



**The Maryland Unger Project:
Safe De-carceration of Older,
Life-Sentenced Prisoners**

Partners

University of MD Carey School of Law - Clinical Law Office & Law
and Social Work Services Program

Maryland Office of the Public Defender

Maryland Restorative Justice Initiative
Director and Founder, Walter Lomax, is Chair of
The Unger Advisory Committee

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“Our extreme sentencing policies and growing number of life sentences have effectively turned many of our correctional facilities into veritable nursing homes”.

At America’s Expense: The Mass
Incarceration of the Elderly,
ACLU (2012)



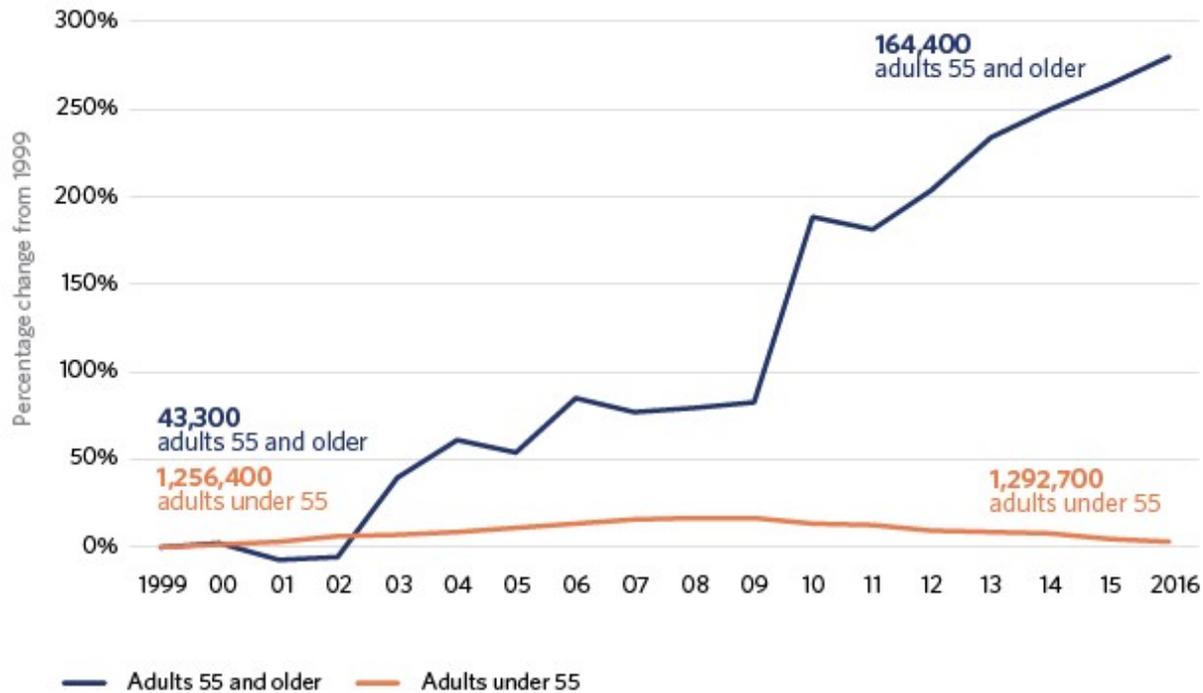


Older & Elderly Prisoners



The Number of Older Prisoners Grew by 280%, 1999-2016

Percentage change in sentenced adults by age group



Note: The Bureau of Justice Statistics estimates the age distribution of prisoners using data from the Federal Justice Statistics Program and statistics that states voluntarily submit to the National Corrections Reporting Program. State participation in this program has varied, which may have caused year-to-year fluctuations in the Bureau's national estimates, but this does not affect long-term trend comparisons. From 2009 to 2010, the number of states submitting data increased substantially, which might have contributed to the year-over-year increase in the national estimate between those years.

Source: Bureau of Justice Statistics

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MARYLAND NUMBERS



- ▶ Total state prison population: 19,332 (823 women)
- ▶ 3,314 (17%) Maryland prisoners are over the age of 50, including 834 who are 60+
- ▶ 2,331 (12.1%) individuals serving life sentences
 - ▶ 69.9% Black

DATA FROM DPSCS CORRECTIONS 2017 ANNUAL REPORT

<http://dpscs.maryland.gov/publicinfo/publications/pdfs/DOC2017AnnualRpt.pdf>

Outcomes TO DATE

- ▶ 188 released (but 11 died after release)
 - ▶ 9 died before release
 - ▶ 1 was acquitted
 - ▶ 9 released to detainers
- ▶ 12 re-plead and serving additional time (to be released in future)
 - ▶ 7 reconvicted after trial or plea and not likely to be released
 - ▶ 6 facing a re-trial
 - ▶ 5 unresolved
 - ▶ 2 sent back to prison for VOP violations



Social Work Services



Strengths-Based Case Management

- Developed in late 1980's at the University of Kansas (Rapp, et.al.)
- Evidence-based for use with substance abuse & individuals with CPMI
- Client-centered approach - assumes people can learn, change, & grow
- Focus is on individual strengths, rather than pathology
- The client-case manager relationship is key
- Case manager is a service provider AND broker/referral source
- Interventions based upon client self-determination and empowerment
- Community is viewed as an oasis of resources- natural connections/supports
- Caseloads are small enough to allow for meaningful interaction
- When possible, services are not time-limited

Client Tier System for Prioritization

- ▶ **Tier I** - Complex, high-need clients: indigence, little-no community support & multiple challenges: mental health, serious medical, substance abuse, needs supported housing, nursing/hospice care, juvenile incarceration
- ▶ **Tier II** - One or two major challenges, indigence, often difficult-to-place clients (sex offenders), limited community support
- ▶ **Tier III** - Some support needs at release, but lower level of material support needed initially, due to family support. Needs increase at 6-8 month mark, as client seeks to become independent, or as they struggle with issues (limited family resources, conflict in housing situation)

- ▶ **Tier IV** - Very limited needs upon release due to stable family support. No rush to move to independent housing. Most issues involve needs of extended family, including care for aging parents, and/or emerging health issues of their own.
- ▶ **Tier V** - Limited initial support needed, and primarily referred out for employment services/support. Follow-up is provided via periodic contacts with client and other providers. Monthly calls for check-in and invitation to Third Tuesday events.
- ▶ **Tier VI** - Clients who have ‘graduated’ from ongoing case management and are managing well independently. We are available for crisis-based intervention, and clients receive monthly calls for check-in and invitation to Third Tuesdays.
- ▶ **Tier VII** - Individuals released to outlying counties receiving referrals and monthly check-in or those who have declined services.

30-60-90 Model

- ▶ **First 30 days** - intensive support often provided, mostly task-focused, i.e. getting benefits in place, orientation to community, initial appointments, some emotional intensity and swings, but a “honey-moon” period for most-exuberant, celebratory time
- ▶ **Second 30 days** - Reality begins to set in - struggles such as delayed benefits, difficulty obtaining ID, become highly anxiety-provoking. Clients begin to think about the future and may become overwhelmed. Conflicts with family or roommates/housing providers begin to emerge. Honey-moon period recedes]
- ▶ **Third 30 days** - Can become crisis situation- struggles and delays become extremely frustrating and overwhelming, realization that life outside is not as expected or imagined. Family or housing conflicts escalate. Fears for future and of failure become central

Pre-release & At-release

Pre-release assessment and individualized home plan

Coordination with institutional staff, family members, and future service providers

Pre-court briefing for family & friends, provision of binder with extensive information about resources, a bus pass, a bag of hygiene products, a bottle of water, and a snack

At release - review release packet, including meds and follow up with any mistakes on IDs, paperwork and medications

Post-Release Services

Follow up case management services - Depends upon level of need. Focus has been on indigent releasees without family support, and those with serious medical and mental health issues

Financial support for indigent clients:

Emergency housing fund, clothing, bus passes, medical copays, over-the-counter meds, hygiene items, and groceries, while benefits are pending.

Third Tuesdays

Systemic Problems

- Many were “non-entities” on paper. They lacked a credit history, rental history, community job history, and often, photo ID
 - Birth certificates, State IDs, & Social Security Cards!
- Waiting period for cash, food stamps and Medical Assistance benefits can be a few weeks, to a few months
- Barred from many affordable housing options, including public housing and most senior buildings
- Barred from most nursing facilities and assisted living programs

Lessons From Unger

- ▶ Elderly prisoners can be safely released to the community, given appropriate support.
- ▶ Individuals who have served decades in prison can become positive and productive members of society
- ▶ Elderly returning citizens have needs that are not being met in traditional re-entry programs.

- ▶ Urgent need for wrap-around support to indigent returning citizens without family or social connections
- ▶ Medical conditions are often advanced, due to substandard care. End-of-life support has been a central component of our most intensive case management services.
- ▶ Resiliency and the importance of family
- ▶ An example of the power of community

Applications

- ▶ This program may be difficult to replicate without sufficient funding and state level buy ins.
 - ▶ This model applies most effectively to elderly individuals with long term incarcerations.
- ▶ This model works well when the manpower hours can be tailored to be as intensive as needed and the duties can go beyond the scope of traditional case management.
- ▶ Using students was a huge part of the success, their willingness to explore and research and their enthusiasm for both the subjects and the clients helped maintain the project.

