



## Aging prison population drives need for more sheltered housing

The number of offenders incarcerated by TDCJ has been in decline for nearly a decade, and the prison population is predicted to remain stable with no growth for the next five years. Despite these trends, the number of offenders aged 55 or older has nearly doubled during the same time period. At the close of 2017, the agency held more than 19,000 such offenders, who now comprise more than 13 percent of the total TDCJ population.

Few prisons were intentionally designed to house older offenders, and the challenges presented by an aging prison population require innovative solutions for certain aspects of their supervision. To help support the growing population of elderly offenders whose medical needs cannot be met in a general population environment, TDCJ and the Correctional Managed Health Care Committee, with funding support provided through the Legislature, has created 163 additional “sheltered housing” beds at the Carole Young, Jester III and Telford units.

Several factors have contributed to the rising number of incarcerated elderly, the first being the overall aging American population. Since 1970, the median age for Americans has gone up by 10 years, and that increase has been reflected in the prison population. Secondly, more offenders enter prison at an older age and serve long sentences. Most of TDCJ’s 19,000 geriatric offenders are incarcerated for violent crime, and more than

5,300 were 55 or older when they committed the offense. Their average length of sentence is 30 years, with many serving life. These trends are expected to continue and the number of geriatric offenders is predicted to climb even higher.

When considering prison health care costs, it’s important to understand that offenders typically feel the effects of aging sooner than most people. Dr. Lannette Linthicum, director of TDCJ’s Health Services Division, explained. “In Texas, we consider anyone age 55 years or older as a geriatric offender, because their physiological age tends to exceed their chronological age by ten years. If they’re 55, they usually have the physiology of a 65-year-old, due to things such as lack of preventive health care, and behaviors such as alcohol and IV drug abuse.”

Offenders have higher rates of cardiac disease, high blood pressure, hepatitis C, diabetes and other chronic diseases, and often suffer from comorbidities - the simultaneous presence of two chronic ailments. In 2016, offenders age 55 and older accounted for more than 43 percent of hospital and specialty service costs. Geriatric offenders are estimated to access in-prison health care services at nearly five times the rate of the rest of the inmate population.

Dr. Linthicum explained the need for specialized housing, saying “Sheltered housing is for vulnerable offender populations who

cannot function well to regular prison operations. This includes the geriatric population, who need additional accommodations. Unit schedules are regimented and allow a certain amount of time for things like showering, eating and getting from one place to another. Many geriatric offenders use an assistive walking device, so they are not able to get to the shower and return to their cell in the allotted time. It’s an issue if an individual cannot function or keep pace with normal unit operations.”



Offenders on the sheltered housing wing of the Jester III Unit gather to play dominos.

Linthicum also pointed out that “TDCJ has sheltered housing not only for geriatric offenders, but also for developmentally disabled/intellectually impaired and mobility-impaired/physically handicapped offenders. It’s a way to protect vulnerable offenders from younger, stronger inmates, while accommodating their physical and behavioral needs.”

TDCJ’s Facilities Division oversaw the physical alterations needed to create sheltered

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housing, and Facilities Division Director Frank Inmon described the project requirements. “We were responsible for making



Patient Care Technician Jose Lopez monitors patients as they receive dialysis treatment.

sure everything in the sheltered housing areas complied with the Americans with Disabilities Act standards: ramps, grab bars, everything. Texas Correctional Industries (TCI) provided all of the plumbing fixtures, bunks, metal cubicles, and all the hardware. Facilities installed the necessary electrical power and wiring systems for x-ray and dialysis machines.”

Adapting the facilities for elderly offenders presented different challenges. “Because the Young Unit’s sheltered housing area had been used as a medical suite, we only had to take out some walls, remove all the surgical equipment and install some electrical outlets. We installed extra toilet fixtures and showers, but that project was pretty easy,” Inmon explained.

“The sheltered housing areas at the Jester III and Telford units were not set up as dormitories, so those required a lot of work. We had to put in offices, treatment rooms, plumbing

fixtures and toilets. TCI built all the cubicles and provided the bunks, and Facilities laid out the design, put in the electricity, installed all the equipment, and put in windows and security doors. There was even a small kitchen area, so Jester III and Telford were major renovations.”

Inmon commended agency staff for getting the new sheltered housing online in only a few months. “It was a big task to collaborate with everybody and meet the scheduled time lines. Typically, a project like this would take nine months because you have to complete the design, then procure materials from a variety of sources, then do the build. We were able to finish the work in about five months, thanks largely to facilities maintenance staff from two different regions who worked seven days a week until the projects were completed.”

### The Continuum of Care for aging offenders

TDCJ offenders live in the general population as long as they are independently able to perform the activities of daily living (ADL) and keep up with the unit’s schedule.

Some aging offenders move to a geriatric facility like the Duncan Unit, where offenders need only limited operational and physical accommodations. Linthicum noted “The mission of the entire Duncan Unit was changed to a geriatric facility when we started seeing the increased need for geriatric care. Duncan provides ambulatory and outpatient medical services, supported by a telemedicine program and health care staff who are on hand 24 hours a day, seven days a week.”

Offenders who begin to show signs of infirmity due to age but don’t need help with their ADLs move into geriatric sheltered housing

such as Telford or Jester III. The Young Unit sheltered housing is used to provide convalescent care to offenders who have been discharged from Hospital Galveston but are not ready to go back to their unit housing.

To be considered for sheltered housing, offenders must meet security requirements and be approved for reassignment in accordance with TDCJ classification policies. Offenders must also be able to independently perform all activities of daily living. Special-needs offenders may submit a request for placement into one of the agency’s sheltered housing facilities through the Health Services Liaison. Admission into sheltered housing depends on space availability and agreement between the unit physician or mid-level practitioner, and the Health Services Liaison.

Geriatric sheltered housing such as Telford or Jester III provides an alternative for offenders who might otherwise have an extended stay in a unit infirmary bed, which are also needed for non-geriatric offenders who are not terminally ill and require hospital-quality care. Sending these prisoners to free-world facilities for treatment is a costly option, with the population of offenders age 55 and older accounting for 40 percent of these expensive hospital visits in 2017.

As part of the Correctional Managed Healthcare System, UTMB and Texas Tech operate infirmaries in units across the state. Linthicum noted that “This network of infirmary beds allows us to provide all levels of care necessary for the aging offender population and delays the need to move offenders into higher, more acute levels of care.” ▲