

Arnold Ventures BRIDGE Series:
Medical and Geriatric Parole
Research Landscape

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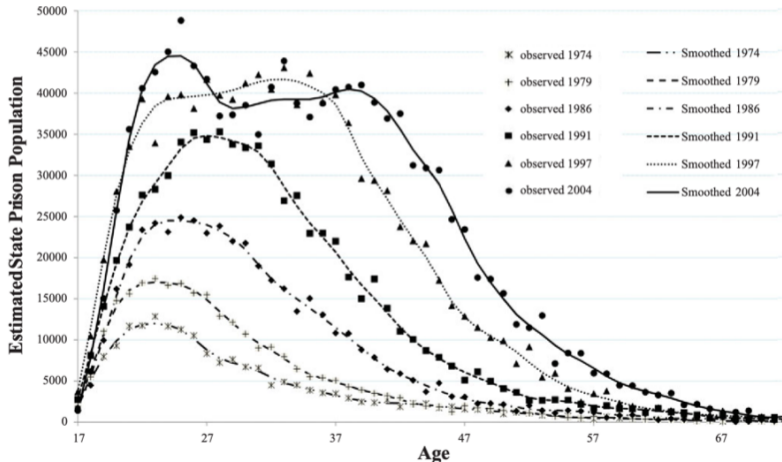
March 10, 2025

Outline

- 1 Motivation
- 2 Health Challenges faced by Inmates
- 3 Recidivism Risk among Older Justice Involved Individuals
- 4 Case Studies of Medical and Geriatric Parole

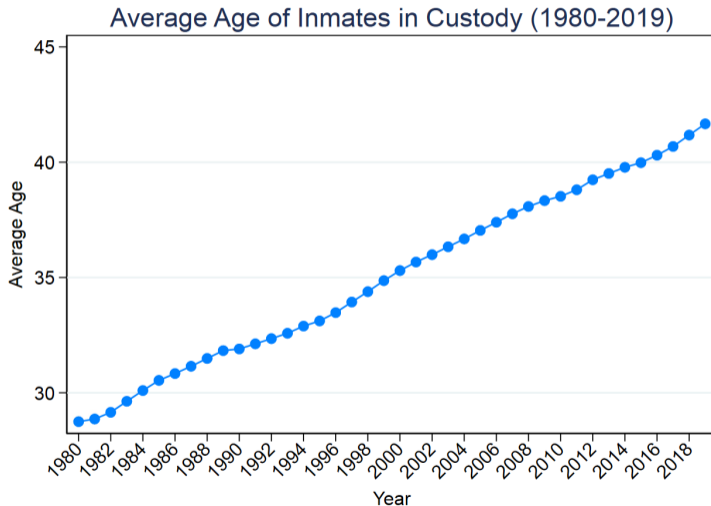
Prisoners in America are getting older

Estimated State Prison Population from Six Surveys, 1974 to 2004



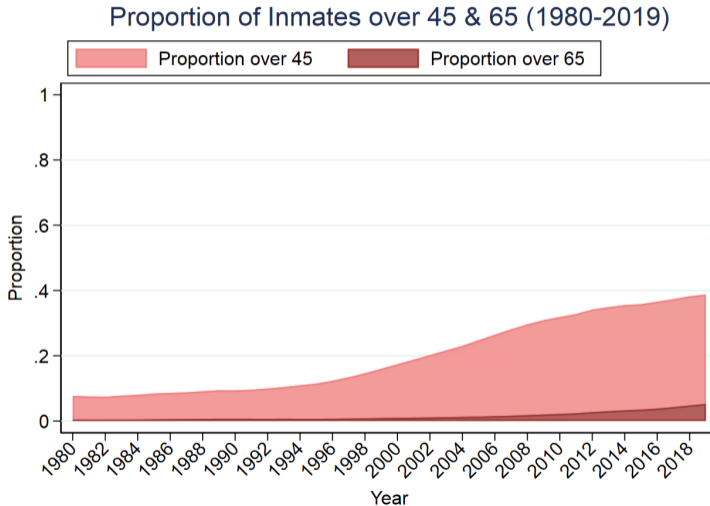
Source: Porter et al. (2016) "How the U.S. Prison Boom has Changed the Age Distribution of the Prison Population." *Criminology*

Average inmate age \uparrow \sim 45% over 4 decades



Source: Criminal Justice Administrative Records System.

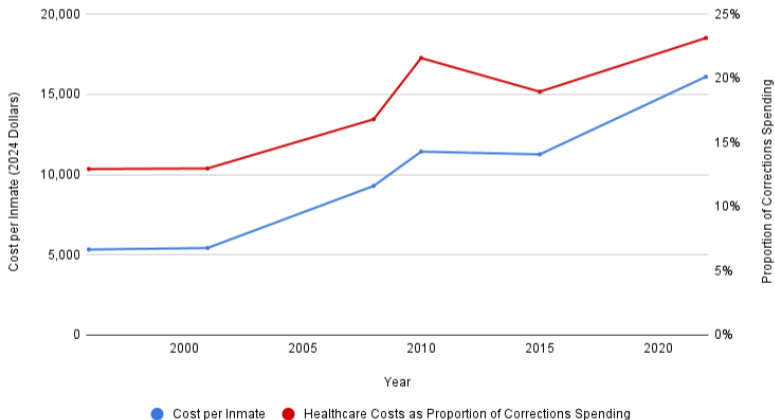
In 2019, almost 40% of inmates >45 years old



Source: Criminal Justice Administrative Records System.

⇒ Substantial change in healthcare costs

Healthcare Costs in State DOC Budgets



Source: Annual Survey of State and Local Government Finances, BJS State Prison/Corrections Expenditures and Statistics (1996, FY 1982-2010), Pew Research Prison Health Care: Costs and Quality, Individual State Expenditure and Budget Reports

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Communicable diseases

U.S. prison inmates at elevated risk of a range of communicable diseases

These include:

- 1.1% of prisoners have HIV ([Maruschak 2023](#))
- 0.9% - 11.4% of prisoners have Hepatitis B ([Harzke et al. 2009](#))
- 10.7% of prisoners have active Hepatitis C ([Hofmeister et al. 2019](#))

Communicable diseases

Not all disease prevalence is necessarily **caused** by prison

- Inmates may enter prison with pre-existing conditions or behaviors (e.g. illicit drug use) that predispose them to infection

Yet, the 8th Amendment of the U.S. Constitution requires carceral facilities to address the serious medical needs of their inmates

- Supreme Court in 1976 found that failure to provide medical care was cruel and unusual punishment, a violation of the 8th Amendment

Chronic conditions

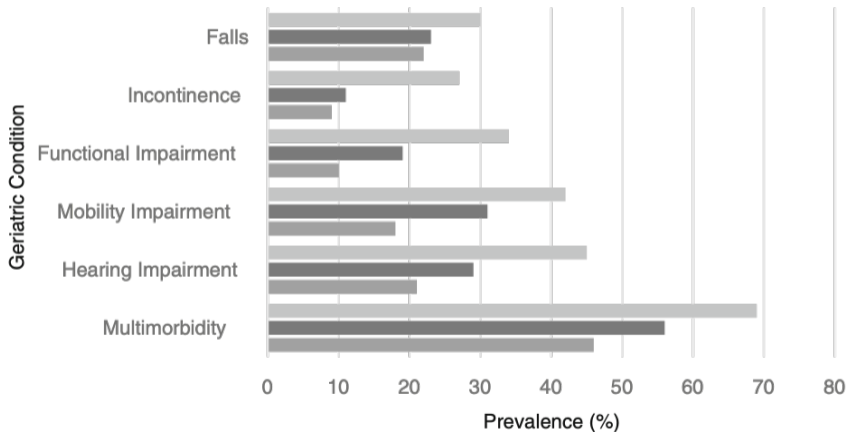
In addition, 51% of state and 43% of federal prisoners reported ever having a chronic condition; 70% among those aged 65+. ([Maruschak et al. 2021](#))

As inmate population is aging, an increasing prevalence of costly conditions among prisoners:

- 29% of prisoners report having hypertension ([Maruschak et al. 2021](#))
- 23% of prisoners report having a cognitive disability ([Maruschak et al. 2021](#))
- 9% of prisoners have diabetes ([Shabil et al. 2025](#))
- 1.2% of prisoners have cancer ([Watson & Terry 2025](#))
- 38% to 70% of older inmates (≥ 50 years old) estimated to have cognitive impairment (e.g. dementia) ([Kuffel et al. 2023](#))

Accelerated aging

Recent research has posited a theory of “accelerated aging”

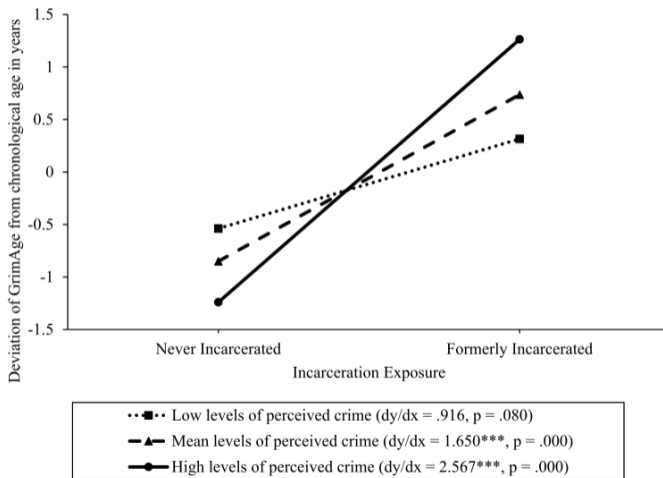


■ Jail Participants ■ Low SES community participants ■ Community participants

Source: Green et al. (2018) "Older adults in jail: high rates and early onset of geriatric conditions." *Health and Justice*

Accelerated aging

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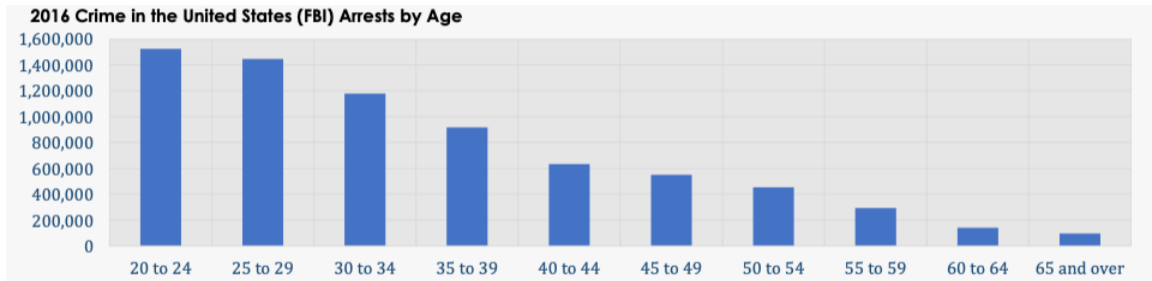


Source: Berg et al. (2022) "Incarceration exposure and epigenetic aging in neighborhood context." *Social Science and Medicine*

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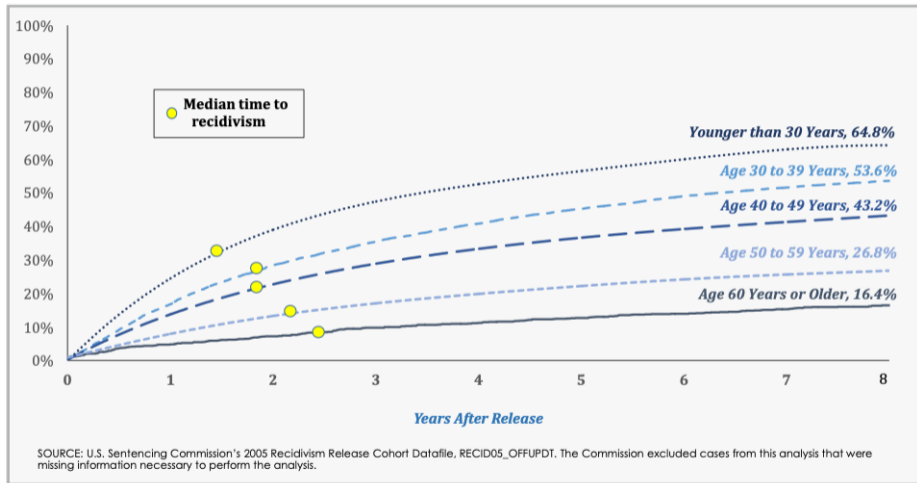
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Most crime is committed by young adults



Source: Hunt & Easley (2017) "The Effects of Aging on Recidivism Among Federal Offenders." *United States Sentencing Commission*

Recidivism risk drops precipitously with age



Source: Hunt & Easley (2017) "The Effects of Aging on Recidivism Among Federal Offenders." *United States Sentencing Commission*

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The case for specialized parole

Medical and Geriatric Parole:

- Minimal risk for future offending behavior
- Opportunity to reduce DOC cost burden
 - Cost of care potentially cheaper in communities
- Better environment for individuals with physical and cognitive limitations

Potential win-win-win scenario of (1) improving patient care, (2) without jeopardizing safety, while (3) reducing healthcare costs

Challenges associated with specialized parole

Very much an emerging policy space so much is unknown on how this might play out in the coming years

Many released after decades of incarceration have serious, violent criminal histories:

- Politically unpalatable group to appear to be showing leniency
 - Many states have explicit carve-outs for various heinous offenses
- Released inmates may not have sustained kinship networks to step in to aid community transition and financially support ongoing needs
 - Failure to establish adequate transitional care plan may preclude compassionate release
- Finding institutionalized and long-term care providers may be infeasible

When released, cost of care likely shifted onto other public budgets: Medicare/Medicaid

Case Study 1: South Carolina

As part of South Carolina's Justice Reinvestment Act of 2010, adopted provision to expand medical parole:

- Previously limited to those within 1 year of regular parole hearing
- Expanded to those who are terminally ill, permanently incapacitated, age 70+ with chronic condition, but still must be statutorily eligible for parole

Between 2011 and 2016:

- 29 inmates were referred to medical parole
- 12 out of 22 inmates with hearings were granted parole
- 9 actually released to medical parole
- No releasees had parole violations

Source: Silber, Shames, & Reid (2017) "Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations." *Vera Institute*

Case Study 1: South Carolina

South Carolina also has a medical furlough law:

- Two doctors must confirm terminal diagnosis
- Must be released to spouse or other relative living in SC
- Victim/complainant, law enforcement, and prosecutor must approve in cases of violent offenders

In FY2015 and FY2016:

- 30 medical furlough cases were considered
- 13 were granted furlough
- 2 technical violations occurred among releasees

Source: Silber, Shames, & Reid (2017) "Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations." *Vera Institute*

Case Study 2: Mississippi

As part of Mississippi's Justice Reinvestment Initiative in 2013, adopted provision to expand geriatric:

- Inmates who are age 60+ with at least 10 years served and 25% of overall sentence completed entitled to automatic parole hearing
- Habitual offenders and those convicted of violent crimes, drug trafficking, sex crimes, and other offenses that prohibit parole excluded

Since 2014, geriatric parole used sparsely since few inmates meet the eligibility criteria

Source: Silber, Shames, & Reid (2017) "Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations." *Vera Institute*

Case Study 2: Mississippi

Mississippi adopted medical furlough in 2004:

- Available to bedridden inmates suffering from a significant permanent physical medical condition with no possibility of recovery
- Not available to sex offenders
- Violent convicts must have served at least 1 year of sentence

From 2004 through 2017:

- 124 total releases, roughly 10 per year
- 14% returned to prison within 3 years
 - 4 for new convictions
 - 13 for technical violations

Source: Silber, Shames, & Reid (2017) "Aging Out: Using Compassionate Release to Address the Growth of Aging and Infirm Prison Populations." *Vera Institute*

Other in-prison management strategies

1. Unit for the Cognitively Impaired, Fishkill, NY ([Hill, 2007](#))
 - 30 bed unit in prison's medical center
 - Access to outdoor and other social space
 - Interdisciplinary staff consisting of psychologists, nurses, doctors, social workers, and pastors
2. "True Grit" program, Northern Nevada Correctional Center, NV ([Harrison, 2006](#))
3. Men's Colony Dementia Unit, San Luis Obispo, CA ([Ubelacker, 2011](#))

Other in-prison management strategies

1. Unit for the Cognitively Impaired, Fishkill, NY ([Hill, 2007](#))
2. “True Grit” program, Northern Nevada Correctional Center, NV ([Harrison, 2006](#))
 - Program includes physical activity, therapy, the arts , and other activities
 - Suggestive evidence of reduction in demand for doctor’s visits and medication
3. Men’s Colony Dementia Unit, San Luis Obispo, CA ([Ubelacker, 2011](#))

Other in-prison management strategies

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3. Men’s Colony Dementia Unit, San Luis Obispo, CA ([Ubelacker, 2011](#))
 - Program relies on peer support, inmates with 10+ years of exemplary behavior who receive specialized dementia caregiving training
 - Thought of as important for the physical protection of vulnerable inmates

Caution: Correlation \neq Causation

Evidence base in this area is entirely *descriptive* or *correlational*:

- Emerging policy area \leftarrow limited data, small number of researchers focused on this
- Infrequent program use \leftarrow insufficient # of data points to make confident assertions
- High stakes setting \leftarrow low tolerance for experimentation

Care is warranted in extrapolating from the experiences/outcomes of the select few who currently get medical or geriatric parole to an expanded group:

- Recidivism risk and cost-savings may vary between those most sick with less risky criminal histories to those less sick with more risky convictions