Flores	Director of Central West Case Management, JACSW
Annie	Gonzalez	Site Administrator, Grace House
Aaron	Gottlieb	Assistant Professor, JACSW
Madison	Hammett	Graduate Assistant, Jane Addams Center for Social Policy and Research
John	Holton	Concordia University Chicago
Judy	Hopkins	Central West Case Management, JACSW
Charles	Hounmenou	Assistant Professor, JACSW
Mary	Johnson	Community advocate
Budder	Jones	Founder/Director, Inmates for Change
Branden	McLeod	Assistant Professor, JACSW
Steve	Meeks	Chief of Health Services, IDOC
Patricia	O'Brien	Professor, JACSW
Pamela	Rodriguez	President/CEO, TASC
Joel	Rubin	President, NASW
Geraldine	Smith	Community advocate
Nathaniel	Steinfeld	Research Director, Illinois Sentencing Policy Advisory Council
Joseph	Strickland	Associate Director, Jane Addams Center for Social Policy and Research
Gladyse	Taylor	Assistant Director, IDOC
Gwyn	Troyer	Director Prison Monitoring, JHA
Ellen	Vollen-Katz	Executive Director, JHA