

Older Offenders: The Ohio Initiative



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Governor**

Ohio Department of Rehabilitation and Correction

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Executive Summary

- As of January 1, 1997, the Ohio prison system had 3,002 inmates who were 50 years of age or older. It is conservatively estimated that, in less than twenty years, this number will increase by more than 50 percent.
- An Older Offender Coordinator position at the Central Office level is needed to help plan, develop, and implement initiatives dealing with the older offenders, both incarcerated and under community supervision.
- A second male facility specifically for the housing of older offenders, to be located in the northern part of the state, is needed. Older offender housing pods should be available at other institutions.
- More programming and services designed specifically for older offenders should be developed. Suggested programs include:
 - * A “wellness” program developed jointly by medical services and recreation.
 - * Vocational training should be increased for older offenders who will need to work upon release.
 - * More emphasis should be placed on preparing the older offender for release.
- The number of community placement options for older offenders who are being released should be increased.
- Plans should be devised for the specialized medical needs of older offenders.
- As the older offender population continues to grow, more assisted living beds will need to be provided.
- All staff who deal extensively with older offenders should be required to attend the 40-hour training program which addresses how to effectively deal with this population.

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**MEMBERS OF THE
OLDER OFFENDER INITIATIVE
WORK GROUP**

**Chair: Janis Lane, Warden
Hocking Correctional Facility**

**Members: Kathy Brown, Mental Health Administrator
Bureau of Mental Health Services**

**Rebecca Cardine, Unit Management Administrator
Ohio Reformatory for Women**

**Rod Francis, Warden
Correctional Medical Center**

**Evalyn Parks, Chief
Bureau of Planning and Evaluation**

**Bernie Ryznar, Chief
Bureau of Classification**

**Patricia Sarosi, Quality Assurance Administrator
Bureau of Medical Services**

**Carole Shiplevy, Special Assistant/Policy and Public
Affairs
Division of Parole and Community Services**

**Galen Weingart, Unit Management Administrator
Orient Correctional Institution**

OLDER OFFENDER INITIATIVE

WORKING TEAMS

Programs Work Team:

Kathy Brown
Carole Shiplevy
Rebecca Cardine
Assistance from:
 Dr. Kathryn Burns
 Carol Upchurch
 Richard Ebin
 David Berenson
 Alan Toops
 Paul DeVenas
 Gwendolyn Woods
 Burt Harter

Classification and Placement Work Team:

Bernie Ryznar
Galen Weingart
Assistance from:
 Carolyn Burk
 Bruce Brunswick
 Paul Butchko

Medical Issues Work Team:

Pat Sarosi
Assistance from:
 Dr. Larry Mendel
 Mary Miller
 Jerry Patton
 Rod Francis
 Dave Crocker

Training Work Team:

Janis Lane
Assistance from:
 Denise Daugherty
 Dr. Bob Rice

Research/Statistics/Literature Work Team:

Evalyn Parks
Assistance from:
 Stephen V. Anderson
 Elizabeth Moore

Facilitator:

Tiffany Cooper

INTRODUCTION

In early 1997, a diverse team of Department of Rehabilitation and Correction staff members was convened by Director Reginald A. Wilkinson to study, assess and make recommendations to address the specific needs of older offenders under the jurisdiction of the Department. The Older Offender Initiative Work Group was charged with envisioning a situation which would ensure the safety of staff, inmates and the public and, at the same time, provide for the older offender population appropriate care, custody and programming.

Background

Nationwide, inmate prison populations are aging. By the year 2025, inmates aged fifty and over (the “older” offender) will, it is estimated, account for 25 percent of all inmates. With new sentencing laws and a “get tough on crime” attitude, inmates will not only be aging in prison because of longer sentences but will also be coming to prison at older ages. Currently, older offenders comprise about 6 percent of the inmate population of the Department of Rehabilitation and Correction. Another 7 percent are between the ages of forty and fifty.

Aging offenders present unique challenges in programming, custody, medical treatment and post-release placement. At the present time, some older offenders are sent to Hocking Correctional Facility. The Orient Correctional Institution has recently dedicated a dorm for older inmates. Chillicothe Correctional Institution, Ross Correctional Institution and Grafton Correctional Institution also have large numbers of older inmates. The majority of older female offenders are housed at the Ohio Reformatory for Women. However, all institutions in the Ohio prison system (with the exceptions of Dayton Correctional Institution and Montgomery Education and Pre-Release Center) have at least some older offenders. The Adult Parole Authority has the responsibility of supervising older offenders under community supervision.

There is a perception by many that older inmates are simply sitting in prison waiting to die. This, however, is not true of the current situation. Most of the older offenders in prison will be released at some point. During their period of incarceration, however, they need medical attention, they must be given the opportunity to learn skills and to participate in programming which will help them be productive citizens upon release, and they must have a place to go when released.

Process of the Work Group

The organizing meeting of the Older Offender Initiative was held on March 19, 1997. This meeting was attended by several staff members who were to become

members of the Work Group, as well as heads of organizational sections which would later name Work Group representatives.

The Team Launch was held at Hocking Correctional Institution on April 4, 1997. At that time, the membership of the Work Group had been established and a Charter developed. The Mission of the Work Group, named “The Golden Oldies,” was:

The Older Offender Initiative Work Group will address the specific needs of the aging inmate population, so that we may ensure public, staff and inmate security and provide for the aging offender appropriate care, custody and programming in an efficient and effective manner.

By common understanding, the Work Group agreed to widen the Mission of the Older Offender Initiative to include the needs of older offenders under community supervision.

The Charter empowered the work group to meet, conduct research, gather current literature, develop initiatives, and present to Director Wilkinson a systemwide plan for improving services to older offenders. A tentative target date for project completion was set for June 1, 1997.

Director Wilkinson had appointed Warden Janis Lane as the Team Leader. Tiffany Cooper was asked to serve as the team’s Facilitator. Kathy Brown assumed the role of Recorder; all team members shared the Timekeeper role.

Recalling Director Wilkinson’s direction at the organizing meeting, members of the Work Group agreed that efforts needed to be focused in several areas:

- What is known nationally about the issues involving older offenders? What does the literature say?
- What do we know about older inmates in the Ohio prison system? How many are there now, and how many can we reasonably expect in the future?
- What are the major issues concerning older offenders about which the Department needs to be concerned? Issue areas might include: programming, medical (prevention and treatment), recreation, housing placement decisions, supervising older offenders in the community, etc. What are we currently doing in these areas; what should we be doing in the future?

The Work Group divided itself into a number of Working Teams, each responsible for a major issue area: programs, classification and placement, medical issues, staff training, and research and literature. The Team member leading each Working Team was asked to assemble a group of staff members who could contribute to the discussion of the issue area.

The Work Group met monthly to update progress on Working Teams and to discuss the issues which each Working Team was considering. Statistics concerning the older offender population in the Ohio system and relevant literature were shared with Work Group members throughout the process. When the work of all of the Working Teams was completed, the Work Group organized the materials, outlined the final report to the Director and made assignments for writing sections of the report.

The document which follows is the result of a five-month effort on the part of the Work Group. Each section of the report describes the situation as it currently exists within the Department and provides recommendations for action which the Work Group believes will advance the Department toward the desired state. The sections cover the following areas:

- A profile of the older inmates currently in the Ohio prison system and projections for the numbers of older inmates we can expect in the future
- Issues of classification and placement of older inmates
- Programming for older offenders
- Medical issues with older inmates
- Community supervision services for older offenders
- Staff training in dealing with older offenders

Following the body of the report are an annotated bibliography of literature on older inmates and offenders and an appendix detailing the results of focus groups of older inmates.

SECTION 1

PROFILE OF OLDER INMATES IN THE OHIO PRISON SYSTEM PROJECTIONS FOR THE FUTURE

The purpose of this section is to provide a profile of the inmates in the Ohio prison system who are 50 years old or older and to project the potential number of such older offenders in the future. To develop the profile, we used a "snapshot" of all inmates in the prison system on January 1, 1997. All information in this profile came from the Departmental Offender Tracking System (DOTS) computerized database.

At times in this profile, we have divided the older offender population into three types:

1. inmates who came into the prison system when they were less than 50 years old and who attained or passed age 50 while incarcerated
2. inmates who came into the prison system when they were 50 years old or older and who have never been in prison before
3. inmates who came into the prison system when they were 50 years old or older and who had previously been in prison.

This typology was created because it was the sense of our Work Group that these groups represented three truly distinct types of inmates whose needs, perspectives, problems and behaviors could be expected to pose different challenges to the prison system.

How many older inmates are there in the prison system? How many come in every year, and where are they housed?

As of January 1, 1997, the Ohio prison system had 3,002 inmates who were 50 years or age or older. These inmates represented 6.5 percent of the total inmate population on that date (N = 45,962). The raw number of older inmates in the prison system has increased substantially over the years. To see whether the population of older inmates has increased in proportion to younger offenders, Table 1 compares the population of offenders 50 years of age and older to the total prison population at several points over an eleven year period. As the Table shows, while the actual numbers of older offenders have increased, the proportion of older offenders in the prison system has remained fairly constant, increasing slightly for males and decreasing about 2.5 percent for females.

TABLE 1
OLDER OFFENDERS AS A PROPORTION OF TOTAL PRISON POPULATION
1985-1996
(as of July 1)

Older Offender Population	1985		1991		1996	
	Number	Percent of Population	Number	Percent of Population	Number	Percent of Population
Males	1,165	6.2%	1,582	5.1%	2,819	6.7%
Females	80	7.6	84	4.0	140	5.0
Total Older Offenders	1,245	6.2	1,666	5.0	2,959	6.6

Table 2 looks at commitments to the prison system during several years from 1985 to 1995. The data indicate that the proportion of new admissions who meet the definition of ‘older inmates’ has remained relatively constant over the years, but, as with our snapshot of the prison population, the raw number of older offenders has risen.

TABLE 2
OLDER OFFENDERS AS A PROPORTION OF PRISON INTAKE
1985-1995

Older Offender Population	1985		1991		1995	
	Number	Percent of Population	Number	Percent of Population	Number	Percent of Population
Males	234	2.6%	464	2.7%	611	3.5%
Females	25	2.9	41	1.9	71	2.8
Total Older Offenders	259	2.6	505	2.6	682	3.4

Table 3 shows the parent institution for the 3,002 older inmates who were in the prison system on January 1, 1997.

TABLE 3
PARENT INSTITUTIONS OF OLDER INMATES
(January 1, 1997)

Parent Institution	Number of Older Inmates	Percentage of Institutional Population	Percentage of All Older Inmates*
Allen Correctional Institution	121	9.1%	4.0%
Belmont Correctional Institution	92	4.0	3.1
Chillicothe Correctional Institution	296	11.5	9.9
Corrections Medical Center	37	23.9	1.2
Correctional Reception Center	73	3.7	2.4
Dayton Correctional Institution	0	0	
Franklin Pre-Release Center	24	4.9	.8
Grafton Correctional Institution	190	11.7	6.3
Hocking Correctional Institution	340	78.7	11.3
Lebanon Correctional Institution	81	3.8	2.7
Lima Correctional Institution	118	5.7	3.9
London Correctional Institution	76	4.0	2.5
Lorain Correctional Institution	73	3.6	2.4
Madison Correctional Institution	172	6.8	5.7
Mansfield Correctional Institution	121	4.7	4.0
Marion Correctional Institution	132	6.3	4.4
Montgomery Education and Pre-Release Center	0	0	
Noble Correctional Institution	22	1.5	.7
North Central Correctional Institution	147	6.6	4.9
Northeast Pre-Release Center	31	4.9	1.0
Oakwood Correctional Institution	2	1.2	.1
Ohio Reformatory for Women	88	3.9	2.9
Orient Correctional Institution	232	10.8	7.7
Pickaway Correctional Institution	101	5.3	3.4
Ross Correctional Institution	214	7.7	7.1
Southeastern Correctional Institution	19	1.0	.6
Southern Ohio Correctional Facility	40	3.1	1.3
Trumbull Correctional Institution	75	5.3	2.5
Warren Correctional Institution	85	5.8	2.8
TOTAL	3002		

Column may not add to 100 percent due to rounding.

As would be expected, more than three-fourths of the inmates at Hocking Correctional Institution are 50 years old or older. Other institutions with substantial proportions of their populations age fifty and over include the Corrections Medical Center, Chillicothe, Grafton, Allen and Orient.

Were these older inmates 50 or older when they were admitted to the prison system, or did they enter the system at a younger age and grow old in prison?

It was the consensus of the Work Group that older inmates could be legitimately distinguished by their age at admission to prison and whether they had been in prison before. It was felt that this typology described truly different kinds of inmates. The three types of inmates in the typology are:

1. inmates who came into the prison system when they were less than 50 and who attained or passed age 50 while incarcerated
2. inmates who came into the prison system when they were 50 years old or older and who have never been in prison before
3. inmates who came into the prison system when they were 50 years old or older and who had previously been in prison.

The distribution of the older inmate population with respect to this typology is shown in Table 4. Slightly more than half (52.1 percent) of the inmates who were 50 years old or older on January 1, 1997, had been admitted to prison at an earlier age and had grown old in prison. Another one-third (34.4 percent) had been admitted to their first incarceration when they were 50 years old or older. The smallest group of older inmates were those who had been admitted to prison when they were 50 or older but who had prior incarcerations.

**TABLE 4
TYPOLOGY OF OLDER INMATES
(January 1, 1997)**

Type of Older Inmate	Number	Percent
Under 50 at Admission	1,565	52.1%
50 or More at Admission - No Prior Incarcerations	1,026	34.2
50 or More at Admission - One or > Prior Incarcerations	411	13.7

How old were these older inmates when they were admitted to the prison system?

Table 5 shows the distribution of age at commitment for the 3,002 older inmates in the prison system on January 1, 1997. As can be seen, of those inmates who were admitted to prison before they were 50 years old, almost three-fourths (72.6 percent) were at least 40 years old at admission. Only a relatively small number (less than 5 percent) were under 30 years of age at admission.

Of those admitted at age 50 or more, 72.4 percent of the first-time inmates and 85.6 percent of the repeat inmates were between 50 and 59 years old at admission. Fewer than 5 percent of the inmates admitted at age 50 or more were 65 years old or older.

TABLE 5
OLDER INMATE TYPOLOGY BY AGE AT COMMITMENT TO PRISON
(January 1, 1997)

Age at Commitment	Less than 50 at Commitment		50 or More with No Priors		50 or More with Priors		All Older Inmates	
	N	%	N	%	N	%	N	%
15 - 24	6	.4					6	.2%
25 - 29	64	4.1					64	2.1
30 - 34	111	7.1					111	3.7
35 - 39	248	15.8					248	8.3
40 - 44	413	26.4					413	13.8
45 - 49	723	46.2					723	24.1
50 - 54			477	46.5%	254	61.8%	731	24.4
55 - 59			266	25.9	98	23.8	364	12.1
60 - 64			163	15.9	41	10.0	204	6.8
65 - 69			74	7.2	14	3.4	88	2.9
70 - 74			34	3.3	2	.5	36	1.2
75 - 79			10	1.0	1	.2	11	.4
80 - 84			2	.2			2	.1
85 and up					1	.2	1	.0

Column totals may not add to 100 percent due to rounding.

What is the current age distribution of inmates who are 50 years old or more?

Table 6 shows the distribution of the older inmate typology by current age, as of January 1, 1997. Almost half (49.4 percent) of the older inmates are between 50 and 54 years old. Three-fourths (74.4 percent) are under 60.

TABLE 6

**OLDER INMATE TYPOLOGY BY CURRENT AGE
(January 1, 1997)**

Current Age	Less than 50 at Commitment		50 or More with No Priors		50 or More with Priors		All Older Offenders	
	N	%	N	%	N	%	N	%
50 - 54	1,131	72.3%	196	19.1%	157	38.2%	1,484	49.4%
55 - 59	325	20.8	301	29.3	126	30.7	752	25.0
60 - 64	81	5.2	238	23.2	67	16.3	386	12.9
65 - 69	27	1.7	160	15.6	45	10.9	232	7.7
70 - 74	1	.1	80	7.8	10	2.4	91	3.0
75 - 79			32	3.1	4	1.0	36	1.2
80 - 84			16	1.6	1	.2	17	.6
85 and up			3	.3	1	.2	4	.1

Columns may not add to 100 percent due to rounding.

What is the gender and race distribution of older inmates?

It is interesting to look both at the distribution of gender and race by our typology of older offenders and to compare these distributions for older offenders to those for the prison population as a whole.

Table 7 shows that females account for 4.9 percent of the older inmates and 6.0 percent of the prison population as a whole. Females also appear to be more likely than males to have been admitted to prison at 50 years of age or more with no prior incarcerations. Males are more likely to have been admitted to prison before reaching 50 years of age.

Whites are substantially overrepresented in the older inmate group, accounting for 45.2 percent of the prison population and 59.2 percent of the older inmates. Whites appear to be more likely to have been first-time inmates admitted at age 50 or older; Blacks are overrepresented in the category of older inmates admitted at age 50 or older who have had at least one prior incarceration.

**TABLE 7
OLDER OFFENDER TYPOLOGY BY GENDER AND RACE**

(January 1, 1997)

Gender and Race	Less than 50 at Commitment		50 or More with No Priors		50 or More with Priors		Percent of All Older Offenders		Percent of Total Prison Population	
	N	%	N	%	N	%	N	%	N	%
Gender:										
Female	54	37.0%	70	47.9%	22	15.1%	146	4.9%	2,779	6.0%
Male	1511	52.9	956	33.5	389	13.6	2856	95.1	43,183	94.0
Race:										
White	909	51.1	712	40.0	157	8.8	1778	59.2	20,786	45.2
Black	656	53.6	314	25.7	254	20.8	1224	40.8	25,176	54.8

Are the older offenders more likely to be first-time inmates, or do they have a history of prior incarcerations?

Table 8 shows the older inmate typology by number of prior incarcerations. Almost three-fourths (72.8 percent) of the older offenders have never been in prison before, regardless of how old they were at admission. Of the 817 older offenders who had been in prison before, 304 (37.2 percent) had two or more prior incarcerations.

**TABLE 8
OLDER OFFENDER TYPOLOGY BY PRIOR INCARCERATIONS**

Number of Priors	Less than 50 at Commitment		50 or More with No Priors		50 or More with Priors		All Older Offenders	
	N	%	N	%	N	%	N	%
None	1159	74.1%	1026	100.0%			2185	72.8%
One	263	16.8			250	60.8%	513	17.1
Two	93	5.9			75	18.2	168	5.6
Three or Four	46	2.9			73	17.8	119	4.0
Five or more	4	.3			13	3.2	17	.6

From which counties are the older inmates committed?

Table 9 shows county of commitment for the 3,002 older inmates who were in the prison system on January 1, 1997. The largest counties generally contributed older offenders to the prison system in the same proportion as they contributed all other inmates.

**TABLE 9
OLDER OFFENDER TYPOLOGY BY COUNTY OF COMMITMENT**

County of Commitment	Less than 50 at Commitment		50 or More with No Priors		50 or More with Priors		All Older Offenders		Percent of Total Prison Population
	N	%	N	%	N	%	N	%	%
Cuyahoga	348	22.2%	212	20.7%	121	29.4%	681	22.7%	23.9%
Franklin	144	9.2	71	6.9	35	8.5	250	8.3	9.9
Hamilton	179	11.4	98	9.6	65	15.8	342	11.4	12.5
Lorain	52	3.3	52	5.1	15	3.6	119	4.0	3.5
Lucas	87	5.6	36	3.5	17	4.1	140	4.7	5.5
Montgomery	101	6.5	70	6.8	20	4.9	191	6.4	6.2
Stark	44	2.8	33	3.2	9	2.2	86	2.9	2.6
Summit	99	6.3	45	4.4	24	5.8	168	5.6	5.4
All Others	511	32.7	409	39.9	105	25.5	1025	34.1	30.5

For what types of offenses are these older offenders convicted?

The following three Tables examine the types of offenses for which the older inmates are serving sentences, looking specifically at highest felony level, most serious commitment offense, and an aggregated typology of offense types.

Table 10 looks at the older offender typology by felony level of most serious commitment offense. Those offenders admitted to the prison system before they were 50 years old are more likely to have been convicted of unclassified felonies (life sentences) and first degree felonies. Compared with inmates admitted at 50 years of age or older who have a prior incarceration, similar inmates who had never served a prison term were also slightly more likely to be have been sentenced for an unclassified or first degree felony. In contrast, just slightly less than half of the older inmates who had served a prior prison term were sentenced for a third, fourth, or fifth degree felony.

TABLE 10

OLDER OFFENDER TYPOLOGY BY FELONY LEVEL OF MOST SERIOUS OFFENSE

Felony Level	Less than 50 at Admission		50 or More with No Priors		50 or More with Priors		All Older Offenders	
	N	%	N	%	N	%	N	%
Death	11	.7%	3	.3%	2	.5%	16	.5%
Life	467	29.8	132	12.9	26	6.3	625	20.8
First	681	43.5	388	37.8	85	20.7	1154	38.4
Second	245	15.7	213	20.8	107	26.0	565	18.8
Third	118	7.5	197	19.2	111	27.0	426	14.2
Fourth	43	2.7	90	8.8	72	17.6	205	6.8
Fifth*			3	.3	8	1.9	11	.4

*Fifth degree felonies created by S.B. 2, effective July 1, 1996.

Table 11 below shows the distribution of most serious commitment offense for older offenders. Because of the wide distribution of offenses, it is difficult to determine the meaning of the information. However, it can be seen that older offenders admitted to prison prior to age 50 appear to be overrepresented in the aggravated murder and murder categories.

**TABLE 11
OLDER OFFENDER TYPOLOGY BY MOST SERIOUS COMMITMENT
OFFENSE**

Most Serious Commitment Offense	Less than 50 at Admission %	50 or More with No Priors %	50 or More with Priors %	All Older Offenders %
<u>Homicide and Assault</u>				
Aggravated Murder	14.2%	4.4%	2.2%	9.2%
Murder	13.2	7.8	4.1	10.1
Voluntary Manslaughter	2.6	5.5	1.5	3.4
Involuntary Manslaughter	1.9	2.8	1.0	2.1
Aggravated Vehicular Homicide	.3	1.1		.5
Aggravated Vehicular Assault	.1	.5		.2
Felonious Assault	5.8	8.3	9.0	7.1
Aggravated Assault	.6	2.0	1.7	1.3
Assault	.1	.1	.2	.1
Menacing		.1		.0
<u>Kidnapping and Extortion</u>				
Kidnapping	1.7	1.3	.7	1.4
Abduction	1.0	.3		.6
Unlawful Restraint	.1	.1		.1
Child Stealing	.2	.1		.1
Extortion	.1	.1		.1
<u>Sex Offenses</u>				
Rape	24.7	26.5	6.1	22.8
Sexual Battery	1.0	3.5	2.4	2.1
Corrupting a Minor	.3	.6	.5	.4
Gross Sexual Imposition	1.6	6.0	3.4	3.4
Public Indecency	.1			.1
Felonious Sexual Penetration	1.2	3.9	1.0	2.1
Compelling Prostitution		.3		.1
Promoting Prostitution		.1		.0
Disseminating Matter Harmful to Juveniles		.1	.2	.1
Pandering Obscenity	.4	.8		.5

Table 11, cont.

Most Serious Commitment Offense	Less than 50 at Admission	50 or More with No Priors	50 or More with Priors	All Older Offenders
	%	%	%	%
<u>Arson and Related Offenses</u>				
Aggravated Arson	1.2	1.6	.5	1.2
Arson	.1	.4		.2
Vandalism	.1	.1		.1
<u>Robbery, Burglary, Trespass and Safecracking</u>				
Aggravated Robbery	8.4	1.2	5.6	5.6
Robbery	3.1	1.5	6.1	3.0
Aggravated Burglary	4.0	1.4	3.4	3.0
Burglary	1.8	.9	3.4	1.7
Breaking and Entering	.3	.1	1.5	.3
Safecracking	.1			.0
<u>Theft and Fraud</u>				
Grand Theft	1.3	2.6	9.5	2.9
Unauthorized Use of Vehicle	.1		.2	.0
Passing Bad Checks	.1	.3	.7	.3
Forgery	.2	.5	.7	.4
Receiving Stolen Property	.5	.3	1.9	.6
<u>Offenses Against the Public Peace</u>				
Telephone Harassment	.1			.0
<u>Offenses Against the Family</u>				
Non-Support of Dependents	.1	.5		.2
Endangering Children	.1	.3		.1
Domestic Violence	.1	.3	1.5	.3

Table 11, cont.

Most Serious Commitment Offense	Less than 50 at Admission %	50 or More with No Priors %	50 or More with Priors %	All Older Offenders %
<u>Offenses Against Justice and Public Administration</u>				
Intimidation		.2		.1
Intimidation of a Crime Victim	.1			.1
Tampering with Evidence	.1			.0
Resisting Arrest		.1	.7	.1
Escape			.5	.1
Illegal Conveyance of Weapons		.1		.0
Theft in Office	.1			.0
<u>Conspiracy, Attempt and Complicity; Weapons Control; Corrupt Activity</u>				
Conspiracy	.1			.0
Attempt	.2	.3		.2
Complicity	.1			.1
Carrying a Concealed Weapon	.5	1.2	1.2	.8
Having a Weapon Under Disability	.2	.6	.5	.4
Improper Handling of a Firearm	.1	.2		.1
Unlawful Transaction in Weapons	.1			.0
Engaging in a Pattern of Corrupt Activity	.8	1.5	.7	1.0
<u>Drug Offenses</u>				
Corrupting Another with Drugs	.3	.1		.2
Trafficking in Drugs	3.8	6.0	18.7	6.6
Drug Abuse	.5	1.3	7.5	1.7
Permitting Drug Abuse			.2	.0
Theft of Drugs			.2	.0
Illegal Processing of Drug Documents	.1	.1		.1
Sale of Counterfeit Drugs			.2	.0
Drug Law Violation	.1			.1
<u>Miscellaneous Offense</u>				
	.1	.4		.2

It may be more meaningful to aggregate these individual conviction offenses into a simpler typology. Table 12 classifies almost all of these offenses (N=2,992) into crimes against persons, sex offenses, property offenses, drug offenses and a miscellaneous category. As the Table shows, inmates who were admitted to prison prior to reaching age 50 were much more likely to have been convicted of a crime against persons. This is consistent with the previous finding concerning the felony levels and seriousness of the types of crimes for which these inmates are incarcerated. Offenders imprisoned at age 50 or older who have never been in prison before are more likely than other groups to have been convicted of a sex offense. Inmates imprisoned at age 50 or older who have been in

prison before are more likely than other groups to have been convicted of property or drug offenses.

TABLE 12
OLDER OFFENDER TYPOLOGY BY TYPE OF COMMITMENT OFFENSE

Type of Commitment Offense	Less than 50 at Admission		50 or More with No Priors		50 or More with Priors		All Older Offenders	
	N	%	N	%	N	%	N	%
Persons	919	59.0%	415	40.6%	156	38.0%	1490	49.8%
Sex	449	28.8	415	40.6	55	13.4	919	30.7
Property	70	4.5	54	5.3	74	18.0	198	6.6
Drug	74	4.7	77	7.5	112	27.3	263	8.8
Other	46	3.0	62	6.1	14	3.4	122	4.1

What types of sentence lengths are the older inmates serving?

Table 13 shows the distribution of minimum sentence lengths of the older offenders in the prison system. The data in the Table suggest conclusions consistent with findings about seriousness and type of offense. Offenders who were admitted to the system prior to age 50 are more likely to be serving very long sentences (minimum of at least ten years). In contrast, repeat offenders who are 50 or older at admission are more likely to be serving sentences of two years or less.

TABLE 13
OLDER OFFENDER TYPOLOGY BY AGGREGATE MINIMUM SENTENCE

Aggregate Minimum Sentence	Less than 50 at Admission		50 or More with No Priors		50 or More with Priors		All Older Offenders	
	N	%	N	%	N	%	N	%
1 year or less	18	1.2%	39	3.8%	45	10.9%	102	3.4%
1.5 to 2 years	45	2.9	92	9.0	82	20.0	219	7.3
2.5 to 3 years	82	5.2	118	11.5	49	11.9	249	8.3
3.5 to 4 years	62	4.0	82	8.0	35	8.5	179	6.0
4.5 to 5 years	139	8.9	158	15.4	40	9.7	337	11.2
5.5 to 9.5 years	350	22.4	236	23.0	82	20.0	668	22.3
10 to 14.5 years	234	15.0	138	13.5	34	8.3	406	13.5
15 to 19.5 years	276	17.6	96	9.4	28	6.8	400	13.3
20 to 29.5 years	90	5.8	25	2.4	4	1.0	119	4.0
30 to 282 years	41	2.6	14	1.4	6	1.5	61	2.0
Life	216	13.8	25	2.4	4	1.0	245	8.2
Death	12	.9	3	.3	2	.5	17	.6

To what security level are older inmates initially classified?

The initial security level classifications of older inmates are presented in Table 14. Befitting their more serious commitment offenses and longer minimum sentences, the inmates admitted before they reached age 50 are more likely to be classified to close security than the other groups. There is no discernible difference in the distribution of initial security levels between inmates admitted when they are 50 or older with or without prior incarcerations.

**TABLE 14
OLDER OFFENDER TYPOLOGY BY INITIAL SECURITY LEVEL
CLASSIFICATION**

Initial Security Level Classification	Less than 50 at Admission		50 or More with No Priors		50 or More with Priors		All Older Offenders	
	N	%	N	%	N	%	N	%
Minimum	104	6.6%	294	28.7%	115	28.0%	513	17.1%
Medium	567	36.2	508	49.5	201	48.9	1276	42.5
Close	880	56.2	214	20.9	92	22.4	1186	39.5
Maximum	14	.9	10	1.0	3	.7	27	.9

What can we expect in the future with respect to numbers of older offenders?

The past few years have seen a considerable amount of speculation that the country's prisons systems will soon experience a substantial increase in the number of older offenders - partly because of stricter sentencing and partly because of the anticipated normal aging of the population as a whole. This section attempts to predict the numbers of older offenders which the Ohio prison system will need to accommodate in the foreseeable future.

There are several factors which we presume will have an impact on the number of older offenders in our prison system. These factors will affect both intake (the number of new older inmates coming in to the system) and the length of time that inmates will spend in prison.

Intake will likely be affected both by the normal aging of the general population and by Senate Bill 2, the truth-in-sentencing bill which went into effect on July 1, 1996. Unfortunately, although we do have some theoretical basis for a belief that S.B. 2 may result in more older offenders being sentenced to prison, we have not had sufficient experience with the new law as of this writing to be able to factor this influence into our projections.

There are also two major influences on length of stay: the changes mandated by the truth-in-sentencing law and the rate at which the Ohio Parole Board grants paroles to inmates. Again, there is insufficient experience with S.B. 2 to predict its contribution to

the size of the older inmate population. And, although we do know that the rate at which the Parole Board grants parole has been steadily declining over the past five years (from 34.5 percent in 1992 to 19.7 percent in 1996), there is almost no way to factor this unknown quantity into our projections.

We are left, then, with the changing demographics of the general population and its likely impact on the number of older offenders in our prisons. To avoid having to deal with the “unknowns” of intake and length of stay, as affected by S.B. 2 and by Parole Board actions, we based our projections on the **incarceration rate** for older citizens. This rate can be defined as **the proportion of Ohioans aged fifty and above who are incarcerated in a state prison at any given time**. We begin by computing the incarceration rate for older citizens based on the number of older citizens known to have been incarcerated on January 1, 1997 (3002 individuals). Then, using U.S. Census Bureau projections of Ohio’s fifty-and-over population at five year intervals over the next twenty-five years, we can apply this incarceration rate to the projected older population to show us how many older inmates we would have, based solely on the demographics of the general population. These projections are presented in Table 15.

TABLE 15
PROJECTIONS OF OLDER INMATES
(Based on 1997 Incarceration Rates)

Year	Number of Male Inmates	Number of Female Inmates	Total Number of Inmates
1997	2859	143	3002
2000	3310	171	3481
2005	3754	193	3947
2010	4147	213	4359
2015	4227	215	4443
2020	4039	207	4246
2025	3795	195	3990

As Table 15 shows, **based only on demographics and assuming the same incarceration rate as we saw at the beginning of 1997, we can project that the raw**

number of older inmates will increase steadily and peak at slightly fewer than 4,500 inmates around the year 2015.

We know that this estimate is conservative for two reasons: first, we have not been able to factor in the influences of S.B. 2 and the full impact of the decline in Parole Board grant rates, both factors which would tend to increase the number of older inmates. Second, we have assumed that the incarceration rate for older citizens will remain the same as it was at the beginning of 1997. But, if we had computed our base incarceration rate on the number of older citizens incarcerated at the beginning of **1995**, we would have projected that our system would not have had 3,000 older inmates until about the year 2002; clearly, this cannot be true, since we know that we exceeded 3,000 older inmates at the beginning of 1997. This, then, tells us that the true incarceration rate of older citizens may itself be increasing. Thus, basing our projections on the 1997 rate may also contribute to the under-estimation of the number of older offenders.

SECTION 2

CLASSIFICATION AND PLACEMENT ISSUES WITH OLDER INMATES

Classification

Our current inmate security classification system does not take into account the age of the inmate when determining his security level. James Austin, Ph.D., a consultant with the National Institute of Corrections, commented in his Assessment of the Ohio Department of Rehabilitation and Correction Inmate Classification System that age was the most common predictive item of an inmate's behavior. He suggested that the absence of this stability item (along with the absence of education level, employment history and marital status) weakened the validity of Ohio's classification instrument. In his draft of a model instrument, he suggested that offenders over the age of 26 have two (2) points subtracted from their custody score. The committee believes that offenders who are fifty (50) years of age or older are less likely to be a management problem.

RECOMMENDATION: The committee recommends that the inmate classification instruments include the subtraction of one (1) point from the score when the inmate is fifty (50) years of age or older.

Inmate Housing

On January 1, 1997 there were over three (3) thousand offenders fifty (50) years old or older in Ohio's prisons. Currently, Hocking Correctional Facility is the only location identified as providing housing specifically for the older offender.

The Hocking Correctional Facility has a population of 450 inmates. It is limited to housing only minimum and medium security inmates who have limited medical and mental health needs. Because of its location in southeastern Ohio, it may create visiting hardships for inmates placed there from the northern part of the state. It is noted that although many older offenders request to be housed with inmates their own age, many prefer to be placed with a younger population. Some institutions, such as the Orient Correctional Institution, house their older offenders together within their general population. This practice is limited to a handful of institutions that have a significant older offender population.

RECOMMENDATION: The committee believes that there is a need for a second male facility specifically for the housing of older male offenders. This institution should be medium security and located in the northern part of the state. In addition, it should be capable of handling wheelchair patients. Marion Correctional Institution is recommended as a possible site. In addition, each institution having a significant number of older

offenders should establish a separate location within that institution to house them together. Older offender housing pods would make the delivery of care and services for these inmates easier. Older offenders who have specific needs (security, medical, mental health etc.) that cannot be met at older offender-specific institutions (HCF) or who desire to be closer to home could be housed in Older Offender Pods.

SECTION 3

PROGRAMMING FOR OLDER OFFENDERS

Current Situation

In order to provide a picture of the types and extent of services and programming designed specifically for older inmates, or programs attended primarily by older inmates, the Work Group developed a survey which was sent to all institutions and Parole and Community Services regional offices, asking about information on these programs. Twenty-five (25) institutions and two (2) Parole and Community Services regions responded. The results were as follows:

- Institutions who have inmates fifty and older provide the opportunity for an annual physical. This is done to be in compliance with the Department of Rehabilitation and Correction and American Correctional Association protocols for medical care.
- Institutions generally have many programs which **can** be attended by inmates over fifty, but which are not primarily attended by older inmates or designed specifically for them.
- Ten (10) institutions have recreation programs for inmates forty and over. These recreation programs include baseball, basketball, dance, exercise and bowling.
- Hocking Correctional Facility, the Ohio Reformatory for Women, Orient Correctional Institution and Lima Correctional Institution all have programs specifically designed for and attended by older inmates.

Lima Correctional Institution has:

- 1 - Eye on the Future, designed to provide the older inmates with alternatives in their lifestyle including exercise, nutrition and medical needs.

Orient Correctional Institution has:

- 1 - Third age arts and crafts to provide an outlet for stress and self worth in a therapeutic environment.
- 2 - Personal dynamics for Elderly Offenders helps inmates recognize weaknesses and convert them in to strengths and deal with the issues surrounding incarceration.

Ohio Reformatory for Women has:

- 1 - The Aging Process (Healthy, Well and Wise) to educate older female inmates about the aging process.

Hocking Correctional Facility has:

- 1 - Pre-Release Programming where each eligible inmate receives a Golden Buckeye card as well as information on social security, service providers and job seeking skills.
- 2 - Vocational Building and Property Maintenance provides students with the required skills while the instructional methods accommodate their age specific needs.
- 3 - Maturing With Understanding While Behind Bars educates the aging offender on physical, psychological and social issues of aging with the complications of incarceration.
- 4 - Adult Basic Education and Literacy are presented in short units, using multi-media, large print and from a perspective familiar to the older inmate.
- 5 - Self care provides inmates with material on the medical issues and problems of aging and how to recognize, avoid or deal with them.

In addition to the survey of institutions, focus groups were conducted with random samples of inmates fifty years of age or older at Orient Correctional Institution, Frazier Hospital, the Ohio Reformatory for Women (both general population and medically fragile inmates), Chillicothe Correctional Institution, and Hocking Correctional Facility. All inmate groups were asked the same set of standardized questions. A short summary of the inmate responses is presented here; additional data can be found in Appendix A.

When asked to describe their perceptions of older inmates, the focus groups frequently cited the stability and cooperativeness of these inmates. Older inmates are seen as needing to be housed separately from younger inmates, in a quiet, low stress environment. Older inmates are also perceived as needing more medical attention and having more limitations on physical abilities, with implications for the inmates' physical safety, recreation opportunities and dietary needs.

Inmate focus groups were presented with a list of program areas and asked to rank the programs by their usefulness to older inmates. Programming concerning the health

concerns of older inmates was generally ranked as the most useful, followed by arts and crafts, education, and issues of grief, death and dying.

Older inmates overwhelmingly think that programming designed specifically for inmates fifty years of age and older should be provided. However, in contrast to the evidence that some institutions do provide programming specifically for older inmates, very large percentages of the focus groups said that they did not think that their institutions provided such programming. For example, Orient Correctional Institution runs two programs (arts and crafts and personal dynamics) specifically for older offenders, yet 81 percent of the focus group participants responded that Orient does not have such programming. Half (50 percent) of the focus group participants from Hocking Correctional Facility responded that their institution does not have programs for older inmates.

RECOMMENDATIONS

The Work Group developed a number of recommendations concerning institution-based programming for older inmates.

Mental Health Services - Mental Health Services will continue to provide the full spectrum of mental health services, psychiatric hospitalization at Oakwood Correctional Facility, Residential Treatment Units will be located at ACI, CCI, CRC, GCI, ORW, SOCF, TCI, and WCI, and outpatient treatment at all institutions, managed via the Cluster Concept. The Bureau of Mental Health Services will contract with the Ohio Psychological Association to provide specific diagnostic training to psychologists in the area of psychological testing for older adults. Psychological testing specific to the older adult population will reveal data about dementia, organicity, and other mental diseases that are common among older adults. Results from these tests can then be applied to diagnostics, treatment planning, and treatment for the older offenders.

Recovery Services - Recovery Services will continue to follow the Ohio Plan for the Treatment of Alcohol and Other Drug-Impacted Offenders. The plan is managed and monitored by a statewide steering committee. The Plan calls for the continuation of Day Treatment programming at Hocking Correctional Facility. The Bureau of Recovery Services will develop and formalize a relationship with the Ohio Department of Aging and local Area Agencies on Aging to gather information on treatment recovery models for the aging population.

Sex Offender Treatment Services - Sex Offender programming will continue to follow the Master Plan for Sex Offender Services which is a blueprint for how ODRC will fulfill its mandate to reduce the risk to the community. All sex offenders, regardless of age will receive a 32 hour regimen of education to make them aware of the harm done to their victims. High risk sex offenders will be prioritized for Day and Residential programs. Hocking Correctional Institution will continue to operate the Day Treatment *Phoenix Program*, which follows a relapse prevention - psychoeducational - maintenance model.

This treatment approach requires an inmate to be able to hear, see, and write. Such apparatuses as hearing aids, eye glasses, large print reading material, and larger writing implements should be made available to the older sex offenders to allow for greater treatment effectiveness.

Services For the Mentally Retarded Offender - Programming will continue to follow the Master Plan for the services to inmates identified with mental retardation. Evaluations, development of individual habilitation plans and residential treatment will continue to be available to all inmates regardless of their age. As service expansion continues for the offenders with mental retardation, the older inmates will be included in the service delivery system.

Educational Services - Educational services will continue to be made available to all inmates via the Ohio Central School System. The “core” educational programming will continue to include ABE, GED, Basic Literacy, Vocational programming, and Pre-Release programming. Educational Services would like to increase the vocational programming to the older inmates who will be released to the community with ten to fifteen years of “working years” remaining. Examples of this type of training would be desktop publishing, development of entrepreneurial skills, and attainment of real estate licenses.

Recreational Programming - Throughout the Department, there are various recreational programs that are being implemented specifically for older inmates. The best examples (walking track, wiffle ball, board games, arts and crafts, and exercise) are being implemented at Hocking Correctional Facility and Lima Correctional Facility. Committee members support the formation of a joint programming between medical services and recreation with the development of a “wellness model.” The adherence to the “prevention” approach could be a cost savings to the Department.

Case Management Services - The ideas listed below are the result of a brainstorming session at the Ohio Reformatory for Women. The recommendations fall into four categories; clothing /furniture/supplies, networking with community service providers, staffing, and innovative programming.

Clothing/furniture/supplies

Geriatric Chairs
Geriatric Beds
Walkers
Hearing Aids
Dentures
Eye Glasses
Supportive Shoes
Warmer Clothing and blankets
Sky Walker

Indoor pool (utilization of the CTA pool for the Orient inmates)
Green houses for vocational training

Networking with Community Service Providers

Development of an Interagency Agreement with the Department of Aging
Development of local agreements with Area Agencies on Aging

Staffing

Creation of a Central Office position to oversee statewide services for older adult offenders

Employ Rehabilitation Specialists
Employ Occupational Therapists
Employ Physical Therapists

Innovative Programming

Health Education
Peer visiting program with older adults from the community
Spiritual programming
Revise visiting protocols to expand visitors an older inmate can receive
Set up a hospice unit
Estate / Wills/ Funeral pre-planning

SECTION 4

MEDICAL ISSUES WITH OLDER INMATES

Current Situation

According to Dr. Larry Mendel, Medical Director of the Department's Bureau of Medical Services, there are 141 inmates who are age fifty or older who require specialized housing. There are slightly more than 3,000 inmates age fifty or older in our system. Specialized housing is required by almost 5 percent of all older inmates. The age breakdown for these older inmates is:

Age 50 to 59:	50 inmates in specialized housing (1.7 percent of all older inmates)
Age 60 to 69:	44 inmates in specialized housing (1.5 percent of all older inmates)
Age 70 and up:	47 inmates in specialized housing (1.6 percent of all older inmates)

The assisted living specialized housing for these inmates is located at Orient Correctional Institution, the Corrections Medical Center and the Ohio Reformatory for Women.

The Ohio Reformatory for Women offers the Program for the Medically Fragile, which includes many inmates age fifty or older. This program is designed for inmates who have medical problems which limit their participation in many of the regular activities at ORW. The inmates in this program reside together, can receive assistance with daily living tasks, and can participate in programming and recreation on the unit.

The Bureau of Medical Services issued chronic care protocols in January 1997. These protocols target inmates with select health care concerns, allowing closer monitoring with the provision of a scheduled opportunity for timely treatment plan revisions. The focus of these protocols is on prevention of complications and wellness maintenance. At this time, only about 30 percent of the institutions have implemented the chronic care protocols.

In March 1997, the Bureau of Medical Services issued Health Escrow Guidelines for inmates over age fifty and Health Exam Guidelines for inmates under age fifty. For older inmates, the effect of the Health Escrow Guidelines has been to improve the quality and comprehensiveness of the annual physical examination. Again, these protocols are aimed at prevention and wellness. All institutions have implemented these protocols.

RECOMMENDATIONS

- As inmates age, the need for assisted living beds increases. For planning purposes, we should add 100 assisted living beds for every 1,500 to 2,000 additional inmates between the ages of fifty and fifty-nine. The Department should also plan to add 100 assisted living beds for every 890 inmates age sixty or older.
 - The Work Group recommends systemwide implementation and monitoring of the chronic care protocols issued by Dr. Larry Mendel in January 1997.
 - Also recommended are the monitoring and strengthening of Health Escrow Guidelines for inmates over age fifty and Health Exam Guidelines for inmates under age fifty.
 - Health care providers should be educated to identify age-related changes to be considered when performing physical assessment of the elderly inmate (over age fifty). Planned avenues of education include circulation of the video “Physical Assessment of the Frail Elderly” and utilization of the telecommunication network, as information on applicable topics becomes available.
 - Education of health care providers and inmates concerning the benefits of walking as exercise should be emphasized.
1. A partnership should be developed between Inmate Health Services and the institutional Recreation Departments using the American College of Sports Medicine Fitness book and health education plan developed by Berger Hospital to encourage wellness through walking.
 2. Exercise recommendations for the chronically ill and/or elderly should be presented at a Health Care Administrator’s/Medical Director’s meeting.
 3. Standardized handouts should be provided in inmate housing units and inmate health services. Handouts address wellness, fitness and the benefits of exercise and are available from the Ohio State University Extension Service.
- The needs assessment being conducted by a contract social worker for the Bureau of Medical Services should be completed and evaluated.
 - Collaboration by key players to address issues surrounding the elderly incarcerated inmate should be continued.

SECTION 5

COMMUNITY SUPERVISION SERVICES FOR OLDER OFFENDERS

Medicare/Medicaid Issues

When an older offender is eligible for release from the institution, the packet is referred to the placement section of the APA as usual. If the older offender has special needs or requires assistance such as Medicare or Medicaid, then there is one placement specialist that usually facilitates the process. Once the Medicaid application is complete, and a temporary number assigned, the offender must be released in thirty days. In some special cases, an extension is granted, otherwise the application must be resubmitted. An offender who is age 65 or older is automatically eligible for Medicare/Medicaid. If the offender is under age 65 and has medical problems that require assistance, which may not include nursing home care, then eligibility for assistance is determined by the Department of Human Services. The Medicaid application is submitted to the county where the offender is incarcerated if the offender is going to a nursing home. If not, the application should be filed in the county where the offender will reside after release from the institution. The placement specialist has prepared a "how to" pamphlet for the institution case managers that outlines the Medicare and or Medicaid process and the requirements for the offender to obtain assistance in this area.

RECOMMENDATION: Upon admission to the institution, the process to obtain a birth certificate and a social security card should be initiated, as both are required to apply for Medicare or other forms of assistance.

Nursing Home Placements

The state is very strict on who can go to a nursing home facility. Most of the time, the offender is able to get Medicaid assistance, however the level of care required is determined by Department of Aging-sponsored programs. The determination is made prior to the offender's release from the institution, and is based on what the offender can and cannot do for him/herself. Generally, if the offender requires assistance on two or more daily living skills, or has a 'presumed disability,' then the level of care that will allow placement in a nursing home facility is usually granted. In addition, if the offender has been identified as mentally retarded or mentally ill, then an assessment under the auspices of the Department of Mental Health or the Department of Mental Retardation is required. The assessment is done in addition to the assessment by the Department of Aging-sponsored program. It should be noted that harm to self or others alone is not

enough to obtain a nursing home placement. It should also be noted that the thirty day requirement is still applicable during this process.

There are two levels of care for the nursing home population: intermediate and skilled care. Intermediate care is lower level care that is provided by all nursing homes. Skilled care requires intensive services that may include oxygen or intravenous tube feeding on a long term basis.

Currently, there are nursing homes in the following areas that will accept offenders from an institution:

Cleveland -- 1

Cincinnati -- 5

Washington Court House -- 2 (Both are intermediate care only)

Akron -- 1 (This facility is primarily for offenders with HIV and or AIDS)

Lebanon -- 1

It should be noted that facilities for placement are needed in the northwestern part of the state. The only common concern for placement is the offender with a history of arson.

RECOMMENDATION: The case manager should consistently identify older offenders who may have special needs, and notify the parole board and the placement section so that the process to facilitate placement is initiated at the earliest date possible.

Halfway House Placement

Currently, there are no contract halfway houses that accept the older offender who has any type of special needs. Some will occasionally accept the older offender on a case by case basis. This is due to the lack funding, staffing and resources to deal with medical problems that require specialized treatment and/or staff. There are a few non-contracts halfway houses who have been willing to place an offender with medical issues on a case by case basis.

RECOMMENDATION: The Department of Rehabilitation and Correction should work to increase the number of halfway houses that are willing to accept this population. Serious efforts should be made by the Department's halfway house contract negotiators to increase the bed space and services for this population.

RECOMMENDATION: The Department staff should work to develop relationships with agencies in the community, such as Area Agencies on Aging, local senior citizens' centers and the Veterans' Administration, to explore the possibility of "shared care."

SECTION 6

STAFF TRAINING ISSUES

Current Situation

In 1991, a combined effort by the Ohio Department of Aging, the Corrections Training Academy and the Hocking Correctional Facility produced a forty-hour training program for staff in dealing effectively with older inmates. This program includes the following modules:

- Aging sensitivity - Participants experience the aging process as they learn of the physical changes involved with getting older.
- Legal issues - Topics such as wills, living wills, estate planning and so forth are discussed.
- Grieving, death and dying - These areas are addressed not only as older offenders deal with them on a personal level but also as they impact the offenders when they involve family, friends or other offenders.
- Pre-Release and Aftercare - Most older offenders are released from prisons. They need access to services such as Medicare, Golden Buckeye cards, and social security. They need a place to stay and a job.
- Supervision of older offenders in prison - Older offenders are less prone to spontaneous acts of violence but are still convicted felons, having committed crimes from burglary to murder and/or sex offenses. Their supervision, because of their special needs, requires understanding and sensitivity without sacrificing security.
- Programming - A need to have life experiences acknowledged and included in program design is essential to successful programs for older offender.
- Medical and nutritional concerns - Training for staff on the medical and nutritional concerns of older offenders.

This training program is designed for all level of staff from administration to the line officer.

RECOMMENDATION: A two-hour lesson plan on dealing effectively with the older offender should be developed and mandated as part of the annual in-service training. Instructors should attend the forty-hour program.

RECOMMENDATION: The Dealing Effectively with the Older Offender program should be reviewed and updated annually to include current issues.

RECOMMENDATION: Department staff who deal extensively with older offenders should attend the forty-hour program.

SECTION 7

ANNOTATED BIBLIOGRAPHY

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_____ (1997 April 27). **Convicted sex offender may not be aware he's in prison.** *Dayton Daily News*.

_____ (1997 April 27). **Looking in on Ohio's forgotten inmates.** *Dayton Daily News*.

Personal stories about elderly inmates and Ohio's response to them.

Columbus Dispatch. (1997 April 29). **As they age, inmates pose growing burden.** *The Columbus Dispatch*.

Columbus Dispatch. (1997 April 29). **Newspaper: Elderly-care lawsuit may cost plenty.** *The Columbus Dispatch*.

Drain, G. (1997 March 20). **Elderly, infirm expensive to house.** *The Michigan Chronicle*.

Get tough policies like no parole and longer mandatory sentences will increase the elderly/growing old in prison population. **Since prison inmates do not receive Social Security or Medicare, state governments have nothing to offset the rising costs.**

Dugger, R.L. (1988). **"Graying of America's Prisons: Special Care Considerations"**. *Corrections Today*, 50, (3), pp. 26-30, 34.

Addresses the issues facing elderly inmates and the moral and legal responsibility prison officials have to them.

Durham, A.A. (1994). *Crisis and Reform: Current Issues in American Punishment*. Boston, MA: Little & Brown.

Ellsworth, T. & Helle, K.A. (1994). **"Older Offenders on Probation"**. *Federal Probation*, 58, (4), pp. 43-50.

Descriptive analysis of the older offender on probation (community supervision) - suggests that older criminals are more frequently placed in community supervision rather than prison due to age/health factors. Predicts these older criminals will have higher recidivism rates than other young criminals in community supervision programs.

Falter, R.G. (1993). **Selected Predictors of Health Service Needs of Inmates Over Age 50**. Dissertation. University Microfilms: Ann Arbor, MI.

A very good study that examined health care predictors of the older inmate population. As expected, results showed a positive relationship between age and total medical encounters.

Flynn, E.E. (1992). **"Graying of America's Prison Population"**. *Prison Journal*, 72, (1&2), pp. 77-98.

Examines state responses to the special needs of elderly/aging inmates. Major thrust of the article is to provide a takeoff point for future discussions of critical policy and programmatic issues that need to be addressed to better prepare corrections systems for the rising numbers of elderly inmates.

Flynn, E.E. (1997). **"References for the Study on Managing the Elderly Offender."** Unpublished.

A very comprehensive bibliography of source materials on the problems of managing the elderly offender.

French, R. (1996 March 31). **State taxpayers feel pinch of aging prison population**. *The Detroit News*. [WWW document]. URL <http://detnews.com/menu/stories/42027>.

An article that looks at Michigan's "graying population" and that state's non-response to the projected increase of elderly inmates and the problems that come with it.

French, R. (1996 March 31). **Parole board reluctant to release elderly lifers**. *The Detroit News*. [WWW document]. URL <http://detnews.com/menu/stories/42027>.

Talks about inmates that are sentenced to mandatory life sentences

George Washington University National Law Center. (1991). **"Project of Older Prisoners (POPS)"**. DO Document. Washington, DC: George Washington University National Law Center.

Gilliard, D. & Beck, A. (1997 January). **"Prison and Jail Inmates at Midyear 1996"**. *U.S. Department of Justice, Bureau of Justice Statistics*. GAO: Washington, D.C.

Good overall statistics of demographic characteristics of the national prison population.

Grant, B.A. & Lefebvre, L. (1994). "**Older Offenders in the Correctional Service of Canada**". *Forum on Correctional Research*, 6, (2), pp.10-13.

Examines demographic characteristics of Canada's older offenders. Calls for a more detailed study regarding the implications of the increasing older/aging inmate population.

Haas, K.C. & Alpert, G.P. (1995). ***Dilemmas of Corrections: Contemporary Readings, Third Edition.*** Prospect Heights, IL: Waveland Press.

Abstract from NCJ with publisher/address.
A collection of 41 papers that present recent theories and research findings regarding a variety of current issues, includes elderly offenders.

Hall, M. (1990). **Special needs inmates: a survey of state correctional systems.** Chicago, IL: Illinois Department of Corrections.

A survey of this state's inmates with special needs or mental health needs and how Illinois compares with other states.

Kashuba, S. (1990 Summer). "**A Matter of Time: Aging on the inside of a prison for seniors**". *Ohio's Heritage*, p.7.

Discusses Hocking CF and the activities older inmates are involved in there.

Kelsey, O.W. (1986). "**Elderly inmates: providing safe and humane care**". *Corrections Today*, 48, (3), p56, 58.

Kline, B. (1997 April 28). **Designers must meet needs.** *Dayton Daily News*.

Kratcoski, P.C. & Babb, S. (1990). "**Adjustment of Older Inmates: An Analysis of Institutional Structure and Gender**". *Journal of Contemporary Criminal Justice*, 6, (4), pp. 264-281.

A study examines the institutional adjustment of older inmates in the areas of educational, recreational and security needs; physical and mental health; and social relations. Most of the adjustment problems of older inmates were primarily related to the type of institutional structure in which they were housed. The findings revealed that the older offender's most persistent health problem was worry and depression.

Kratcoski, P.C. & Pownall, G.A. (1989). "**Federal Bureau of Prisons programming for older inmates**". *Federal Probation*, 53, (2), pp. 28-35.

Older inmates continue to be housed in institutions of all ages but living quarters are provided that are designed to protect them from physical and health ailments, appropriate heating, lighting and easy accessibility to bathrooms and sleeping space.

This article discusses the types of offenses that result in incarcerating elderly criminals and institutional programming used by the Federal Bureau of Prisons to meet the special, physical, health, social and psychological needs of older/aging inmates.

McCarthy, B. & Langworthy, R. (eds.). (1988). *Older Offenders: Perspectives in Criminology and Criminal Justice*. New York, NY: Praeger.

McShane, M.D. & Williams, F.P. (1990). "**Old and Ornerly: the disciplinary experiences of elderly prisoners**". *International Journal of Offender Therapy and Comparative Criminology*, 34, (3), pp. 197-212.

The data showed that the customary characterization of elderly inmates as infirm and acquiescent was not entirely accurate. Around ten percent of the study population had as many disciplinary experiences as the younger population. The author calls for segregation units for these older disciplinary problem inmates.

Mergenhausen, P. (1996 February). **The Prison Population Bomb**. *American Demographics*. [WWW document]. URL http://www.demographics.com/publications/AD/96_AD.

Discusses the dramatic increase in prison populations nation wide. Also discusses the fact that longer sentences will bring a long term increase in the number of elderly prisoners.

Montgomery, S. (1997 April 28). **Prisons urge older inmates to think of health**. *Dayton Daily News*.

Discusses innovative ways that states are using in preventive health care with elderly/aging inmates.

_____ (1997 April 28). **Tougher sentencing laws debated**. *Dayton Daily News*.

Moore, E.O. (1991). "**Prison Environments and Their Impact on Older Citizens,**" *Forum: Corrections Research in Brief*, 3(2): 11-12. 1991. (Found in *Journal of Offender Counseling, Services & Rehabilitation*, 13 (2): 175-191, 1989).

This article reports the results of two studies that examined the effect of prison environments on older inmates. The findings supported the conclusion that the policy of age segregation along with improvements in the physical environment have a positive impact on inmate welfare.

Morton, J.P. (1992). "**An Administrative Overview of the Older Inmate**". *National Institute of Corrections*. Washington, D.C.

Great article that discusses topics such as, defining older, classification, staff training, program/policy issues, older women issues, etc.

Morton, J.B. (1993). "**Training Staff to Work with Elderly and Disabled Inmates**". *Corrections Today*, 55, (1), pp. 42, 44-47.

Describes a training program conducted by the South Carolina Department of Corrections to prepare staff to work with special needs offenders - focusing on older offenders and those with significant physical impairments.

Neeley, C. L., Addison, L. & Craig-Moreland, D. (1997). "**Addressing the Needs of Elderly Offenders.**" *Corrections Today*, August, pp. 120-123.

Origer, M. (1986). "**Correctional Care for Chronically Ill Inmates**". *Corrections Today*, May, p57-58.

Chronically ill inmates have specific need for uninterrupted care. Institutions that do not have standardized medical forms, etc. can spell trouble for the inmate and possibly the institution.

Parker, S. (1997 April 29). **Elder care and death is an avalanche issue.** *USA Today*.

Pelosi, Alexandra. (5 May 1997). **Age of Innocence.** *The New Republic*.

Discusses the elderly criminal with life-story accounts, costs, and early release.

Rosefield, H.A. (1993). "**Older Inmate: Where do we go from here?**" *Journal of Prison and Jail Health*, 12, (1), pp.51-58.

This article examines major areas of concern for the older inmate: safety, medical care, and programs. Particular attention is paid to identifying the special needs of the elderly.

Rosefield, H.A. (1992). "**Enabling the Disabled: Issues to Consider in Meeting Handicapped Offenders' Needs**". *Corrections Today*, 54, (7), pp. 110-114.

Examines the responsibilities prison officials have to comply with ADA mandates.

Siegel, J. (1996 May). **Aging in the 21st Century**. *U.S. Department of Health and Human Services, Administration on Aging* Grant # HHS-100-95-0017. [WWW document]. URL <http://pr.aoa.dhhs.gov/aoa/stats/aging21/>.

Good projections about demographics of aging to year 2050 produced by the National Aging Information Center.

Turner, M. & Sundt, J. (1995). "**'Three strikes and you're out' legislation: A national assessment**". *Federal Probation*, 9/1/95, pp.16.

Discusses the implication of 'get tough with criminals' legislation.

Vega, M. & Silverman, M. (1988). "**Stress and the elderly convict**". *International Journal of Offender Therapy and Comparative Criminology*, 32, (2), pp. 153-161.

Examined the effect of perceiving the prison environment as stressful for elderly inmates. The author found that elderly inmates present a 'facade of adjustment' that inhibits development of programs to help them adjust to prison.

Walsh, C.C. (1992). **Aging Inmate Offenders: Another Perspective (From Correctional Theory and Practice, p. 197-212, 1992, C.A. Hartjen and E.E. Rhine, eds)**. DO Document. Chicago, IL: Nelson-Hall Publications.

A highly theoretical discussion but similar to all the research on elderly inmates - issues for corrections officials regarding the increasing population of elderly/aging inmates.

Williams, S. & C. Bissell. (1990). "**Total Systems Approach: Using the Past to Push Forward**". *Corrections Today*, 52(1): 41-46.

NCJ abstract.

The authors suggest that the 1990's will require a total systems approach to increasing number of special needs prisoners so that offenders entering the criminal justice system are dealt with efficiently.

Wilson, D.G. & Vito, G.F. (1986). **"Imprisoned elders: the experience of one institution"**. *Criminal Justice Policy Review*, 1, (4), pp. 399-421.

This study examined the characteristics and institutional experience of elderly inmates from one medium security institution.

Wright, T. (1997 April 28). **Growing Old Behind Bars**. *Dayton Daily News*.

Demographics on Ohio's older inmate population.

Zimbardo, P.G. (1994). **Transforming California's Prisons Into Expensive Old Age Homes for Felons: Enormous Hidden Costs and Consequences for California's Taxpayers**. DO Document. Center on Juvenile and Criminal Justice: San Francisco, CA.

NCJ abstract with publisher/address.

Direct and indirect costs of housing elderly/aging prisoners are examined, particularly health care costs. Costs associated with recidivism among elderly offenders are also addressed. Recommendations are proposed that would improve short-term and long-term policies for the criminal justice system.

We have copies of all newspaper articles cited in this bibliography.

APPENDIX A

RESULTS OF INMATE FOCUS GROUPS

Data for this report were gathered from a random sample of inmates fifty years or older at Orient Correctional Institution, Frazier Hospital, the Ohio Reformatory for Women (both Medically Fragile and general population inmates), Chillicothe Correctional Institution and Hocking Correctional Facility. All inmates were asked the same set of standardized questions.

What are your perceptions of an “older offender?”

Orient Correctional Institution Inmates:

1. Have health issues that need to be addressed
2. Are more stable
3. Need separate housing from younger offenders
4. Need different clothing to deal with weather conditions
5. Need less supervision
6. Are more quiet
7. Have more insight into their criminal behavior
8. Are lonelier and get fewer visits
9. Walk slower, may need more time for getting to chow and med call
10. Are discouraged from attending recreation and other programs
11. Time means more because it creates fears that you will die in prison
12. Get more time at the Parole Board
13. Get locked up so long they forget about how the streets are
14. Need to know about Social Security and retirement
15. Receive fewer conduct reports
16. Frequently receive mass discipline because of behavior of younger offenders (lockdowns, shakedown, etc.)
17. Less assertive, and preyed on by younger offenders
18. Have issues surrounding death and dying
19. Should all be freed

Frazier Hospital:

1. Need separate living quarters
2. Shouldn't have to die in prison and struggle with issues about death and dying
3. Need quieter living conditions
4. Have medical problems
5. Programs should reflect maturity level
6. Risk getting injured at recreation
7. Have no place to go when paroled; halfway houses won't accept
8. Generally have family support
9. Have medical problems that should be taken into consideration when punishment assessed (some medications result in mood swings that cause behavior which earns “hole time”)

10. Need education
11. Need special exercise/recreation equipment
12. Do their own time, allow others to do theirs
13. More amenable to treatment
14. Talked to like animals by staff and other inmates
15. Get more time
16. Need spirituality/religious programming
17. Are intimidated, berated and blackmailed by younger inmates
18. Punished for behavior of younger inmates
19. Have a hard time understanding the rules and may need than explained more clearly

Ohio Reformatory for Women Medically Fragile Inmates:

1. Have difficulty getting around and need more travel time to get to various areas of the institution
2. Are more settled and mature
3. Need a more quiet atmosphere
4. Don't curse, argue and fight
5. Need more medical care
6. Like to be with other inmates of the same age
7. Follow directions and rules more readily than younger inmates
8. Need lighter foods, especially those with false teeth or health problems
9. Risk injury in the general population
10. Are more respectful and desirous of respect
11. Should be released before they die in prison
12. Memory is not good; they desire sameness to avoid confusion
14. Should not be moved from cell to cell, unit to unit. This is very physically challenging for them.
15. Are more understanding
16. Need programming to address the problem of being victimized by younger inmates
17. Feel useless and ignored; most of the good programs and jobs go to younger inmates
18. Have indulged in their bad habits longer than younger inmates

Ohio Reformatory for Women General Population Inmates:

1. Are more settled
2. Have health problems that limit activities or require special care
3. Need quiet, low stress environment for good health
4. Are less aggressive than the younger inmates
5. Need better food and less stress
6. Are more considerate
7. Have more life experiences

8. Know how to mind their own business, do their own time
9. Need to lose their "poor me" attitude
10. Are verbally abused by younger inmates
11. Need beauty products (not available in the commissary) to look good
12. Should not have to die in prison
13. Have lost hope
14. Need special recreation and programs for their special needs
15. Are very uncomfortable around young, aggressive inmates
16. Should not be assigned to top bunks
17. Don't curse very often
18. Are bitter and hateful

Chillicothe Correctional Institution Inmates:

1. Need more medical attention
2. Need better food to fulfill dietary requirements of the elderly
3. Are more cooperative and try to help each other and younger inmates
4. Should not have to cell with rowdy younger inmates
5. Need more quiet, stress-free environment
6. Risk getting hurt in general population
7. Are discriminated against in jobs, recreation, etc.
8. Should not all be housed together; this is not good for them
9. Will need extra help finding a job and making the transition to the free world
10. Need to be segregated from gays and short-timers
11. Should have equal access to all sports equipment
12. Want to be left alone
13. Get pushed around by younger inmates
14. Their pain and suffering is treated like a joke by medical and mental health staff
15. Feel better being around older offenders
16. Need opportunities to feel they can still do things well
17. Worry about getting sick when they know they will be sent to Frazier Hospital or to the Correctional Medical Center
18. More quiet and passive
19. Need activities conducive to enhancing the spiritual, physical and emotional health of the elderly
20. Need special release consideration by the Parole Board
21. Need a variety of hygiene/health products that are not available in the commissary
22. Get punished for the behavior of the younger inmates
23. Used by younger inmates for illegal activities (because the younger inmates realize that Corrections Officers do not watch the older inmates as closely)

Hocking Correctional Facility Inmates:

1. Have limited physical capabilities and medical problems
2. Think about dying in prison

3. Have special dietary needs
4. Do easier time at Hocking because of fewer fights, drugs, stealing and troublemakers
5. Are less aggressive
6. Get little respect from younger inmates
7. Give more respect to others
8. Need better medical care
9. Need a low-stress environment and quiet
10. May need additional help to succeed on parole because of lack of family support and difficulty obtaining employment
11. Need a re-integration center prior to release, if they have served over seven years
12. Have learned to listen instead of thinking they know all the answers
13. Have different educational and recreation needs
14. Have a hard time getting on a top bunk
15. Need more exercise, but given less than younger inmates
16. Have great spiritual needs
17. Older offenders with non-violent histories are not a security risk
18. Should be separated into a 40 to 60 range and over 60
19. Tend to complain about food, staff, etc. when bored
20. Need a variety of activities which make them feel useful
21. Are sometimes intimidated by younger inmates
22. Time is more important to them because they know they are running out of it
23. Do not participate in gangs and riots
24. Have a harder time defending themselves
25. Need to learn patience
26. Need less excitement
27. Have less hope
28. Need to accept responsibility for their crimes
29. Get tired of looking at the same old faces at Hocking
30. Need to learn to cope with change
31. Are harder to rehabilitate
32. Are more comfortable in their own age group

Rate the following programs in terms of their importance to older inmates.

Orient Correctional Institution Inmates:

1. Health concerns for men/women over fifty
2. Sex offender programming
3. Education
4. Community Service
5. Mental health counseling
6. Peer visiting program with older members from the community
7. Spirituality
8. Grief/Death and Dying

9. Recreation programs for older offenders only
10. Arts and crafts
11. How to avoid being victimized by more aggressive inmates
12. Low impact exercise
13. Substance abuse programming
14. Anger management
15. Parenting/grandparenting

Frazier Hospital Inmates:

1. Health concerns for men/women over fifty
2. Arts and crafts
3. Grief/Death and Dying
4. Mental health counseling
5. Recreation programs for older offenders only
6. How to avoid being victimized by more aggressive inmates
7. Spirituality
8. Peer visiting program with older members from the community
9. Community Service
10. Low impact exercise
11. Anger management
12. Education
13. Substance abuse programming
14. Sex offender programming
15. Parenting/grandparenting

Ohio Reformatory for Women Medically Fragile Inmates:

1. Health concerns for men/women over fifty
2. Spirituality
3. Arts and crafts
4. Education
5. Low impact exercise
6. Recreation programs for older offenders only
7. Peer visiting program with older members from the community
8. Substance abuse programming
9. Anger management
10. How to avoid being victimized by more aggressive inmates
11. Grief/Death and Dying
12. Mental health counseling
13. Parenting/grandparenting
14. Community Service
15. Sex offender programming

Ohio Reformatory for Women General Population Inmates:

1. Spirituality
2. Health concerns for men/women over fifty
3. Grief/Death and Dying
4. Low impact exercise
5. Recreation programs for older offenders only
6. Peer visiting program with older members from the community
7. Mental health counseling
8. Arts and crafts
9. Community Service
10. How to avoid being victimized by more aggressive inmates
11. Parenting/grandparenting
12. Education
13. Anger management
14. Substance abuse programming
15. Sex offender programming

Chillicothe Correctional Institution Inmates:

1. Spirituality
2. Health concerns for men/women over fifty
3. Education
4. Community Service
5. Recreation programs for older offenders only
6. Low impact exercise
7. Mental health counseling
8. Peer visiting program with older members from the community
9. Substance abuse programming
10. Grief/Death and Dying
11. Arts and crafts
12. Anger management
13. Sex offender programming
14. Parenting/grandparenting
15. How to avoid being victimized by more aggressive inmates

How many programs have you attended within the last year?

Institution	None	One to Four	Five or More
	%	%	%
Orient Correctional	61	31	8
Frazier Hospital	80	20	0
ORW - Medically Fragile	0	20	80
ORW - General Population	23	52	25
Chillicothe Correctional	23	52	25
Hocking Correctional	24	73	3

Should programming be available solely for inmates over fifty?

Institution	Yes	No	Don't Know
	%	%	%
Orient Correctional	82	18	
Frazier Hospital	85	15	
ORW - Medically Fragile	94	6	
ORW - General Population	95	5	
Chillicothe Correctional	95	5	
Hocking Correctional	81	16	3

Does your institution have programs for inmates over fifty?

Institution	Yes	No	Don't Know
	%	%	%
Orient Correctional	16	81	3
Frazier Hospital	0	80	20
ORW - Medically Fragile	31	63	6
ORW - General Population	12	68	20
Chillicothe Correctional	12	85	3
Hocking Correctional	31	50	19

How often do you participate in recreation?

Institution	More than Once a Week %	Once a Week %	Once or Twice a Month %	Never %
Orient Correctional	35	6	18	41
Frazier Hospital	0	0	24	76
ORW - Medically Fragile	68	13	6	13
ORW - General Population	13	5	33	49
Chillicothe Correctional	45	3	12	39
Hocking Correctional	53	8	31	8

Would you rather have recreation with the general population or with older inmates?

Institution	With Older Inmates %	With General Population %	Don't Care %
Orient Correctional	80	17	3
Frazier Hospital	57	29	14
ORW - Medically Fragile	94	6	0
ORW - General Population	64	24	12
Chillicothe Correctional	52	33	15
Hocking Correctional	46	38	16