

**BARRIERS TO REINTEGRATION:
THE SOCIOECONOMIC MARGINALIZATION OF ELDERLY FORMER INMATES**

*Lauren Lewchuk**

*“When you lie dead, no one will remember you.
For you have no share in the Muses’ roses.
No, flitting aimlessly about,
You will wildly roam,
a shade amidst the shadowy dead.”*

- Sappho, *Fragment 33*¹

I. Introduction

His hands, gnarled and trembling, clutched a cardboard box holding his few belongings; a half-finished crossword puzzle book, a dead plant, an annotated Bible. He stood where his mother had left him four decades ago, at these same prison gates. He remembered her taillights vanishing down the dirt road, her promise hanging in the air; “I’ll be right here when you get out.” He waited for her, knowing she would never come; she had been buried for 15 years. He had not attended the funeral. He pictured it sometimes; the small-town church overflowing with people he did not recognize, whispers he could not hear. His younger sister, perhaps, red-eyed and gripping a man's hand. His school friends, now with wives and children, exchanging awkward glances. The minister, a man he had never met, reciting words he could not quite grasp. He imagined the scent of lilies and old hymn books, the heavy oak of the coffin, the damp earth piled high. He had not been missed. No one had saved him a seat.

All that remained was a disheveled, broken old man. He shuffled down the road, each step a monumental effort. His ill-fitting shoes, made from some cheap plastic imitation of leather, pinched mercilessly, the unforgiving material digging into bunions that had throbbed for decades. Where was he going? How would he even get there? He gasped for air, his lungs burning with a freedom that felt foreign; too heavy, too sharp. He had craved this, prayed for it in the suffocating confines of his cell. He had envisioned it, this freedom, a shimmering mirage in the harsh glare of the flickering fluorescent light above him, a light that buzzed and sputtered, its insistent hum a constant companion in the suffocating silence of his cell. But as the years bled into decades, the buzzing grew fainter, a distant drone, almost swallowed by the encroaching silence. He had smelled it, the imagined scent of pine needles and rain-soaked earth, a world away from the acrid stench of stale hash and sweat that permeated everything. But now, as he was standing on the dirt road, a cigarette hanging from his weak, dried jaw, his freedom felt like a cruel joke, a public humiliation. He felt like he had been dragged through the streets, tarred and feathered, his shame a sticky, suffocating coating. Every glance from a passerby was a hurled stone,

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¹ SAPPHO, *Fragment 33 (600 BCE)*, in SAPPHO: A NEW TRANSLATION OF THE COMPLETE WORKS (Diane J. Rayor, trans., Cambridge Univ. Press, 2014).

each whisper a stinging lash. Like a second birth, he was thrust into a world where his mere existence was a jarring intrusion. He was lost; orphaned.

The release of elderly inmates often results in a form of social exile. These former inmates, having served their time, are frequently discharged into a void, facing a new sentence of societal oblivion. Emerging from incarceration, they are not often released into the hands of their families but rather confront a reality of displacement and lack of resources.² This issue is particularly salient in Florida, given its significant elderly population and substantial prison population.³ The State's responsibility to address the complex reentry needs of this demographic is paramount. As emphasized by this Article, effective reintegration of elderly inmates necessitates a multi-pronged strategy that acknowledges the unique challenges faced by older returning citizens. These challenges encompass a range of interconnected issues, including physical and mental health decline, potential cognitive impairment, limited financial means, and often, an absence of stable housing.⁴ Releasing elderly inmates without comprehensive pre- and post-release support systems risks exacerbating existing problems, potentially leading to recidivism, homelessness, and a decline in overall well-being, thus placing additional burdens on already strained social services.⁵

Therefore, Florida must prioritize the creation and implementation of reentry programs that specifically address the needs of its aging prison population.⁶ These initiatives should promote collaboration between correctional institutions, community-based organizations, and healthcare providers to ensure a smoother transition and successful reintegration for elderly inmates.⁷ However, state-level efforts alone are not enough; a comprehensive national approach is essential. This should begin with an amendment to the Older Americans Act (“OAA”) to establish a Senior Reentry Assistance Program (“SRAP”) under Title 42, Chapter 35, Subchapter III (Supportive Services).⁸ By integrating case management for housing, Medicare and Medicaid enrollment, employment training, and legal aid into the existing aging services network, this initiative would provide the structured support reentering seniors need to achieve long-term stability.⁹

II. Background

While elderly offenders generally exhibit a low rate of recidivism, their successful reintegration into society is hindered by a combination of challenges.¹⁰ Before and after release, many face rapidly declining health, limited financial resources, and a lack of stable housing, making it difficult to access necessary healthcare, secure employment, or maintain a stable living situation.¹¹ These compounded barriers create significant obstacles to

² See Justin Dorazio, *Strengthening Access to Housing for People With Criminal Records Is Key to Successful Reentry*, CTR. FOR AM. PROGRESS (Apr. 17, 2023), <https://www.americanprogress.org/article/strengthening-access-to-housing-for-people-with-criminal-records-is-key-to-successful-reentry/>.

³ See *Time Served in Florida*, PEW (June 6, 2012), <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2012/06/06/time-served-in-florida> (indicating that 36,678 prisoners were released from Florida prisons in 2009 alone).

⁴ See Niranjana Kowlessar et al., *New Research Brief: Older Americans Benefit from Older Americans Act Nutrition Programs*, ADMIN. FOR CMTY. LIVING 1, 3, 5 (Sept. 2015), <https://acl.gov/sites/default/files/programs/2016-11/AoA-Research-Brief-8-2015.pdf>.

⁵ See Jocelyn Fontaine & Jennifer Biess, *Housing as a Platform for Formerly Incarcerated Persons*, WHAT WORKS COLLABORATIVE 1, 2–3 (Apr. 2012), <https://www.urban.org/sites/default/files/publication/25321/412552-Housing-as-a-Platform-for-Formerly-Incarcerated-Persons.PDF>; see also Dennis Culhane et al., *The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?*, ACTIONABLE INTEL. FOR SOC. POL'Y, <https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf> (last visited Feb. 26, 2026).

⁶ The concepts of early or compassionate release are beyond the scope of this Article.

⁷ See RYAN ZHANG ET AL., HARVARD UNIV. INST. OF POL'Y CRIM. JUST. POL'Y GRP., SUCCESSFUL REENTRY: A COMMUNITY LEVEL ANALYSIS 4 (2019) (indicating the need for “greater communication and collaboration between community based and government based organizations”).

⁸ Older Americans Act of 1965, 42 U.S.C. § 3030d.

⁹ ZHANG ET AL., *supra* note 7, at 12 (praising the St. Louis Center for Women in Transition for the provision of services “include[ing] mentoring and advocacy, case management, basic necessities, and transitional housing”).

¹⁰ Brie Williams et al., *Coming Home: Health Status and Homelessness Risk of Older Pre-release Prisoners*, 25 J. AM. GERIATRIC SOC. 1038, 1038 (2010) (“Reentry programs linking pre-release older prisoners to medical and psychiatric services and to homelessness prevention programs are needed for both veterans and non-veterans.”).

¹¹ See Meredith Greene et al., *Older Adults in Jail: High Rates and Early Onset of Geriatric Conditions*, 6 HEALTH & JUST., Feb. 2018, at 1, 1.

reintegration, increasing the likelihood of reoffending, succumbing to poor health, or becoming homeless.¹² As the population of aging offenders grows, this Article posits that it is reasonable to expect these challenges to become more pronounced, highlighting the need for targeted reentry programs and support systems to address the unique needs of elderly individuals exiting the criminal justice system.¹³

A. The “Graying” of Floridian Correctional Facilities

According to Florida Statute Section 944.02, inmates who are housed in a state correctional institution may be defined as “elderly” if they are 50 years of age or older.¹⁴ The number of such elderly offenders, as recognized by the Florida legislature through the Elderly Offenders Correctional Facilities Program of 2000, is steadily increasing “and will continue to increase for the foreseeable future.”¹⁵ Between 1993 and 2013, the number of elderly inmates sentenced to at least one year in prison increased by 400%.¹⁶ A study by a division of The Pew Charitable Trusts (“Pew”) suggests that the “graying” of prisons is partially caused by an “increase in admissions of older inmates to prison and policies that keep inmates behind bars for longer periods.”¹⁷ Pew, in a separate study, found that between 1990 and 2009, overall time served increased by 166% in Florida.¹⁸ In fact, it was found that all prison populations have doubled over the past 20 years, with Florida’s prison population having the highest estimated increase.¹⁹ Florida similarly led the way for an increase of time served for violent offenders with a 137% increase.²⁰ This is partially because of policies passed by the Florida legislature, such as the early-1995 “85 percent rule,” which decided that all prisoners must serve at least 85% of their sentence.²¹ Keeping such a drastic increase in sentencing in mind, the fact that the number of incarcerated adults aged 55 years or less has increased by 280% between 1999 and 2016 becomes self-explanatory.²² State and federal sentencing policies from the 1970s to the 2000s, such as Florida’s 85% rule, contributed to what researchers have described as “a prescription for an increase in older inmates: more prisoners, more prison beds, more lifers, and less parole.”²³

i. Aging Behind Bars

Individuals who are incarcerated often experience accelerated aging due to environmental factors among other characteristics.²⁴ A study published by Health and Justice found that incarcerated individuals at the age of

¹² See Fontaine & Biess, *supra* note 5, at 2 (“Formerly incarcerated persons face a myriad of challenges upon release . . .”).

¹³ See Fla. Stat. § 944.804(1) (2000) (“[T]he number and percentage of elderly offenders in the Florida prison system are increasing and will continue to increase for the foreseeable future.”); see also E. Ann Carson & William J. Sabol, *Aging of the State Prison Population, 1993-2013*, U.S. DEPT. OF JUST. 27 (May 19, 2016), <https://bjs.ojp.gov/content/pub/pdf/aspp9313.pdf> (“[T]he number of older prisoners caused by longer stays in prison, along with increasing numbers of admissions of violent offenders age 55 or older, caused the dramatic growth of older prisoners.”).

¹⁴ FLA. STAT. § 944.02(4) (2026).

¹⁵ FLA. STAT. § 944.804(1) (2026); Carson & Sabol, *supra* note 13.

¹⁶ Carson & Sabol, *supra* note 13, at 1.

¹⁷ *Prison Population Continues to Age*, PEW (Oct. 3, 2014), <https://www.pew.org/en/research-and-analysis/articles/2014/10/03/prison-population-continues-to-age>.

¹⁸ *Time Served: The High Cost, Low Return of Longer Prison Terms*, PEW (June 6, 2012), <https://www.pewtrusts.org/en/research-and-analysis/reports/2012/06/06/time-served-the-high-cost-low-return-of-longer-prison-terms> (indicating that in Florida, “prison terms grew by 166 percent and cost an extra \$1.4 billion in 2009”).

¹⁹ *Id.* (indicating that in Florida, “time served rose most rapidly”).

²⁰ *Time Served in Florida*, *supra* note 3.

²¹ FLA. STAT. § 944.275(4)(b)(3) (2026).

²² See Matt McKillop & Alex Boucher, *Aging Prison Populations Drive Up Costs*, THE PEW CHARITABLE TRUSTS (Feb. 20, 2018), <https://www.pew.org/en/research-and-analysis/articles/2018/02/20/aging-prison-populations-drive-up-costs>.

²³ R. V. Rikard & Ed Rosenberg, *Aging Inmates: A Convergence of Trends in the American Criminal Justice System*, 13 J. CORR. HEALTH CARE 150, 157 (2007).

²⁴ Greene et al., *supra* note 11, at 4.

59 years old have the same rate of geriatric morbidity as non-incarcerated individuals at the age of 75 years old.²⁵ Research from the Journal of the American Geriatric Society further explained that incarcerated individuals aged 50 or older are significantly more likely to suffer from one or more chronic health conditions or disability than their non-incarcerated counterparts.²⁶ Similarly, it was found that 40% of prisoners aged 55 or older carried a diagnosis of cognitive impairment in their medical records, a prevalence far higher than found in non-incarcerated older adults of the same age distribution.²⁷ Thus, due to the ever-increasing population of older and rapidly aging people in prisons, the system is forced to deal with their unique, accelerated needs.²⁸ In attempting to satisfy their needs, prison systems are forced to pay roughly double what they would pay to house younger adults to house elderly inmates.²⁹ This causes innate disparities in the care that elderly people receive while in prison.

The financial burden associated with housing elderly inmates is disproportionately high in part due to the increased medical care and structural modifications required to accommodate this population.³⁰ Correctional facilities must provide their inmates with frequent medical visits, medications, and rehabilitative services such as physical therapy, while also ensuring compliance with accessibility standards.³¹ Under Title II of the Americans with Disabilities Act (“ADA”), state and local prisons are legally required to provide individuals with disabilities, including elderly inmates, equal access to programs, services, and facilities.³² Additionally, Title 28 of the Code of Federal Regulations (“CFR”) mandates that correctional institutions implement “reasonable modifications” in policies and procedures to ensure that aging individuals receive necessary healthcare, mobility assistance, and other essential services.³³ The 2010 ADA Standards for Accessible Design further outline specific structural requirements, including the installation of wheelchair ramps, specialized beds, and accessible restrooms.³⁴ These mandated modifications can require substantial financial investment, contributing to the significantly higher costs associated with housing elderly inmates.

Despite these requirements, disparities in care persist also due to systemic challenges within the correctional system. Correctional facilities “were never designed to be nursing homes or geriatric wards,” which inherently makes it difficult to meet the complex medical and accessibility needs of aging inmates.³⁵ Although efforts have been made to address these issues, many facilities are constrained by limited budgets, understaffing, and a lack of specialized geriatric training for correctional healthcare personnel.³⁶ As a result, elderly prisoners frequently receive inadequate medical attention compared to individuals in nursing homes or specialized healthcare settings.³⁷ Reports from the Office of the Inspector General (“OIG”) indicate that older inmates often

²⁵ *Id.* (“Among older adults in jail with an average age of 59, the prevalence of several geriatric conditions was similar to that found among community dwelling adults age 75 or older.”).

²⁶ Brie Williams et al., *Addressing the Aging Crisis in U.S. Criminal Justice Health Care*, 60 J. AM. GERIATRIC SOC. 1150, 1151 (2012).

²⁷ *Id.* at 1153.

²⁸ *Id.* at 1150.

²⁹ Inimai Chettiar et al., *At America's Expense: The Mass Incarceration of the Elderly*, AM. CIV. LIBERTIES UNION 57 (June 2012), https://www.aclu.org/wp-content/uploads/publications/elderlyprisonreport_20120613_1.pdf (“Because of healthcare and physical needs that prisons are ill-equipped to handle, each aging prisoner on average costs taxpayers \$68,270 per year—approximately double what it costs to incarcerate an average prisoner.”).

³⁰ *Id.* at 27.

³¹ See *Pa. Dept. of Corrs. v. Yeskey*, 524 U.S. 206, 208, 210 (1998) (holding that ADA protections cover prison inmates); see also *Estelle v. Gamble*, 429 U.S. 97, 98, 103–105 (1976) (holding that the Eighth Amendment requires the government to provide health care to inmates).

³² See Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12131–12134 (1990).

³³ 28 C.F.R. § 35.130(b)(7) (2026).

³⁴ U.S. DEP'T OF JUST., *2010 ADA Standards for Accessible Design* (Sept. 15, 2010), <https://www.ada.gov/law-and-regs/design-standards/2010-stds/>.

³⁵ See Kirubel M. Mussie et al., *Challenges in Providing Ethically Competent Health Care to Incarcerated Older Adults with Mental Illness: A Qualitative Study Exploring Mental Health Professionals' Perspectives in Canada*, 21 BMC GERIATRICS, 2021, at 1, 11.

³⁶ Human Rights Watch, *Old Behind Bars: The Aging Prison Population in the United States*, HRW.ORG (Jan. 26, 2012), <https://www.hrw.org/report/2012/01/28/old-behind-bars/aging-prison-population-united-states>.

³⁷ See Williams et al., *supra* note 26, at 1156.

experience delayed treatment for chronic conditions, insufficient medical supervision, and restricted access to rehabilitative services which could help mitigate the physical decline associated with aging.³⁸

B. Release into Vulnerability

Nearly 700,000 inmates are released each year.³⁹ While some elderly individuals return to family upon release, others, often frail and exhausted, exit incarceration without support.⁴⁰ Inmates are often released with “gate money,” a small supply of their medication, and a bus ticket.⁴¹ A study found that 90% of states terminate inmate health insurance upon incarceration, leaving a medically vulnerable population uninsured during the critical months following release when risks of medical problems and death are highest.⁴² They then must wait until their benefits, if applicable, are restored; this is most commonly a duration of “several months.”⁴³

Upon release, formerly incarcerated individuals generally depend on family members for basic needs, such as housing and other material needs.⁴⁴ One of the most immediate challenges they face is finding a place to stay on their first night outside of prison.⁴⁵ For many, this means returning to their communities with only temporary housing options, leading them to become transient, moving from one location to another.⁴⁶ According to an Urban Institute study, which tracked returning prisoners across multiple sites, between 48 and 62% spent their first night after release at a relative’s home.⁴⁷ For those who do not have access to temporary housing options, such as elderly individuals without a support system, they resort to staying in a halfway house.⁴⁸ Halfway houses, including federal residential reentry centers and state and local reentry facilities, face significant challenges, including limited capacity.⁴⁹ It is clear that these facilities are not intended to serve as long-term housing solutions.⁵⁰

Many newly released former inmates are confronted with nowhere to go and are rendered unhoused;⁵¹ in fact, half of the nation’s unhoused population has a history of incarceration.⁵² A single instance of incarceration dramatically increases the risk of homelessness, with formerly incarcerated individuals facing a rate nearly seven times higher than the general population.⁵³ A study found that among formerly incarcerated individuals, 203 out of every 10,000 are unhoused, while nearly three times as many (570 out of 10,000) are housing insecure.⁵⁴

³⁸ OFF. INSPECTOR GEN., U.S. DEP’T OF JUST., *The Impact of an Aging Inmate Population on the Federal Bureau of Prisons*, <https://oig.justice.gov/sites/default/files/reports/15-05.pdf> (last updated Feb. 2016) (utilizing BOP data from a singular institution, the OIG found that the “average wait time for inmates, including aging inmates, to be seen by an outside medical specialist for cardiology, neurosurgery, pulmonology, and urology to be 114 days”).

³⁹ Kamala Mallik-Kane & Christy A. Visher, *Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration*, URB. INST. JUST. POL’Y CENTER 7 (Feb. 2008), <https://www.urban.org/sites/default/files/publication/31491/411617-Health-and-Prisoner-Reentry.PDF>.

⁴⁰ Lucas Espinosa, *The Struggle of Reentry: A Neglected Issue Concerning Older Adults*, 45 ABA COMM’N ON L. & AGING 151, 152 (2024).

⁴¹ Williams et al., *supra* note 10, at 1038.

⁴² Sarah Wakeman et al., *Filling the Gap: The Importance of Medicaid Continuity for Former Inmates*, 24 J. GEN. INTERN MED. 860, 860 (2009).

⁴³ *Id.* at 861.

⁴⁴ Fontaine & Biess, *supra* note 5, at 1.

⁴⁵ *Id.* at 3 (“Incarceration places individuals at an increased risk of housing instability and insecurity *immediately* upon their release from incarceration.”).

⁴⁶ *Id.*

⁴⁷ *Id.* at 4.

⁴⁸ Dorazio, *supra* note 2.

⁴⁹ *Id.*

⁵⁰ *Id.*

⁵¹ Williams et al., *supra* note 10.

⁵² Martha Burt et al., *Homelessness: Programs and the People They Serve. Summary Report. Findings of the National Survey of Homeless Assistance Providers and Clients*, URB. INST. 25, (Dec. 1999); *see id.*

⁵³ Lucius Couloute, *Nowhere to Go: Homelessness Among Formerly Incarcerated People*, PRISON POL. INITIATIVE (Aug. 1, 2018), <https://www.prisonpolicy.org/reports/housing.html>.

⁵⁴ *Id.*

Elderly individuals who were formerly incarcerated experienced the highest rates of housing insecurity.⁵⁵ The number of elderly individuals experiencing homelessness continues to increase; in fact, it is expected to triple by 2030.⁵⁶

Homelessness amongst elderly registered sex offenders, in particular, is a growing crisis. Per Florida Statute Section 775.21, the Florida Sexual Predators Act, registrants must remain upon the registry for life, “meaning a young offender will continue to face the same restrictions upon aging into his or her senior years.”⁵⁷ This means that the offenders could lack stable housing for a large portion of time. There are no comprehensive, publicly available lists of communities or neighborhoods that accept sex offenders, leaving many without stable shelter.⁵⁸ Florida’s registry includes approximately 10,200 offenders aged 65 and older and according to the Office of Program Policy Analysis and Government Accountability (“OPPAGA”), this population grew by two percentage points between 2015 and 2016.⁵⁹

In limited cases, charitable organizations provide stable living arrangements for a small, lucky number of individuals. One such facility is the Palace Mobile Home Park in St. Petersburg, FL, which was the focus of the 2016 documentary *Pervert Park*.⁶⁰ Established in 1990 by Nancy Morais, the founder of Florida Justice Transitions, the park was created in response to Florida’s stringent probation laws.⁶¹ Under Florida Statute Section 948.30, convicted sex offenders are prohibited from residing within 300 meters of locations where children are present.⁶² The Palace serves as one of the few available housing options, though its capacity is restricted to 120 residents at any given time.⁶³

Securing stable housing for convicted sex offenders presents significant challenges, often resulting in law enforcement placing them in any available location upon release.⁶⁴ In 2007, the *Miami New Times* documented a group of formerly incarcerated individuals in Miami who, due to stringent residency restrictions, were mandated to reside beneath the State Road 836 bridge near the county criminal court.⁶⁵ Their displacement was a consequence of stringent local ordinances, including the 2005 Lauren Book Child Safety Ordinance in Miami-Dade County, which prohibits registered sex offenders from residing within 2,500 feet of schools.⁶⁶ This policy significantly restricts available housing options, a problem further underscored by a 2009 study conducted by the Broward County Commission which found that increasing residency restrictions by just 200 feet reduced available housing by 40% within the county.⁶⁷ Many halfway houses, shelters, and landlords refused to rent to offenders out of fear of legal repercussions or community backlash.⁶⁸ These individuals, monitored by probation officers enforcing a 10:00 PM to 6:00 AM curfew, had limited access to basic amenities, and faced challenging living conditions.⁶⁹ As a result, probation officers directed some offenders to the encampment under the bridge

⁵⁵ *Id.*

⁵⁶ Culhane et al., *supra* note 5, at 4.

⁵⁷ FLA. STAT. § 775.21(6)(1) (2026); Meryl Kornfield, *Florida’s Sex Offender Population is Aging. Where Can They Live Out Their Silver Years?*, MIAMI HERALD (June 20, 2019), <https://www.miamiherald.com/news/state/florida/article231296693.html>.

⁵⁸ *Id.*

⁵⁹ FLA. OFF. PROGRAM POL’Y ANALYSIS & GOV’T ACCOUNTABILITY, SEX OFFENDER REGISTRATION AND MONITORING TRIENNIAL REVIEW, REP. NO. 18-08, 1 (2018).

⁶⁰ PERVERT PARK (Final Cut for Real 2014); Kornfield, *supra* note 57.

⁶¹ PERVERT PARK, *supra* note 60; Shafaq Hasan, *Documentary Explores Lives and Challenges of Florida Sex Offenders*, NON-PROFIT Q. (July 10, 2016), <https://nonprofitquarterly.org/documentary-explores-lives-challenges-florida-sex-offenders/>.

⁶² FLA. STAT. § 948.30(1)(b) (2026).

⁶³ PERVERT PARK, *supra* note 60.

⁶⁴ Isaiah Thompson, *Swept Under the Bridge*, MIAMI NEW TIMES (Jan. 1, 2007), <https://www.miaminewtimes.com/news/swept-under-the-bridge-6334676>.

⁶⁵ *Id.*

⁶⁶ MIAMI-DADE COUNTY, FLA., CODIFIED ORDINANCES, 21 § 283 (2010).

⁶⁷ Jill Levenson et al., *Where for Art Thou? Transient Sex Offenders and Residence Restrictions*, 26 CRIM. JUST. POL’Y REV., no. 4, Dec. 2013, at 1, 3.

⁶⁸ Thompson, *supra* note 64.

⁶⁹ *Id.*

because it was one of the only locations that technically complied with residency laws.⁷⁰ To make matters worse, federal rental assistance in public housing is not available to sex offenders.⁷¹ The U.S. Department of Housing and Urban Development (“HUD”) enforces this restriction, meaning Public Housing Agencies (“PHAs”) must deny housing to such individuals.⁷²

C. A Cycle of Hardship

Housing instability, homelessness, and incarceration constitute a destructive, self-reinforcing cycle. Upon release from incarceration, individuals often face systemic barriers to housing; notably discriminatory tenant screening wherein landlords routinely deny tenancy based on criminal records.⁷³ Alternatively, a lack of familial support or adequate finances may lead them directly into homelessness upon release; a common experience for elderly individuals and sex offenders.⁷⁴ Consequently, the inability to secure stable housing profoundly impedes employment acquisition, as many positions necessitate proof of a residential address.⁷⁵ The resulting unemployment significantly elevates the risk of reincarceration, with research indicating an 127% increase in odds of recidivism for unemployed ex-offenders.⁷⁶ Critically, the cycle persists even when full-time employment is attained; homelessness remains a potent risk factor for reincarceration, underscoring the enduring impact of housing insecurity.⁷⁷ Thus, the lack of stable housing drives homelessness, which may cause unemployment, which in turn, increases the likelihood of criminal justice system involvement, thereby completing and rebirthing a never-ending cycle; an eternal sentence.

Individuals transitioning from incarceration, whether into halfway houses or directly into homelessness, face significant barriers to secure independent housing and struggle to avoid recidivism.⁷⁸ These obstacles are multifaceted and include the continual criminalization of poverty.⁷⁹

Florida's House Bill 1365, passed in 2024, prohibits camping or sleeping on public property, directly targeting unhoused individuals.⁸⁰ The state legislature has appropriated \$30 million to assist municipalities with the implementation of the statute, specifically allocated for the provision of mental health and substance abuse treatment services.⁸¹ However, local government officials have expressed concerns regarding the adequacy of the allocated funds.⁸² Municipalities, particularly those representing larger counties, report receiving approximately \$600,000 each, which they deem insufficient to meet the demands of their respective unhoused populations and effectively implement the legislation.⁸³ For instance, data from HUD indicates that Florida's unhoused population increased to 30,756 in 2023.⁸⁴ Broward County, encompassing the bustling metropolis of Fort Lauderdale and

⁷⁰ *Id.*

⁷¹ *PIH 2012-28 & H 2012-11*, U.S. DEP'T OF HOUS. & URBAN DEV. (June 11, 2012), <https://nhlp.org/files/PIH2012-28.pdf>.

⁷² *Id.*

⁷³ Lynn M. Clark et al., *Landlord Attitudes Toward Renting to Released Offenders*, 71 FED. PROBATION, no. 1, June 2007, at 1.

⁷⁴ Fontaine & Biess, *supra* note 5, at 2.

⁷⁵ Katharine H. Bradley et al., *No Place Like Home: Housing and the Ex-Prisoner*, CMTY. RES. FOR JUST. 1 (Nov. 2001), https://www.crj.org/assets/2017/07/54_No_Place_Like_Home.pdf.

⁷⁶ Amanda Bunting et al., *Beyond the Employment Dichotomy: An Examination of Recidivism and Days Remaining in the Community by Post-Release Employment Status*, 63 INT'L J. OF OFFENDER THERAPY & COMPAR. CRIMINOLOGY 712, 720 (2019).

⁷⁷ *Id.*

⁷⁸ Burt et al., *supra* note 52, at 25.

⁷⁹ Dorazio, *supra* note 2.

⁸⁰ FLA. STAT. § 125.0231 (2026).

⁸¹ Terry Spencer & Kate Payne, *Florida Enacts Tough Law to Get Homeless Off the Streets, Leaving Cities and Counties Scrambling*, COURTHOUSE NEWS SERV. (Oct. 1, 2024), <https://www.courthousenews.com/florida-enacts-tough-law-to-get-homeless-off-the-streets-leaving-cities-and-counties-scrambling/>.

⁸² *Id.*

⁸³ *Id.*

⁸⁴ U.S. Dep't of Hous. & Urban Dev. Off. of Policy Dev. and Rsch., *The 2023 Annual Homelessness Assessment Report (AHAR) to Congress*, HUDUSER 16 (Dec. 2023), <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>.

surrounding regions, holds a particular need for housing assistance with approximately 1,650 individuals seeking shelter.⁸⁵ This demand exceeds the county's capacity of 700 shelter beds, which are predominantly occupied.⁸⁶ While municipalities scrambled to develop temporary housing strategies with the minimal funds they were provided, H.B. 1365 authorizes the establishment of outdoor encampments with a maximum residency of one year, thereby potentially returning individuals experiencing homelessness to unsheltered conditions upon expiration of the permitted period.⁸⁷ Without commensurate municipal investment in alternative support provisions, the return of unhoused individuals to public areas would likely precipitate their arrest for non-compliance with H.B. 1365's public space regulations.⁸⁸ As aforementioned, the number of elderly individuals experiencing homelessness continues to increase; in fact, it is expected to triple by 2030.⁸⁹ H.B. 1365's prohibition of public camping, coupled with the expanding unhoused elderly population, initiates a negative cycle.⁹⁰ Increased arrests, a direct result of this policy interaction, lead to a higher proportion of elderly individuals entering the criminal justice system, since the number of elderly unhoused individuals continues to increase.⁹¹ This, in turn, risks amplifying recidivism rates, perpetuating the cycle of homelessness and incarceration within the older demographic.

With the criminalization of homelessness, one can reasonably expect that the number of unhoused elderly individuals in the criminal justice system, who make up the largest portion of the unhoused population, will increase.⁹²

III. Proposed Solutions

Addressing the growing crisis of elderly individuals exiting the criminal justice system requires a comprehensive and strategic approach to reentry.⁹³ As Florida's aging prison population continues to increase, so do the systemic barriers to successful reintegration, such as housing instability, limited access to healthcare, and challenges securing employment.⁹⁴ Without targeted interventions, these issues contribute to a perpetuating cycle of homelessness, unemployment, and recidivism, particularly considering recent legislation that criminalizes homelessness; this, in turn, further entangles vulnerable populations in the justice system.⁹⁵ To break this cycle, Florida must implement tailored reentry programs that provide proactive support for elderly returning citizens.⁹⁶ These solutions must prioritize stability in housing, healthcare, and employment, fostering collaboration between correctional institutions, community organizations, and support agencies to ensure a smoother transition and

⁸⁵ Fla. Council of Homelessness, *Annual Report*, FLA. DEP'T OF CHILD. AND FAMS. 19–20 (June 2025), <https://www.myflfamilies.com/documents/64946.pdf>.

⁸⁶ *Id.*

⁸⁷ FLA. STAT. § 125.0231 (2026).

⁸⁸ Nat'l L. Cent. on Homelessness and Poverty, *Housing Not Handcuffs: Ending the Criminalization of Homelessness in U.S. Cities*, NAT'L HOMELESSNESS L. CENT. 8, <https://homelesslaw.org/wp-content/uploads/2018/10/Housing-Not-Handcuffs.pdf?utm> (last visited May 5, 2026).

⁸⁹ Culhane et al., *supra* note 5, at 4.

⁹⁰ *See* FLA. STAT. § 125.0231 (2026).

⁹¹ Aaron Leibowitz & Tess Riski, *Homeless Count Dips in Miami Beach Amid Arrests. Is That Related to an Uptick in Miami?*, MIAMI HERALD (Aug. 29, 2024), <https://www.miamiherald.com/news/local/community/miami-dade/article291179960.html#storylink=cpy> (reporting that Miami Beach police made more than 200 arrests for “illegal camping” since the enactment of the ordinance in October).

⁹² Fla. Stat. § 125.0231.

⁹³ OFF. INSPECTOR GEN., *supra* note 38, at 52 (determining that current reentry programming is “inadequate”).

⁹⁴ *See* Fontaine & Biess, *supra* note 5, at 2.

⁹⁵ Kristin Stainbrook et al., *Reentry and Housing Stability: Final Report*, OFF. ASSISTANT SEC'Y FOR PLANNING & EVALUATION 6 (Dec. 18, 2024), <https://aspe.hhs.gov/reports/reentry-housing-stability> (“[E]xperiencing homelessness puts individuals at greater risk of legal system involvement, due in part to policies that criminalize homelessness, such as laws against sleeping in public spaces, panhandling, or public urination. Returning individuals without a place to live are also more likely to experience supervision violations and rearrest.”).

⁹⁶ *See* OFF. INSPECTOR GEN., *supra* note 38, at 52 (recommending tailored reentry that is “flexible,” or unique to each inmate).

reduce long-term societal costs.⁹⁷ Through these targeted interventions, Florida can create a reentry system that empowers elderly individuals to successfully reintegrate into their communities, promoting their independence and long-term well-being.

A. Expanding Pre-Release Planning

The successful reintegration of elderly inmates depends on a structured, evidence-based pre-release planning process, which should begin well before their release date. Given the significant challenges aging individuals face in correctional settings, including chronic health conditions, financial instability, and limited social support, it is essential to implement targeted strategies that ensure a smooth transition into the community.⁹⁸ A critical component of this process is the establishment of dedicated reentry units within correctional facilities, designed specifically to address the unique needs of elderly inmates and reduce their risk of homelessness, recidivism, or general decline.⁹⁹

These senior reentry units should be staffed by a multidisciplinary team of professionals specializing in elderly reentry, such as social workers, mental health professionals, financial experts, and legal advocates.¹⁰⁰ Their primary role would be to conduct individualized needs assessments at least 12 months before release, evaluating key factors such as housing stability, healthcare requirements, financial security, and available social support networks.¹⁰¹ Based on these assessments, the case managers—each specialized in their own field—can develop personalized reentry roadmaps that outline concrete steps for securing stable housing, enrolling in healthcare programs, and obtaining financial assistance.¹⁰²

Beyond assessment and planning, the senior reentry unit must serve as a coordination hub, ensuring seamless communication between correctional institutions, social service agencies, and community organizations.¹⁰³ This collaboration is essential for securing placements in supportive housing programs, facilitating Medicaid and Medicare enrollment, and connecting individuals with case management services that continue post-release.¹⁰⁴

By integrating specialized reentry units into correctional institutions, facilities can proactively address the systemic marginalization elderly inmates face upon release. A structured, well-coordinated approach may increase the likelihood of successful reintegration, ensuring that aging individuals are not left to navigate post-incarceration challenges alone but are instead supported in achieving long-term stability and self-sufficiency.¹⁰⁵

⁹⁷ John Sawyer et al., *Essential Connections: Community Health Centers' Role in Facilitating Healthy Transitions Out of Incarceration*, THE COMMONWEALTH FUND (Feb. 9, 2024), <https://www.commonwealthfund.org/publications/issue-briefs/2024/feb/essential-connections-community-health-centers-role-facilitating> (finding that community centers and resources are essential to reintegration).

⁹⁸ OFF. INSPECTOR GEN., *supra* note 38, at 35–36, 52 (noting that institutions specifically fail to tailor planning to elderly inmates, who are briefly told about their access to Social Security or VA benefits).

⁹⁹ *Id.*

¹⁰⁰ *Id.* at 53–54, 65 (recommending that institutions consider “placing additional Social Workers” and implementing “release preparation courses” that acknowledge the “post-incarceration medical care and retirement needs of aging inmates”).

¹⁰¹ Ready4Release, a program by Operation New Hope, implements case-management by creating individual release plans for clients ninety days prior to their release, including housing, transportation, and employment assistance. See *Ready4Release: It's No Longer One Day. It's Now Day One!*, OPERATION NEW HOPE, <https://operationnewhope.org/our-programs/ready4release/> (last visited Feb. 4, 2025). In contrast, this Article argues that a unique approach is required to address elderly re-entry, involving a team of interconnected, disciplined experts rather than a sole case manager.

¹⁰² OFF. INSPECTOR GEN., *supra* note 38, at 52 (stating that current reentry programming is without flexibility to “create local programs or activities to address the needs of” aging inmates).

¹⁰³ Jesse Janetta et al., *The Elected Official's Toolkit for Jail Reentry*, URBAN INST. JUST. POL'Y CTR. 5, https://www.urban.org/sites/default/files/2015/02/11/elected-officials-toolkit-for-jail-reentry_final_0.pdf (last visited May 5, 2026) (“Collaboration and information-sharing between jails and community organizations are essential to ensuring a smooth transition for released inmates.”).

¹⁰⁴ OFF. INSPECTOR GEN., *supra* note 38 (suggesting that institutions further inform inmates about Social Security or VA benefits).

¹⁰⁵ Johanna Lacoë & Hannah Betesh, *Supporting Reentry Employment and Success: A Summary of the Evidence for Adults and Young Adults*, U.S. DEP'T OF LAB. 2 (Sept. 2019), <https://www.dol.gov/sites/dolgov/files/ETA/publications/ETAOP2019-11%20REO%20Supporting%20Reentry%20Employment%20RB090319.pdf> (stating that the “primary evidence of the effectiveness of these [case management] models comes from a review of experimental and quasi-experimental impact evaluations”).

i. Housing and Residential Assistance

Housing stability is a fundamental determinant of successful reintegration for elderly returning citizens.¹⁰⁶ Due to the physical, mental, and financial challenges associated with aging, correctional institutions must prioritize long-term, supportive housing solutions as a central component of the reentry process.¹⁰⁷ Securing stable housing before release is essential, as it provides elderly individuals with the security and access to essential services needed to transition successfully into the community.¹⁰⁸

The proposed senior reentry unit should incorporate a dedicated team of housing case managers, specifically tasked with addressing the housing needs of elderly individuals.¹⁰⁹ Case managers should work closely with housing providers, including assisted living facilities, affordable housing programs, and transitional housing organizations, to ensure that appropriate housing placements are secured before release. Establishing formal partnerships between the senior reentry unit and these housing providers will facilitate pre-release coordination, ensuring that elderly inmates are placed into stable housing well before their release date.¹¹⁰

Housing case managers will guide elderly individuals through public housing programs such as Section 202 Supportive Housing for the Elderly, rental assistance programs, and long-term care facility placements.¹¹¹ Case managers should also provide direct support in navigating the often-complicated application processes for these programs, ensuring that eligible individuals are linked to the services they need.

For elderly individuals with significant medical needs, housing case managers will be responsible for establishing referral pathways to specialized services, such as nursing homes and geriatric care programs, ensuring that they receive the necessary care and support upon release. Furthermore, particular attention will be given to elderly individuals with sex offense convictions, as they may face unique barriers to housing due to legal restrictions and potential discrimination. Housing case managers must work in close coordination with local housing authorities to help these individuals identify housing options that comply with residency restrictions such as distance from schools, parks, or other areas where restrictions may apply.

By incorporating these considerations into the broader reentry strategy, the housing case managers will help ensure that elderly returning citizens, particularly those with criminal backgrounds, are not further marginalized. This proposal emphasizes the importance of equitable housing solutions that provide elderly individuals with stable, supportive environments upon their return to the community.

ii. Employment and Financial Assistance Managers

Financial security is a crucial determinant in the successful reintegration of elderly former inmates. Many face significant barriers such as limited employment opportunities, restricted access to benefits, and overall

¹⁰⁶ Stainbrook et al., *supra* note 95 (stating that “housing is a vital element of successful reentry” and “securing stable housing is a foundational element of reentry success”).

¹⁰⁷ *See id.* at 9–10.

¹⁰⁸ Hagar Dickman et al., *Promising, Practices and Models for Older Adults Transitioning from Incarceration Back to the Community*, JUST. IN AGING (Jan. 16, 2025), <https://justiceinaging.org/promising-practices-for-older-adults-transitioning-from-incarceration/> (stating that “stable housing is vital for older adults re-entering the community” and “homelessness also increases the risk of reincarceration due to the rising criminalization of acts related to homelessness, such as loitering or sleeping outside”).

¹⁰⁹ Naima I. Lusaine, *Support Services from Prison to Home: Reentry Programs in a Midwestern State*, WALDEN UNIVERSITY 85, (Nov. 5, 2024) <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=18259&context=dissertations> (praising reentry work done in Ohio wherein inmates worked with case managers to find housing).

¹¹⁰ An example of a community resource is the Clifford Hills Community Outreach Center in Tampa, Florida, which serves as a lifeline for ex-offenders seeking housing. *See Nonprofit Overview*, GREAT NONPROFITS, <https://greatnonprofits.org/clifford-hill-community-outreach-center-inc> (last visited May 5, 2026). The program, upon acceptance, offers furnished, deposit-free apartments, clothing, potential transportation from the bus stop, and assistance with finding employment. *Id.*

¹¹¹ *See* Linda Couch, *Section 202: Supportive Housing for the Elderly*, NAT’L LOW INCOME HOUSING COAL., https://nlihc.org/sites/default/files/AG-2021/04-13_Section-202.pdf (last visited May 5, 2026).

economic instability upon release. In response to such challenges, correctional institutions must implement comprehensive reentry strategies that prioritize the financial well-being of elderly individuals by supporting them in securing stable income sources including employment, disability benefits, and retirement programs.

A core component of this strategy is the establishment of a specialized team of case managers focused on employment and financial assistance within the senior reentry unit. These case managers will work closely with workforce development agencies, vocational training centers, and nonprofit organizations to provide job training and employment programs tailored to the specific needs of elderly returning citizens.¹¹² As many elderly individuals are no longer able to engage in physically demanding labor, the senior reentry unit will focus on offering alternative training and employment opportunities for part-time, remote, or low-impact roles. Expanding training programs to include digital literacy will equip elderly individuals with the practical skills they need for success in less physically demanding industries.¹¹³

In addition to job training, it is critical to recognize that for many aging ex-offenders, employment alone may not provide the financial security they need.¹¹⁴ As such, case managers within the reentry unit will assist eligible individuals in accessing Social Security benefits, Supplemental Security Income (“SSI”), and Social Security Disability Insurance (“SSDI”) before release, ensuring that they are financially stable upon reentry.¹¹⁵ This proactive approach will help prevent financial instability and address immediate income needs.¹¹⁶

Furthermore, the senior reentry unit will implement financial literacy programs tailored to elderly individuals, focusing on budgeting, managing fixed incomes, and navigating public assistance systems.¹¹⁷ Case managers will also assist in facilitating access to banking services, benefits, and nonprofit financial assistance programs, ensuring that elderly individuals have the necessary resources to manage their finances and achieve long-term economic stability.¹¹⁸

By prioritizing employment alternatives, financial education, and expanded access to benefits, the proposed reentry unit will create a comprehensive, multi-faceted approach to enhancing the economic stability of elderly former inmates.¹¹⁹ This approach will not only improve individual quality of life but also reduce reliance on emergency assistance programs and lower the risk of recidivism, fostering a more successful and sustainable reintegration into society.¹²⁰

¹¹² OFF. INSPECTOR GEN., *supra* note 38, at 33 (recommending that aging inmates require additional programs to meet their needs, including computer, wellness, foreign language, and creative classes).

¹¹³ See also Eugenia Zivanai & Gilbert Mahlangu, *Digital Prison Rehabilitation and Successful Re-entry Into a Digital Society: A Systematic Literature Review on the New Reality on Prison Rehabilitation*, 8 COGENT SOC. SCI., 2022, at 1,10 (finding that digital exclusion severely hinders offender re-entry as society increasingly relies on digital technologies, making digital literacy essential for successful reintegration). Prisons must embrace digital rehabilitation programs to promote social inclusion and equip offenders with the necessary skills for navigating a technology-dependent world. *Id.*

¹¹⁴ Mark Pogrebin et al., *Employment Isn't Enough: Financial Obstacles Experienced by Ex-Prisoners During the Reentry Process*, 39 CRIM. JUST. REV. 394, 396 (2014).

¹¹⁵ Catherine H. Conly, *Helping Inmates Obtain Federal Disability Benefits: Serious Medical and Mental Illness, Incarceration, and Federal Disability Entitlement Programs*, ABT ASSOCIATES INC. 56 (June 7, 2005), <https://www.ojp.gov/pdffiles1/nij/grants/211989.pdf> (arguing that helping ill inmates with benefits applications is important but complex, with low success rates, and that it should be part of a larger discharge plan).

¹¹⁶ *Id.*

¹¹⁷ An example of such a program is Florida's Project 180. Project 180, partnering with banks, delivers financial literacy courses in Florida prisons and jails, reaching nearly 1,300 individuals across four counties. See *Financial Literacy Course*, PROJECT 180, <https://www.project180reentry.org/portfolio-item/financial-literacy-course/> (last visited May 5, 2026). The curriculum covers credit management, borrowing, budgeting, and savings, with specialized lessons for long-term incarcerated individuals on basic banking and ATM usage. *Id.* It also emphasizes scam avoidance, addressing prevalent threats like identity theft and fraudulent schemes targeting reentrants, which is beneficial to older reentrants. *Id.*

¹¹⁸ Sawyer et al., *supra* note 97 (defining the creation of partnerships between correctional institutions and across legal, health, and other community-based organizations as one of the “10 Principles for Successfully Meeting People’s Health Needs at Reentry”).

¹¹⁹ ZHANG ET AL., *supra* note 7, at 7 (praising Chicago’s “Safer Foundation,” an inmate success program, for reducing recidivism to 17.5% for clients who have maintained employment for a 30-day period after providing them with one-on-one financial literacy lessons).

¹²⁰ *Id.* at 19.

iii. Healthcare and Mental Health Assistance Managers

Ensuring uninterrupted access to medical care is a critical component of successful reentry for elderly former inmates.¹²¹ Due to the complex medical needs that often accompany aging, correctional institutions must prioritize facilitating access to healthcare services before release, ensuring that inmates' medical requirements are seamlessly met as they transition into the community.¹²²

A key strategy in the proposed reentry unit is the appointment of dedicated case managers specifically focused on health and healthcare services. These case managers will work to facilitate the enrollment or reactivation of eligible inmates in healthcare programs such as Medicaid, Medicare, or VA healthcare prior to their release.¹²³ This will ensure that elderly individuals have immediate access to healthcare coverage upon discharge, thus minimizing the risk of gaps in medical care.¹²⁴ Additionally, case managers will establish formal agreements between correctional facilities and community health centers, hospitals, and geriatric care providers to ensure that inmates transition smoothly from institutional care to community-based services.¹²⁵ These partnerships will ensure continuity in the treatment of chronic conditions, including diabetes, heart disease, and hypertension, by facilitating referrals to specialists and primary care providers.¹²⁶

For inmates with significant healthcare needs, the case managers will create comprehensive care coordination plans before release.¹²⁷ These plans will include referrals to home healthcare providers, medical specialists, and long-term care facilities if required.¹²⁸ In addition, correctional institutions would be required to conduct pre-release medical screenings and implement medication management programs to prevent disruptions in essential treatments, particularly for individuals with chronic conditions who rely on regular medications.¹²⁹ Case managers will collaborate with healthcare providers to ensure that prescriptions are filled prior to release and will assist with coordinating a seamless transition to community-based care providers.¹³⁰

By appointing specialized case managers within the reentry unit to oversee healthcare access, correctional institutions can better ensure that elderly former inmates receive continuous, comprehensive medical care post-release.¹³¹ This approach will not only address the healthcare needs of aging individuals but also reduce the risk of health-related setbacks that could undermine their successful reintegration into their communities.¹³²

¹²¹ *Id.* at 20 (arguing that community organizations should prioritize re-entry healthcare, focusing on mental health, physical health, and substance abuse, using support and counseling).

¹²² Jesse Jannetta et al., *Strategies for Connecting Justice-Involved Populations to Health Coverage and Care*, URBAN INSTITUTE 24 (Mar. 2018), https://www.urban.org/sites/default/files/publication/97041/strategies_for_connecting_justice-involved_populations_to_health_coverage_and_care.pdf (arguing that to avoid healthcare gaps upon release, a specialized processing unit can prioritize activating coverage for those with urgent needs).

¹²³ *Id.* at 19.

¹²⁴ Conly, *supra* note 115 (praising a system in which healthcare, corrections, and benefits professionals assist inmates with preparing and pre-filing applications to re-initiate benefits).

¹²⁵ Sawyer et al., *supra* note 97.

¹²⁶ OFF. INSPECTOR GEN., *supra* note 38, at 14 (affirming that social workers help aging inmates with accessing medical services and community resources upon release, finding that “the lack of availability of Social Workers within . . . institutions hinders the[ir] . . . ability to effectively prepare aging inmates to reenter society”).

¹²⁷ *Id.* at 49–50.

¹²⁸ Rose Feinberg et al., *Health Care Transitions for Individuals Returning to the Community from a Public Institution: Promising Practices Identified by the Medicaid Reentry Stakeholder Group*, ASPE 18 (Jan. 1, 2023), <https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf> (encouraging the continuity of care by means of referring inmates to community resources).

¹²⁹ *Id.* at 16 (praising a Connecticut Department of Corrections procedure wherein “discharge planners” conduct detailed physical and mental health screenings 60 to 90 days prior to their release and, also, connect them with service providers, prescription refills, and community-based resources to ensure a smooth transition).

¹³⁰ *Id.* at 11, 20.

¹³¹ *Id.* at 5, 25.

¹³² *Id.* at 6 (“[P]rovision of treatment within prisons or jails supports successful transition back to the community.”).

iv. Legal Services

The successful reintegration of elderly returning citizens hinges not only on the availability of healthcare and housing but also on their ability to make informed legal decisions and protect their personal interests. Given the complex legal needs of aging individuals, particularly those with chronic health conditions or diminished capacity, it is essential that correctional institutions provide targeted legal services to support elderly inmates in planning for their futures.¹³³ These services should focus on crucial areas such as powers of attorney, guardianship, incapacity planning, and securing entitlement to public benefits, all of which are vital to ensuring their continued well-being upon release.¹³⁴

One of the primary legal services that should be offered to elderly returning citizens is the establishment of durable powers of attorney for both medical and financial matters.¹³⁵ Many elderly individuals face the possibility of diminished cognitive or physical ability upon release, which could hinder their capacity to make informed decisions regarding their healthcare and finances.¹³⁶ Correctional facilities should collaborate with legal aid organizations and pro bono attorneys to assist inmates in executing durable powers of attorney before their release.¹³⁷ This would allow a trusted individual to make legal, medical, and financial decisions on their behalf, ensuring that elderly individuals have proper representation if they become incapacitated.¹³⁸ Such legal arrangements should be part of a comprehensive pre-release planning program that addresses the future needs of aging individuals.

In addition to powers of attorney, correctional institutions should facilitate life planning for inmates with chronic conditions, cognitive decline, or other age-related health concerns. Legal services should include the drafting of advance healthcare directives and do-not-resuscitate (“DNR”) orders, which are essential tools for ensuring that an individual's healthcare preferences are respected in the event they lose the ability to communicate them.¹³⁹ Legal professionals, working in coordination with case managers and healthcare providers, should assist inmates in creating these legal documents before their release.¹⁴⁰ This proactive approach ensures that elderly returning citizens are not only prepared for possible health crises but that their wishes will be honored.¹⁴¹

For those whose capacity is significantly diminished or who lack appropriate family or support systems, guardianship may be an important consideration.¹⁴² Correctional facilities should assess the need for guardianship for individuals who cannot adequately manage their affairs post-release.¹⁴³ In such cases, legal services should help identify suitable guardians, whether family members, friends, or public guardians, to ensure that these

¹³³ *Legal Aid Helps Successful Reentry*, DEP'T OF JUST., <https://www.justice.gov/sites/default/files/atj/legacy/2013/08/13/reentry-legal-aid.pdf> (last visited May 5, 2026) (“[L]egal assistance can play a critical role for people leaving jail and returning to society, translating into reduced recidivism and increased chances for reintegration into the community.”).

¹³⁴ Martina E. Cartwright, *The Silver Tsunami: Aging Prisoners, Early Release, Guardianship and Prisoner Advocate Initiatives for Long Term Care Beyond the Prison Walls*, 1 *TOURO J. AGING, LONGEVITY, L. & POL'Y*, no. 1, 2016, at 54, 86 (stating that the reintegration process should “include public guardianship programs or nonprofit advocacy organizations that can assist in securing housing, enrollment for federal benefits and Medicaid, and easing former prisoners back into society”).

¹³⁵ Telephone Interview with Julie Childs, Consultant to the Department of Justice's Elder Justice Initiative (Apr. 1, 2025) (“The living will and the medical powers of attorney are very important. They are sometimes the only things you have [upon reentry]; the right to say how you live and die.”).

¹³⁶ See Duke Han et al., *Mild Cognitive Impairment is Associated with Poorer Everyday Decision Making*, 94 *J. ALZHEIMER'S DISEASE* 1607 (2023).

¹³⁷ Cartwright, *supra* note 134, at 85 (“Reentry is only possible when there is a collaborative effort.”).

¹³⁸ Telephone Interview with Julie Childs, *supra* note 135 (reminding that any guardianship or power of attorney arrangement should be accompanied by proper education, so the returning citizen fully understands that they are delegating certain rights to another individual).

¹³⁹ Marisol Garcia et al., *A Review and Content Analysis of U.S. Department of Corrections End-of-Life Decision Making Policies*, 18 *INT. J. PRISON HEALTH*, no. 2, 2021, at 1, 10 (underscoring the necessity for standardized, comprehensive policies that support incarcerated individuals in making informed end-of-life decisions, ensuring their medical preferences are respected and upheld within the correctional system).

¹⁴⁰ *Id.* at 3.

¹⁴¹ *Id.*

¹⁴² Cartwright, *supra* note 134, at 94 (“[F]unding should also be provided to public guardianship programs for the hiring and training of staff devoted primarily or exclusively to inmates . . . identified as incapacitated.”).

¹⁴³ See *id.* at 88.

individuals are not left vulnerable to exploitation or neglect.¹⁴⁴ Guardianship arrangements should be established prior to release, with the court's oversight, ensuring a smooth transition to a supportive, legally recognized arrangement that safeguards the individual's rights and well-being.¹⁴⁵

It is essential to recognize that guardianship proceedings should not be the initial course of action upon release, as preserving autonomy remains a fundamental priority.¹⁴⁶ In an interview, Julie Childs, Consultant to the Department of Justice's Elder Justice Initiative, emphasized the critical need to uphold the autonomy of elderly individuals upon their release from correctional facilities.¹⁴⁷ She highlighted the importance of educating both inmates and potential guardians to prevent unnecessary restrictions on personal freedom due to guardianship overreach.¹⁴⁸ Childs explained that, while some individuals may lack the capacity to handle complex financial or legal matters such as filing taxes, they may still be fully capable of making other important personal decisions.¹⁴⁹ These include drafting a will, choosing their place of residence, and making daily living choices.¹⁵⁰ "Even individuals with Alzheimer's retain the ability to make certain decisions about their lives," she noted, stressing the necessity of preserving independence while providing appropriate support.¹⁵¹ Childs underscored the role of guardians ad litem in assisting elderly returning citizens, describing them as essential intermediaries between the courts, correctional institutions, and long-term care facilities.¹⁵² However, she cautioned that guardians ad litem must receive proper training to understand legal capacity, the rights of the individual, and alternatives to full guardianship.¹⁵³ "Guardians ad litem should not overreach, as their role is to provide guidance and support while ensuring individuals retain as much autonomy as possible," she stated.¹⁵⁴ Regarding powers of attorney, Childs stressed that incarcerated individuals must be fully informed of the legal implications before designating a representative to make financial or healthcare decisions on their behalf.¹⁵⁵

Legal assistance with public benefits is critical for elderly returning citizens, many of whom face barriers to accessing Social Security, Medicare, Medicaid, SSI, and other financial assistance programs.¹⁵⁶ Legal professionals should be made available to assist inmates in applying for these programs, ensuring that they are enrolled in the necessary benefits before their release.¹⁵⁷ This service should also include advocacy for overcoming any barriers related to criminal records, such as legal assistance to help individuals resolve issues of eligibility or ensure they are not unjustly denied benefits due to prior convictions.¹⁵⁸

To ensure the effectiveness of these legal services, correctional facilities should establish formal partnerships with legal aid clinics, law firms offering pro bono services, and community organizations that

¹⁴⁴ *Id.* at 92 (recommending a relationship between corrective institutions and public guardianship programs for those who are incapacitated).

¹⁴⁵ *Id.* at 88.

¹⁴⁶ Telephone Interview with Julie Childs, *supra* note 135 (indicating that the reentering citizen suspected of incapacity should not first be provided with a guardian, but should be asked "what can you do and what can't you do" to uphold premises of autonomy).

¹⁴⁷ *Id.*

¹⁴⁸ *Id.* ("education is important on both sides").

¹⁴⁹ *Id.*

¹⁵⁰ *Id.*

¹⁵¹ *Id.* ("[E]ven individuals with Alzheimer's retain the ability to make certain decisions about their lives; creating a will, picking what to eat, and so on").

¹⁵² *Id.* (stating that guardians ad litem should function as a "liaison").

¹⁵³ *Id.* (indicating that guardians ad litem who focus on adults must be trained on incapacity).

¹⁵⁴ *Id.*

¹⁵⁵ *Id.* (advocating for pre-release planning that prioritizes the least restrictive alternatives to guardianship and powers of attorney).

¹⁵⁶ Cartwright, *supra* note 134, at 86 (finding that public guardians and non-profit advocacy groups can assist an inmate in securing housing and enrolling them in federal benefits).

¹⁵⁷ Jannetta et al., *supra* note 122, at 17 (recommending that a special unit assists inmates in recovering or applying for benefits prior to their release to prevent gaps in care).

¹⁵⁸ Telephone Interview with Julie Childs, *supra* note 135 ("[T]here are barriers to almost everything you need to live if you have a criminal record.").

specialize in geriatric law and reentry support.¹⁵⁹ These partnerships would allow for comprehensive, individualized legal assistance and ensure that elderly individuals are well-prepared for the legal and financial challenges they may face upon reintegration.¹⁶⁰ Integrating these critical legal services into the pre-release planning process can significantly enhance the long-term stability of elderly returning citizens, providing them with the tools to navigate their post-incarceration lives with dignity, security, and legal protection.¹⁶¹

B. Funding and Implementation

The Older Americans Act (“OAA”), enacted in 1965, is the primary federal law supporting social services for older adults in the United States.¹⁶² Designed to promote the well-being of individuals aged 60 and older, the OAA funds programs that provide transportation assistance, caregiver support, legal aid, elder abuse prevention, and more.¹⁶³ These programs further help seniors maintain their independence through community-based services administered by State Units on Aging (“SUAs”), Area Agencies on Aging (“AAAs”), and local service providers.¹⁶⁴ Over the years, the OAA has been reauthorized and expanded to address the evolving needs of aging populations, yet it does not include targeted reentry services for formerly incarcerated seniors.¹⁶⁵

The SRAP would instate senior reentry units within correctional facilities and directly fund SUAs and AAAs, thereby empowering them to deliver a wide range of services crucial to elderly individuals reintegrating into society.¹⁶⁶ The SRAP would include specific funding to SUAs and AAAs that specialize in housing assistance, workforce training, legal aid, Medicare/Medicaid enrollment support, and other essential services.¹⁶⁷

Each senior reentry unit within correctional facilities would appoint case managers specifically tasked with facilitating the transition of elderly individuals.¹⁶⁸ These case managers would work closely with the aforementioned SUAs, AAAs, and other local agencies to ensure that elderly individuals are enrolled in necessary programs, such as Medicaid, Social Security, and housing programs, well before release.¹⁶⁹ Further, they would coordinate with such agencies to identify employment opportunities, healthcare providers, and legal services, ensuring a smooth transition into the community.¹⁷⁰ To ensure that elderly inmates are referred to appropriate housing programs, including Section 202 Supportive Housing for the Elderly, rental assistance programs, and long-term care facility programs, correctional institutions would also collaborate with local agencies.¹⁷¹

¹⁵⁹ The NACDL’s “Return to Freedom Project” exemplifies pro bono partnerships by pairing attorneys with individuals serving long sentences from exercising their right to trial. *See Return to Freedom*, NACDL, <https://www.nacdl.org/Landing/ReturntoFreedom> (last visited May 5, 2026). Though not solely for elderly inmates, it would be beneficial to have such a program for aging inmates bound to face unique post-release challenges.

¹⁶⁰ Another example of such individualized legal assistance is the Elder Reentry Initiative (“ERI”) by the Osborne Association. *See Elder Reentry Initiative*, OSBORNE, <https://www.osborneny.org/our-services/elder-reentry-initiative> (last visited May 5, 2026). This organization provides legal assistance as part of its reentry services, helping participants with issues such as applying for public benefits. *Id.* While ERI does not offer direct legal representation or focus on life planning, guardianship, or powers of attorney, it connects participants with relevant legal resources and advocacy organizations. *Id.*

¹⁶¹ Cartwright, *supra* note 134, at 85 (“Successful reentry is only possible when there is a collaborative effort . . .”).

¹⁶² Older Americans Act of 1965, 42 U.S.C. § 3030d.

¹⁶³ *Id.*

¹⁶⁴ *See id.* §§ 3011, 3030d.

¹⁶⁵ *See Older Americans Act*, ACL, <https://acl.gov/about-acl/authorizing-statutes/older-americans-act> (last updated Feb. 13, 2025) (expansion of the OAA).

¹⁶⁶ *See* Older Americans Act of 1965, 42 U.S.C. §§ 3011, 3030(d); Sawyer et al., *supra* note 97.

¹⁶⁷ *See* Lusaine, *supra* note 109, at 85.

¹⁶⁸ *Id.*

¹⁶⁹ *See* Sawyer et al., *supra* note 97.

¹⁷⁰ *See id.*

¹⁷¹ *See* Couch, *supra* note 111.

To encourage state and local compliance, the SRAP would provide funding that could be utilized for various supportive services and reintegration activities.¹⁷² States would be allowed to transfer up to 30% of the funds within Title III to reentry-related programs, providing flexibility for local agencies to tailor their services to the needs of their reentering populations.¹⁷³ States would be required to submit plans for how they will integrate reentry services into their aging networks and demonstrate how they will address the specific needs of formerly incarcerated seniors. This would ensure that the program is designed to meet local needs while adhering to the broader goals of the federal reentry strategy.

The U.S. Department of Health and Human Services (“HHS”) and the U.S. Department of Justice would, ideally, oversee the implementation of SRAP, monitoring state compliance with program goals.¹⁷⁴ States would be required to submit annual reports detailing their efforts to support elderly reentrants, including data on the number of individuals served, the types of services provided, and outcomes such as housing stability, employment rates, and recidivism reduction.¹⁷⁵ Correctional facilities would also be held accountable through performance metrics tied to the successful enrollment and transition of elderly individuals into SRAP services before release. Facilities would need to demonstrate that they are providing adequate preparation for reintegration through the SRAP framework, including the coordination of health screenings, housing arrangements, and workforce training.

By utilizing the existing infrastructure of SUAs and AAAs, the federal government could quickly and efficiently deploy resources to support elderly individuals transitioning from incarceration.¹⁷⁶ These agencies are adept at addressing the needs of aging populations and can easily integrate reentry services into their broader service offerings, reducing the administrative burden and promoting more coordinated care.¹⁷⁷ By embedding such reentry support within the existing OAA framework, it ensures alignment with other senior services and maximizes the efficiency of resource distribution.¹⁷⁸

The federal government, through HHS and the DOJ, should conduct regular evaluations of SRAP to assess its effectiveness in facilitating the reintegration of elderly individuals.¹⁷⁹ This could include evaluating recidivism rates, housing stability, employment outcomes, and overall well-being of reentering seniors. Based on the findings, adjustments and improvements would be made to ensure the program’s continued success.¹⁸⁰

¹⁷² An example of such funding can be found within the Bureau of Justice Assistance's “Improving Adult and Youth Crisis Stabilization and Community Reentry Program,” which provides grants to state, local, and tribal governments. See *Improving Adult and Youth Crisis Stabilization and Community Reentry Program*, NAT’L REENTRY RES. CTR. (Jan. 26, 2023), <https://nationalreentryresourcecenter.org/resources/fy-2023-improving-adult-and-youth-crisis-stabilization-and-community-reentry-program>. They also provide grants to community-based nonprofit organizations. *Id.*

¹⁷³ See *id.*

¹⁷⁴ HHS and DOJ would, ideally, oversee the SRAP due to the HHS’s administration of the OAA and the DOJ’s role in reentry planning behind prison walls.

¹⁷⁵ These reports would be similar to that of the First Step Act of 2018, requiring the Attorney General to submit annual reports detailing activities and accomplishments related to criminal justice outcomes, which may include data pertinent to reentry efforts. See Kristin Stainbrook et al., *Reentry and Housing Stability: Final Report*, OFF. OF THE ASSISTANT SEC’Y FOR PLAN. & EVALUATION (Dec. 18, 2024), <https://aspe.hhs.gov/reports/reentry-housing-stability>.

¹⁷⁶ See Older Americans Act of 1965, 42 U.S.C. §§ 3011, 3030d.

¹⁷⁷ *Supporting America’s Aging Prisoner Population: Opportunities & Challenges for Area Agencies on Aging*, NAT’L ASS’N OF AREA AGENCIES ON AGING 23 (“AAAs have the expertise to be a highly valuable resource when state and federal policymakers are looking for programs that can provide support . . .”).

¹⁷⁸ While the OAA does not explicitly include reentry programs for elderly individuals, its emphasis on supportive services to help older persons remain independent in the community suggests a potential framework for integrating such support. See *id.* at 6.

¹⁷⁹ See Lacoë & Betesh, *supra* note 105, at 2.

¹⁸⁰ See *id.*

IV. Conclusion

The challenges faced by elderly individuals upon release from incarceration are profound and multifaceted.¹⁸¹ As Florida's aging prison population grows, so does the complexity of their reentry needs.¹⁸² Elderly inmates often confront a stark reality of limited resources, inadequate housing, and the absence of family support, placing them at heightened risk of homelessness, health deterioration, and recidivism.¹⁸³ A proactive, comprehensive reentry program is essential to address these barriers and ensure successful reintegration into society.¹⁸⁴ Florida must prioritize the establishment of specialized reentry units within correctional facilities designed to provide tailored support and facilitate collaboration between correctional institutions, healthcare providers, and community-based organizations.¹⁸⁵ Additionally, a national approach is necessary, beginning with an amendment to the Older Americans Act to create a Senior Reentry Assistance Program.¹⁸⁶ By integrating critical services such as housing support, healthcare access, and legal aid into the existing aging services network, these initiatives can offer the structured support elderly returning citizens need for long-term stability and well-being.¹⁸⁷ Through these concerted efforts, Florida and the nation can break the cycle of recidivism, reduce the societal costs of incarceration, and promote the dignity and independence of older, reentering citizens.

¹⁸¹ Dickman et al., *supra* note 108 (indicating that older adults reentering communities often struggle to access health and economic security programs, particularly among older adults of color who face structural discrimination).

¹⁸² See OFF. INSPECTOR GEN., *supra* note 38, at 51.

¹⁸³ See Greene et al., *supra* note 11, at 3; see also Williams et al., *supra* note 10.

¹⁸⁴ See *id.*

¹⁸⁵ Sawyer et al., *supra* note 97.

¹⁸⁶ See Older Americans Act of 1965, 42 U.S.C. § 3030d.

¹⁸⁷ *Id.*