



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

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Management of Aging Offenders

/s/

Approved: M.D. Carvajal
Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

To ensure the Bureau of Prisons (Bureau) properly identifies, tracks, and provides services to aging offenders.

a. **Program Objectives.** Expected results of this program are:

- Institutions ensure aging offenders have appropriate access to programs, services and age specific accommodations.
- Reentry planning includes referral to age specific accommodation services and appropriate housing.
- Sufficient resources will be allocated to deliver appropriate services to aging offenders.
- Ensure staff are provided training in order to work with aging offenders.

a. **Institution Supplement.** None required. Should local facilities make any changes outside changes required in national policy or establish any additional local procedures to implement national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

2. DEFINITIONS

Accelerated Aging (age 50-64 years). This cohort of offenders aged 50-64 years typically have multiple comorbid medical and mental health problems due to risk factors such as long-standing variable access to health care, prolonged exposure to psycho-social and environmental

health deterrents, and detrimental health behaviors, and may be enrolled in multiple chronic care clinics.

Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs): An inmate's abilities to perform actions that involve the management of basic bodily functions (ADL) or activities that permit independent living (IADL). For example, an inmate with an impairment to an ADL may have difficulty eating; an inmate with an impairment to an IADL may be able to physically eat, but could not plan the meal.

Aging in Place: An individual living in a residence for as long as they are able as they age. This is the ability to live safely, independently, and comfortably, regardless of age or ability level. Aging in place in prison offers the added benefit of allowing an inmate to remain in an institution near his/her release residence and potential visitors/family.

Aging Offender: Offender exhibiting measurable physiological, functional or cognitive changes related to accelerated aging, generally an individual whose chronological age is 50 years or older.

Age Specific Accommodation: Consideration for the management of aging offenders which may include the need for longer time to travel across the compound, the possibility of placement in a housing unit near Health Services or the dining hall, the need for an inmate companion, housing at the bottom level of a facility, and/or a bed assignment closer to restroom facilities.

Assistive Technology: Adaptive or rehabilitative devices used by inmates with disabilities. Examples include but are not limited to: hearing aids, communication devices, wheelchairs, walkers and text magnifiers.

Elderly Inmate: Inmate whose chronological age is 65 years or older.

Frail Elderly/Elderly Offenders. Frail elderly/elderly offenders have the highest risk and prevalence of age-related health problems. Frail elderly offenders are 65 years or older and meet two or more of the following criteria:

- have one or more permanent medical conditions that result in end organ damage as part of the natural history of the disease, and for which conventional treatment will not substantially arrest, reverse or control/mitigate the end organ damage despite optimal medical management;
- require human assistance (staff or inmate) on a daily basis to perform activities of daily living and/or instrumental activities of daily living (see the Definitions section above) despite the regular use of assistive devices as observed and documented in the health record; and/or

- require frequent human assistance (by staff or inmate more than once a week) to be reoriented to person, place, or time related to early stages of cognitive dysfunction as observed and documented in the health record.

3. AGENCY RESPONSIBILITIES

Aging offenders may have needs that are different from their younger peers. They frequently deal with increased needs related to health care, physical and cognitive accommodations, mobility, sensory deficiencies, dementia, Alzheimer's disease, maintaining family contact, end of life and palliative care.

■ Central Office

- a. The Women and Special Populations Branch (WASPB) is responsible for ensuring consistent establishment of the programs, services, and resource allocations for necessary accommodations for aging offenders. This will be done in accordance with all laws, rules and regulations.
- b. The Health Services Division is responsible for establishment and oversight of all health related clinical care/services and health-related matters.

■ Regional Offices

- a. Provide oversight to institutions regarding services and other relevant trends related to managing aging offenders.

■ Institutions

- a. Considering safety and security, ensure the cell assignments of aging offenders are consistent with their physical abilities and limitations, e.g., access to lower tier cells, lower bunk passes, and wheelchair accessible cells.
- b. When applicable, assign cells, assistance devices, and other supportive services to allow aging offenders to easily navigate to key areas of the institution (e.g., Health Services, Food Service, Commissary, Education, and Recreation).
- c. Offer age-specific programming opportunities in key areas as outlined in the First Step Act Approved Programs Guide located on the Bureau's intranet.
- d. Ensure recreational and educational activities offered at the institution include activities appropriate for and of interest to aging offenders.
- e. As available, offer aging offenders the opportunity to serve in a mentorship role in reentry programs.
- f. Implement Inmate Companion Programs to assist aging offenders with activities of daily living, as appropriate.

- g. Ensure adequate resources and information are available to meet the wellness needs of aging offenders (e.g., recreational activities, health fairs, and other resource materials).
- h. Ensure the availability of accommodations frequently required for aging offenders (e.g., wheelchairs, canes, hearing aids, glasses, text magnifiers, large print books/signs, and assistive devices).
- i. Conduct, at a minimum, an annual inspection of the institution grounds and buildings to identify infrastructure problems that would impede offenders aging in place from accessing programs and services despite the provision of accommodations as outlined in Section 8 of this Program Statement. The inspection team will consist of management personnel from the following departments: Health Services, Facilities, Occupational Safety and Health, and Correctional Services. The institution Executive staff may appoint additional members as applicable. This annual inspection will serve as the planning meeting to identify issues when considering proposals for gaining aging accommodation projects.
- j. Facilities with 5% or more elderly and aging offenders will consider establishing an Aging Offender Interdisciplinary Care Team to manage aging offenders as clinically indicated consisting of the Associate Warden with oversight of the Health Services Department, Clinical Director or designee, a Psychologist, Supervisor of Recreation, Unit Manager, Special Populations Coordinator (if the position is filled), and Captain.
- k. Convene a local Aging Offender Committee as described in Section 9 of this Program Statement.

Accommodations for aging offenders for age related or other needs will be made following the guidelines in the Program Statement **Management of Inmates With Disabilities** and clinical guidance.

4. STAFF TRAINING

Staff will complete the Introduction to Correctional Techniques (ICT) training module on the Management of Aging Offenders. Thereafter, refresher information is provided locally on an annual basis. Training information and topics related to the management of aging offenders is available on the WASPB intranet page. Participation in training will be tracked by the Employee Development Department.

Wardens will ensure staff are provided adequate time to complete trainings during duty hours. Staff will be provided proper relief to complete the training.

5. DESIGNATIONS

Ordinarily, aging offenders are designated via standard procedures specified in the Program Statement **Inmate Security Designation and Custody Classification**. The Office of Medical Designation and Transportation will make medical designation determinations and will consult with the WASPB as needed regarding age specific accommodations at a particular facility.

6. PROGRAMMING

Inmate programming specific to aging offenders can be found in the First Step Act Approved Programs Guide located on the Reentry Services Division's (RSD) page of the Bureau's intranet site. These programs focus on aging related issues such as grandparenting, health and wellness, financial stability and aging-specific reentry needs. Inmates become eligible for aging specific programming and services upon their 50th birthday. At that time, they are eligible to address their needs through age appropriate FSA interventions. These needs are reassessed looking at multiple factors including the aging process every six months as outlined in Program Statement **First Step Act Needs Assessment**.

All institutions will provide programming for aging offenders. A minimum of one program focused on aging issues will be provided per quarter and documented in SENTRY or other appropriate databases. These programs will be delivered as outlined in the First Step Act Approved Programs Guide.

Aging in place is a best practice and community standard utilized by the Bureau rather than specific units created only for aging offenders.

Institutions with a large aging population are encouraged to utilize inmate companion programs. Companion programs for aging offenders are a collaborative effort between Special Populations Coordinators and Psychology Services, and these departments deliver the program and training in accordance with the most recent protocols on the RSD pages of the Bureau's intranet site.

As applicable, institutions will collaborate with community-based aging organizations to develop a cadre of volunteers with the expertise in aging issues to provide volunteer services in the institution. The Reentry Affairs Coordinator or Special Populations Coordinator is assigned oversight of this process.

7. MEDICAL CARE

Intake Screening, History and Physical Assessment. Health Services staff will conduct an intake screening and a comprehensive history and physical assessment as specified in the Program Statement **Patient Care** for all newly admitted aging offenders. Staff performing these initial assessments will refer aging offenders presenting with physiological, functional, cognitive

or sensory problems for additional targeted assessment, intervention, and enrollment in chronic care clinics as clinically appropriate.

Baseline Assessment/Assessment Tools. The purpose of the preventive health assessment of aging offenders 50 years or older is to assess age-related factors, and identify the need for and frequency of preventive health measures. Clinical decisions will include the clinical guidance located on the Health Services Division, Health Management Resources intranet page.

Ongoing Assessment. Health Services staff (e.g. physician, physician assistant, nurse practitioner, or registered nurse) will perform a baseline Preventive Health assessment and an annual Preventive Health record review for aging offenders 50 years of age and older in accordance with the most current Preventive Health Care Clinical Guidance and **Patient Care Program Statement**. Health Services staff will perform a baseline Preventive Health assessment based on the current Preventive Health Care Clinical Guidance.

Frail elderly offenders require more comprehensive and frequent assessment and monitoring. In addition to the current Preventive Health Care Clinical Guidance, Health Services staff will take the following actions:

- Review the suitability of assigned age specific accommodations and determine whether other accommodations are warranted.
- Assign to an Aging Offender Interdisciplinary Care Team (see institution responsibilities section above).
- Evaluate annually for Reduction in Sentence (RIS) eligibility.

Elderly offenders have a variable profile of current and historical health problems. These offenders may require more comprehensive and frequent assessment and monitoring. However, a segment of elderly offenders will have self-manageable health conditions, independently perform ADLs/IADLs, and need only minor accommodations or assistive devices to maintain independence. Health Services staff will monitor all elderly offenders as follows:

- Review the suitability of assigned age specific accommodations and determine whether other accommodations are warranted.
- Evaluate annually for Reduction in Sentence (RIS) eligibility.

Medical and Mental Health Information. Bureau staff will maintain medical and mental health information regarding aging/elderly offenders in the current electronic recordkeeping system in accordance with Program Statements **Health Information Management and Release of Information**.

8. INSTITUTION PHYSICAL STRUCTURE

Institutions are accessible and, when needed, accommodate aging offenders with housing assignments near institution services, lower bunks, quarters assignments near restroom facilities, and extra time to move through the institution. To the extent required under the Rehabilitation Act, the Architectural Barriers Act, relevant Federal standards concerning Government buildings (e.g., U.S. Access Board Standards), and Bureau policies including the Program Statements **Design and Construction Procedures** and **Facilities Operations Manual**.

Aging offenders are more likely to have physiological and functional problems related to diminished strength, balance, flexibility and sensory impairments. Wardens ensure the environment (building, compound) is accessible and inspected annually. This inspection includes but is not limited to the following: adequate lighting; functional heating and cooling systems; level and unimpeded passageways/walkways; accessibility to programming areas, cells, bathrooms, showers, and hand railings; and any other concerns noted by the team during the inspection. This annual inspection will also serve as the planning meeting to identify and consider proposals for aging accommodation projects. A record of this annual inspection and planning meeting will be maintained. A corrective action plan will be created and implemented for any identified deficiencies.

9. AGING OFFENDER ACCOMMODATIONS AND PROGRAM ACCESS

Staff members may unilaterally provide accommodations to aging offenders without a formal inmate request. Inmates also may request an accommodation or a modification to accommodations already provided by making a BP-A0148, Inmate Request to Staff. As described below, the institution will evaluate the request and make a final determination on the accommodation to be provided. Additional information on this process can be found in the Program Statement **Management of Inmates With Disabilities**.

Aging offender accommodation needs vary from person to person, and therefore must be individualized. When a determination is made that an inmate's needs go outside the scope of a single department, departments must work collaboratively to meet the needs of the inmate. For particularly complex cases, accommodations are determined by a team (known as a local Aging Offender Committee), comprised of a Psychologist, Medical Provider, Supervisor of Recreation, Unit Manager, Reentry Affairs Coordinator, and Captain. This team is led by the Associate Warden, Programs, whose responsibility is to serve as the local coordinator on aging offenders. Legal staff are consulted as needed and a Social Worker and Special Population Program Coordinator are members of the team in institutions in which the positions are filled.

The accommodation(s) provided does not have to be the accommodation requested by the aging offender. Appropriate accommodations promote improvement to ADLs and IADLs to the extent

possible. Wardens should request assistance from the WASPB if needed in evaluating accommodation requests.

In deciding whether to grant an accommodation, institutions may consider whether the program or activity would be fundamentally altered, or whether it would result in undue financial or administrative burden. Before denying a request for accommodation on this basis, the appropriate legal office will be consulted. Accommodations may include, but are not limited to, accessibility of all relevant areas of the compound, assistive devices or technologies, specialized approaches to learning, interpreters, and additional time to complete tasks, modified materials (e.g. large print), enhanced reentry planning, and inmate companions. Information about accommodations authorized for a particular inmate is documented by the department approving them, and a notification is sent to the unit team to include in the inmate central file.

10. REENTRY NEEDS

All offenders who are within 6 months of their 60th birthday must be considered under the Elderly Offender Program and the appropriate referral made to the Residential Reentry Management Branch as described in the First Step Act of 2018 and policy.

The Residential Reentry Management Branch must be notified in the referral packet of any releasing inmate with age related concerns (health care, mobility, dementia, etc.). With the exception of immediate releases, unit team notifies the Social Worker, Reentry Affairs Coordinator and Special Populations Coordinator when they are working on release plans for aging inmates releasing directly to the community so they can assist in the reentry transition process.

Institution Social Workers locate resources, specialized services, and direct placements in the community serving aging individuals. In the event that an institution does not have a Social Worker, the Special Populations Coordinator, or Reentry Affairs Coordinator will perform these duties.

REFERENCES

Statutes

Rehabilitation Act of 1973, 29 U.S.C. § 701 et seq.
Architectural Barriers Act, 42 U.S.C. § 4151 et seq.
First Step Act of 2018

Federal Regulations

Title 28 CFR, Section 39.170
Title 28 CFR, Sections 39 & 500

Program Statements

P1330.18	Administrative Remedy Program (1/6/14)
P4200.12	Facilities Operations Manual (7/18/17)
P4220.06	Design and Construction Procedures (6/15/17)
P4500.12	Trust Fund/Deposit Fund Manual (3/15/18)
P5100.08	Security Designation and Custody Classification Manual (9/4/19)
P5200.06	Management of Inmates With Disabilities (11/22/19)
P5290.15	Intake Screening (3/30/09)
P5310.16	Treatment and Care of Inmates with Mental Illness (5/1/14)
P5310.17	Psychology Services Manual (8/25/16)
P5322.13	Inmate Classification and Program Review (5/16/14)
P5325.07	Release Preparation Program (8/15/19)
P5400.01	First Step Act Needs Assessment (6/28/19)
P5800.15	Correctional Systems Manual (9/23/16)
P6031.04	Patient Care (6/3/14)
P6090.04	Health Information Management (3/2/15)

Additional Resources

American Academy of Ophthalmology and International Ophthalmology American Speech
Language and Hearing Association
American Geriatrics Society
National Association for States United for Aging and Disability
National Council on the Aging
National Institute on Aging

ACA Standards

- Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition: 5-ACI-2C-11, 5-ACI-2C-12, 5-ACI-2C-13, 5-ACI-2F-03, 5-ACI-5E-02, 5-ACI-5E-03, 5-ACI-7B-10
- Performance-Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2A-34, 4-ALDF-6B-02, 4-ALDF-6B-04, 4-ALDF-6B-05, 4-ALDF-6B-06, 4-ALD-6B-07, 4-ALDF-6B-08.
- Standards for Administration of Correctional Agencies: 2nd Edition: None.

Records Retention

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.