State of Florida Correctional Medical Authority

2019-2020 Annual Report and Update on the Status of Elderly Offenders in Florida's Prisons

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STATE OF FLORIDA CORRECTIONAL MEDICAL AUTHORITY

Section 945.602, Florida Statutes, creates the Correctional Medical Authority (CMA). The CMA's governing board is composed of the following seven people appointed by the Governor and subject to confirmation by the Senate:

Peter C. Debelius-Enemark, MD, Chair
Representative
Physician

Vacant
Representative
Florida Medical Association

Ryan D. Beaty
Representative
Florida Hospital Association

Kris-Tena Albers, APRN, MN
Representative
Nursing

Lee B. Chaykin
Representative
Health Care Administration

Richard Huot, DDS
Representative
Dentistry

Leigh-Ann Cuddy, MS
Representative
Mental Health

Peter C. Debelius-Enemark, M.D., Chair
Kris-Tena Albers, APRN, MN
Richard Huot, DDS

Leigh-Ann Cuddy, MS
Lee B. Chaykin
Ryan D. Beaty

STATE OF FLORIDA
CORRECTIONAL MEDICAL AUTHORITY

December 30, 2020

The Honorable Ron DeSantis
Governor of Florida

The Honorable Wilton Simpson, President
The Florida Senate

The Honorable Chris Sprowls, Speaker
The Florida House of Representatives

Dear Governor DeSantis, Mr. President, and Mr. Speaker:

In accordance with § 945.6031, Florida Statutes (F.S.), I am pleased to submit the Correctional Medical Authority's (CMA) 2019-20 Annual Report. This report summarizes the CMA's activities during the fiscal year and details the work of the CMA's governing board, staff, and Quality Management Committee fulfilling the agency's statutory responsibility to assure adequate standards of physical and mental health care are maintained in Florida's correctional institutions.

Pursuant to § 944.8041, F.S., section two of this report includes the CMA's statutorily mandated report on the status and treatment of elderly offenders in Florida's prison system. The Update on the Status of Elderly Offenders in Florida's Prisons report describes the elderly population admitted to Florida's prisons in FY 2019-20 and the elderly population housed in Florida Department of Corrections (FDC) institutions on June 30, 2019. The report also contains information related to the use of health care services by inmates age 50 and older and housing options available for elderly offenders.

The CMA continues to support the State of Florida in its efforts to assure the provision of adequate health care to inmates. Thank you for recognizing the important public health mission at the core of correctional health care and your continued support of the CMA. Please contact me if you have any questions or would like additional information about our work.

Sincerely,

Jane Holmes-Cain, LCSW

Jane Holmes-Cain, LCSW
Executive Director

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SECTION I

2019-2020
CORRECTIONAL MEDICAL AUTHORITY
ANNUAL REPORT

INTRODUCTION

ABOUT THE CORRECTIONAL MEDICAL AUTHORITY

The Correctional Medical Authority (CMA) was created in July 1986 while Florida's prison health care system was under the jurisdiction of the federal court as a result of litigation that began in 1972. Costello v. Wainwright (430 U.S. 57 (1977)) was a class-action lawsuit brought by inmates alleging that their constitutional rights had been violated by inadequate medical care, insufficient staffing, overcrowding, and poor sanitation. The CMA was created as part of the settlement of the Costello case and continues to serve as an independent monitoring body to provide oversight over the systems in place that provide health care to inmates in Florida Department of Corrections (FDC) institutions.

In the final order closing the Costello case, Judge Susan Black noted that the creation of the CMA made it possible for the federal court to relinquish prison monitoring and oversight functions it had performed for the prior 20 years. The court found that the CMA was capable of "performing an oversight and monitoring function over the Department to assure continued compliance with the orders entered in this case." Judge Black went on to write that, "the CMA, with its independent board and professional staff, is a unique state effort to remedy the very difficult issues relating to correctional health care."[1]

As an independent agency, with a seven-member governing volunteer board and eight full-time employees, the CMA plays an important risk management function for the State of Florida by ensuring constitutionally adequate health care is provided in FDC institutions. Specific responsibilities and authority related to the statutory requirements of the CMA are described in § 945.601–945.6035, Florida Statutes (F.S.), and include the following activities:

- Reviewing and advising the Secretary of Corrections on FDC's health services plan, including standards of care, quality management programs, cost containment measures, continuing education of health care personnel, budget and contract recommendations, and projected medical needs of inmates.
- Reporting to the Governor and legislature on the status of FDC's health care delivery system, including cost containment measures and performance and financial audits.
- Conducting surveys of the physical and mental health services at each correctional institution every three years and reporting findings to the Secretary of Corrections.
- Reporting serious or life-threatening deficiencies to the Secretary of Corrections for immediate action.
- Monitoring corrective actions taken to address survey findings.
- Providing oversight for FDC's quality management program to ensure coordination with the CMA.
- Reviewing amendments to the health care delivery system submitted by FDC prior to implementation.

[1] Ibid.

From 1986, the CMA carried out its mission to monitor and promote the delivery of cost-effective health care until being defunded in 2011. During the 2011 Legislative Session, two bills designed to repeal statutes related to the CMA and eliminate funding for the agency passed through the Florida House and Senate and were sent to the Governor for approval. The Governor vetoed a conforming bill, which would have eliminated the CMA from statute and requested that the agency's funding be restored. The legislature restored the agency's funding effective July 1, 2012, and the agency was reestablished as an independent state agency within the administrative structure of the Executive Office of the Governor.

During the 2020 Legislative Session, the 2020 Legislature enacted Ch. 2020-113, *Laws of Florida*, amending § 945.602, *Florida Statutes*, which provided for the CMA to be transferred, administratively, from the Executive Office of the Governor back to the Florida Department of Health. This bill was approved by the Governor and went into effect July 1, 2020.

2019-2020 ANNUAL REPORT

Annually, as required by § 945.6031, F.S., the CMA drafts a report advising the Governor and legislature of the status of FDC's health care delivery system and makes recommendations regarding performance improvements. This report presents the CMA's assessment of FDC's overall health care delivery system. Included in the report is an overview of activities conducted by the CMA during fiscal year (FY) 2019-20, a summary of institutional surveys and corrective action plan assessments, and the CMA's overall assessment and recommendations regarding FDC's health care delivery system.

FLORIDA DEPARTMENT OF CORRECTIONS HEALTH SERVICES UPDATE

FDC currently contracts with Centurion of Florida, LLC to provide medical, mental health, and dental services statewide. These contracts are managed through the Department's Office of Health Services (OHS). OHS ensures that medical, dental, and mental health services provided to inmates through contracts with the comprehensive health care provider are adequate. Additionally, OHS ensures that FDC's health care delivery system is multifaceted and driven by access to care requirements, national medical standards, policies and procedures, and internal and external quality improvement.[2]

Detailed below is a brief summary of major OHS activities during FY 2019-20.

Lake Correctional Institution Mental Health Unit: The Legislature appropriated $7 million to fund a contract for architectural and engineering services for a new 550-bed mental health inpatient unit at Lake Correctional Institution.

The Department expects the project to be completed during FY 2022-23. Additionally, the following benefits are anticipated:

- Inmate patients will benefit from a more appropriate therapeutic environment.
- Primary medical services will be offered in each mental health unit.
- Enhanced design features will provide staffing efficiencies and optimize building operations and maintenance.

Electronic Medical Record System: Through its contract with Centurion of Florida, LLC, the Department is in the process of transitioning from a paper-based medical records system to electronic medical records (EMR). Major progress was made on this project during FY 2019-20, and it is scheduled to be implemented statewide no later than December 31, 2021. The EMR is anticipated to provide significant benefits, including but not limited to the following:

- Significantly reduce the time needed to respond to grievance appeals and inmate health care inquiries
- Increase the time frontline health care staff will be able to dedicate to the provision of health care services by eliminating the need to scan paper records or compile medical summaries that must be sent to Central Office
- Streamline staff referrals and other components of health care service delivery through the use of auto-scheduling and other electronic functions
- Enhance the Department's overall ability to perform health care analytics and informatics, by providing clinical data and demographics that can be combined with pharmaceutical and cost data, to provide real-time information that supports clinical decision making and creates actionable insights that lead to future efficiencies

[2] *Florida Department of Corrections Report, "2018 Comprehensive Correctional Master Plan." Tue. Nov. 19, 2019.*

COVID-19 Pandemic Response: During the last four months of FY 2019-20, the Department and its health care contractor, Centurion of Florida, LLC, dedicated significant resources responding to the COVID-19 pandemic. FDC's Office of Health Services coordinated with the Florida Department of Health (DOH) for guidance on outbreaks and closely monitored new information from Florida DOH and the Centers for Disease Control and Prevention (CDC). In mid-April, the Department implemented an Essential Health Care Services Plan to ensure resources were targeted appropriately to the education, prevention, monitoring, and treatment of inmate patients who were at risk of COVID-19. FDC also implemented staff screenings and personal protective equipment requirements based on CDC guidelines, as well as a variety of other measures designed to limit the introduction of COVID-19 into institutions. Testing priorities and contact investigations were coordinated with DOH and local county health departments. Positive and/or symptomatic patients were placed in medical isolation and close contacts were placed in medical quarantine.

CMA ACTIVITIES FISCAL YEAR 2019-2020

CMA activities during fiscal year (FY) 2019-20 focused on meeting the agency's statutorily required responsibilities. Key agency activities are summarized below.

CMA BOARD MEETINGS

The governing board of the CMA is composed of seven citizen volunteers appointed by the Governor and approved by the Senate. The Board is comprised of health care professionals from various administrative and clinical disciplines including nurses, hospital administrators, dentists, and mental and physical health care experts. At the end of the fiscal year, all seats on the CMA Board were filled except for the Florida Medical Association representative.

The CMA Board held five public meetings during FY 2019-20. One meeting was hosted by the FDC Office of Health Services (OHS) staff and the staff of Zephyrhills Correctional Institution (ZEPCI) in Zephyrhills, FL. In addition to conducting regular business, board members were provided a tour of ZEPCI's Inpatient Unit and J-Dorm, which is a skilled nursing unit for elderly and disabled inmates.

INMATE CORRESPONDENCE

CMA staff responded to 69 inmate letters during FY 2019-20. Responding to inmate correspondence is a valuable risk management function of the CMA. Because the CMA is not authorized to direct staff in FDC institutions or require that specific actions be taken by the Department, inmate letters are forwarded to OHS for investigation and response. In cases relating to security or other issues, letters are referred to the Department's Inspector General or General Counsel. CMA staff tracks the outcome of these letters and subsequently reviews health care issues identified in inmate letters during on-site surveys.

QUALITY MANAGEMENT

CMA's quality management program requirements are outlined in § 945.6032, F.S. As required by statute, the CMA appoints a medical review committee to provide oversight for FDC's inmate health care Quality Management Program. CMA's Quality Management Committee (QMC) functions as an oversight body of FDC's Quality Management Program. The QMC is comprised of a licensed physician committee chair and three volunteer health care professionals including a representative from the CMA Board.

The QMC met twice during the fiscal year and reviewed 12 mortality cases. One meeting was hosted by OHS staff and the staff of Reception and Medical Center (RMC) in Lake Butler, FL. One meeting was dedicated to suicide mortalities and five suicide mortalities were reviewed. The format of the suicide mortality review meeting was similar to the regular mortality review process, with the exception that a psychologist reviewed and presented information to the committee and facilitated discussion among the stakeholders.

DISABILITY RIGHTS OF FLORIDA SETTLEMENT AGREEMENT MONITORING

On January 31, 2018, FDC and Disability Rights Florida, Inc. (DRF), signed and submitted to the courts a Settlement Agreement regarding the provision of mental health services in FDC inpatient mental health units. Included in the agreement was a provision for compliance monitoring by the CMA.

Under the terms of the Agreement, the CMA is responsible for conducting two rounds of compliance monitoring for each FDC inpatient unit. The CMA began the first round of inpatient monitoring in February 2019 and completed the monitoring in October 2019. Eight inpatient units (Reception and Medical Center, Zephyrhills CI, Dade CI, Lake CI, Florida Women's Reception Center, Wakulla CI, Suwannee CI, and Santa Rosa CI) were monitored and the resulting compliance assessments were formally reported to DRF and FDC. In January 2020, the CMA began its second round of compliance assessments. Zephyrhills CI was monitored, and the results were formally reported to DRF and FDC.

Pursuant to section VIII. of the Settlement Agreement, Plaintiff notified FDC in December 2019 of its belief that FDC was not in substantial compliance with the Agreement at several prison locations based upon the first round of compliance assessments. The parties engaged in negotiations regarding the allegations of noncompliance, resulting in the implementation by FDC of corrective action plans to address the findings reported by the CMA during the first round of compliance assessments. Both parties agreed to a one-year postponement of the second round of monitoring to allow an opportunity to address the issues raised in the notice of noncompliance during the first round of monitoring reports. This would allow time for FDC and its contracted services provider to engage in a period of corrective action and internal monitoring before the second round of CMA compliance assessments would resume. However, during the corrective active plan negotiations, the COVID-19 pandemic erupted, significantly impacting FDC operations and causing several prisons to go on extended active outbreak status, requiring widespread quarantines of prison dormitories. Therefore, the parties agreed that compliance assessments by the CMA would tentatively resume in May or June 2021.

TRIENNIAL SURVEYS AND CORRECTIVE ACTION PLANS ASSESSMENTS

The CMA is required, per § 945.6031(2), F.S., to conduct triennial surveys of the physical and mental health care systems of all FDC institutions and report survey findings to the Secretary of Corrections. The institutional survey process evaluates the quality of physical and mental health services provided by contracted health services providers, identifies significant deficiencies in care and treatment, and assesses institutional compliance with FDC's policies and procedures. To determine the adequacy of care, the CMA contracts with a variety of licensed community and public health care practitioners to conduct clinical record reviews. The reviews assess the timeliness and appropriateness of both routine and emergency physical and mental health services. The resulting findings from institutional surveys enable the CMA to capture a performance snapshot of FDC's overall health care delivery system.

Following institutional surveys and upon the issuance of a final survey report, the CMA's corrective action process is initiated. The CAP process necessitates institutional staff develop and submit a corrective action plan (CAP) addressing deficiencies outlined in the final report. The CAP is submitted to OHS for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement and monitor the CAP for four to five months (but no less than three months). CAP assessments are conducted to evaluate the effectiveness of the corrective actions taken. Findings deemed corrected are closed and monitoring is no longer required. Conversely, findings not corrected remain open. Institutional staff monitor open findings until the next assessment is conducted, and this process continues until all findings are closed.

Fifteen institutions were scheduled to be surveyed in FY 2019-20. From July 2019-February 2020, the CMA conducted 11 surveys at 10 institutions. However, due the emergence of a novel coronavirus known as SARS-CoV-2 which causes the severe acute respiratory illness COVID-19, the CMA was forced to cancel the five remaining scheduled surveys. In response to the rapid spread of COVID-19 and resulting public health emergency, Governor DeSantis issued Executive Order 20-52 on March 9, 2020, which declared a State of Emergency for COVID-19. Section 4(b) of the order stated, *"Each State agency may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of that agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary action in coping with the emergency."* Additionally, despite there being no known cases of COVID-19 within the FDC at the time of the Governor's emergency declaration, the Secretary of Corrections issued an emergency order suspending all institutional visitation. Out of an abundance of caution and in response to the Governor's emergency declaration, the suspension of institutional visitation, and the acute infection risk associated with COVID-19, the CMA suspended all scheduled surveys and on-site corrective action plan assessments.

SUMMARY OF FISCAL YEAR 2019-20 PHYSICAL HEALTH SURVEY FINDINGS

Over the last five years, CMA staff have analyzed and compared the results of institutional surveys during each fiscal year to summarize overall performance and identify significant findings from each service delivery area evaluated during physical and mental health surveys. The data was presented in a consistent format that summarizes survey data and details system-wide trends. This reporting format has provided a performance snapshot of FDC's overall health care delivery systems. The reporting format of FY 2019-20 institutional survey data will differ from that of previous fiscal years due to the cancellation of five scheduled surveys. Rather than discussing system-wide trends, a summary of findings from the surveyed institutions will be provided. Although system-wide trends are not presented, a comparison of institutional performance from previous triennial surveys and this fiscal year's survey will be presented.

Ten institutions were surveyed in FY 2019-20. Of the institutions surveyed, reception services were provided at one (FWRC); one had a re-entry center (Everglades CI); one institution had a main and annex unit (Apalachee CI), with each unit being surveyed separately; and inpatient mental health services were provided at one institution (FWRC). Two surveyed institutions (Graceville CF and Bay CF) are private facilities managed by the Department of Management Services. All institutions surveyed during FY 2019-20 were previously surveyed as a part of the CMA's triennial survey schedule.

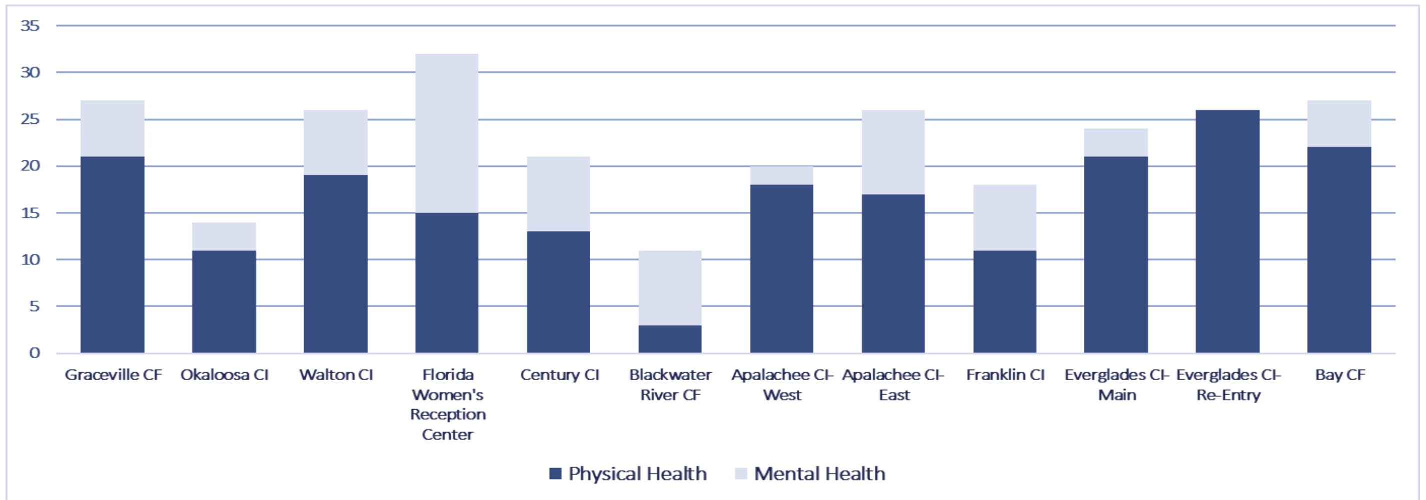
In total, there were 272 reportable survey findings, and of these reportable findings, 197 (72 percent) were physical health findings and 75 (28 percent) were mental health findings. The results of CMA surveys were formally reported to the Secretary of Corrections. Detailed reports for each institutional survey can be accessed on the CMA website at http://www.flgov.com/correctional-medical-authority-cma. Below is a summary of medical and mental health grades,[3] the number of inmates housed, and survey findings identified.

Table 1. Summary of Fiscal Year 2019-20 Institutional Surveys

Summary of Fiscal Year 2019-2020 Institutional Surveys									
Institution	Grades Served		Maximum Capacity	Census at Time of Survey	Infirmary Care	Inpatient Mental Health	Special Housing	Findings	
	Medical	Mental Health						Physical Health	Mental Health
Graceville CF	M1-M3	S1-S3	1884	1864	Yes	No	Yes	21	6
Okaloosa CI	M1-M3	S1-S3	1174	1176	Yes	No	Yes	11	3
Walton CI	M1-M3	S1-S3	1653	1496	Yes	No	Yes	19	7
Florida Women's Reception Center	M1-M5	S1-S6	1354	932	Yes	Yes	Yes	15	17
Century CI	M1-M5	S1-S2	1713	1658	Yes	No	Yes	13	8
Blackwater River CF	M1-M3	S1-S3	2000	1993	Yes	No	Yes	3	8
Apalachee CI-West	M1-M3	S1-S3	819	782	Yes	No	Yes	18	2
Apalachee CI-East	M1-M3	S1-S3	1361	1127	Yes	No	Yes	17	9
Franklin CI	M1-M5	S1-S2	1178	1510	Yes	No	Yes	11	7
Everglades CI-Main	M1-M5	S1-S3	2259	2256	Yes	No	Yes	21	3
Everglades CI-Re-Entry	M1-M2	S1-S3	432	401	No	No	No	26	0
Bay CF	M1-M3	S1-S3	985	955	No	No	Yes	22	5

[3] Medical grades reflect the level of care inmates require. Grades range from M1, requiring the least level of medical care, to M5, requiring the highest level of care. Pregnant offenders are assigned to grade M9. Medical grades are as follows: M1, inmate requires routine care; M2, inmate is followed in a chronic illness clinic (CIC) but is stable and requires care every six to twelve months; M3, inmate is followed in a CIC every three months; M4, inmate is followed in a CIC every three months and requires on-going visits to the physician more often than every three months; M5, inmate requires long term care (longer than 30 days) in inpatient, infirmary, or other designated housing. Mental health grades reflect the level of psychological treatment inmates require. Grades range from S1, requiring the least level of psychological treatment, to S6, requiring the highest level of treatment. Mental health grades are as follows: S1, inmate requires routine care; S2, inmate requires ongoing services of outpatient psychology (intermittent or continuous); S3, inmate requires ongoing services of outpatient psychiatry; S4, inmates are assigned to a transitional care unit (TCU); S5, inmates are assigned to a crisis stabilization unit (CSU); and S6, inmates are assigned to a corrections mental health treatment facility (CMHTF).

Figure 1. Institutional Survey Findings by Health Services Area



SUMMARY OF PHYSICAL HEALTH SURVEY FINDINGS

The physical health survey process evaluates inmates' access to care and the provision and adequacy of episodic, chronic disease, dental care, and medical administrative processes and procedures. The following areas are evaluated during the physical health portion of surveys: chronic illness clinics (CIC), consultation requests, dental systems and care, emergency care, infection control, infirmary care, inmate requests, institutional tour, intra-system transfers, medication administration, periodic screenings, pharmacy, pill line administration, and sick call services.

Figure 2. Physical Health Findings by Assessment Area

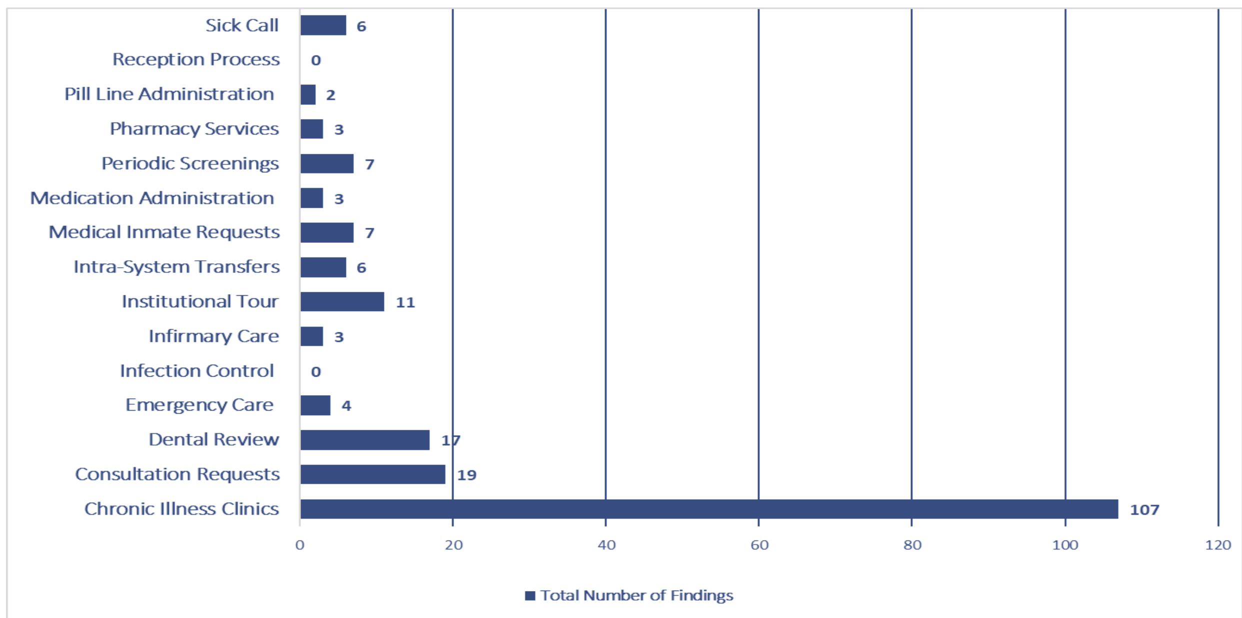


Table 2. Description of Physical Health Assessment Area

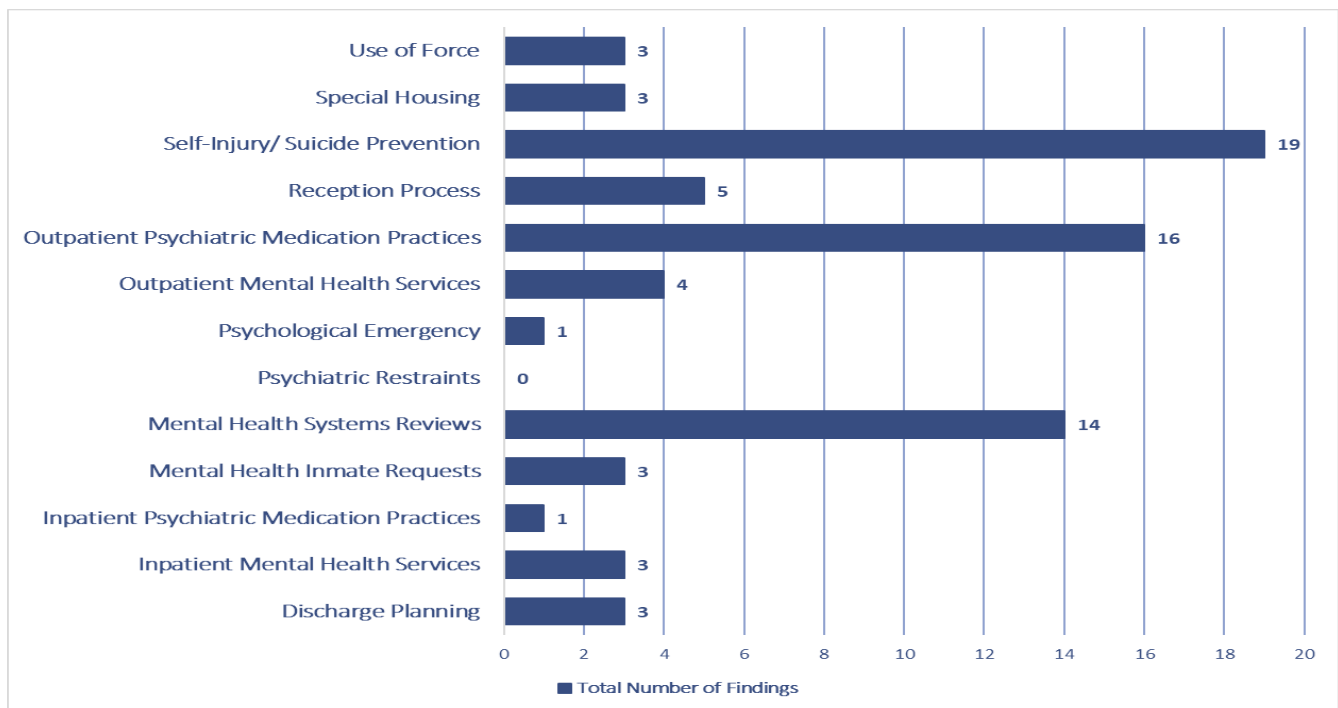
Assessment Area	Description of Assessment Area	Total Findings
Chronic Illness Clinics	Assesses care provided to inmates with specific chronic care issues. Clinical record reviews are completed for the following chronic illness clinics: cardiovascular, endocrine, gastrointestinal, immunity, miscellaneous, neurology, oncology, respiratory, and tuberculosis	95
Consultation Requests	Assesses processes for approving, denying, scheduling services, and follow-up for specialty care services	12
Dental Review	Assesses the provision of dental care and compliance with FDC dental services policies and procedures	17
Emergency Care	Assesses emergency care processes for addressing urgent/emergent medical complaints	3
Infection Control	Assesses compliance with infection control policies and procedures	0
Infirmary Care	Assesses the provision of skilled nursing services in infirmary settings	3
Institutional Tour	Tour of medical, dental, and housing facilities	11
Intra-System Transfers	Assesses systems and processes for ensuring continuity of care for inmates transferred between institutions	5
Medical Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying physical health related inmate requests	5
Medication Administration	Assesses the administration of medication and clinical documentation related to medication practices	3
Periodic Screenings	Assesses the provision of periodic physical examinations and health screenings	7
Pharmacy Services	Assesses compliance with FDC's policies and procedures for medication storage, inventory, and disposal	3
Pill Line Administration	Assesses medication dispensing practices to ensure proper nursing practices and policies are followed	2
Reception Process	Assesses compliance with FDC's policies and procedures for physical health screenings of new inmates	0
Sick Call	Assesses sick call processes to address acute and non-emergency medical complaints and inmate access to sick call	3

SUMMARY OF MENTAL HEALTH SURVEY FINDINGS

Mental health surveys assess inmates' access to mental health services, the provision and adequacy of outpatient and inpatient mental health services, and administrative processes and procedures. The following areas are evaluated during mental health surveys: discharge planning, inpatient mental health services, inpatient psychiatric medication practices, mental health inmate requests, mental health systems, psychiatric restraints, psychological emergencies, outpatient mental health services, outpatient psychiatric medication practices, the reception process, self-injury/suicide prevention, access to care in special housing, and use of force.

It is important to note that some mental health assessment areas were not applicable for all institutions. Record reviews for self-injury/suicide prevention, psychiatric restraint, and use of force were completed for institutions that had available episodes for review. Psychiatric medication practices and discharge planning record reviews were only applicable for institutions housing inmates who had mental health grades of S3 and above. Additionally, special housing was reviewed only at institutions where confinement was provided. Reception and inpatient mental health were assessed at specific institutions where these services are provided.

Figure 3. Mental Health Findings by Assessment Area



Findings in the areas of self-injury/suicide prevention, mental health systems and outpatient psychiatric medication practices account for majority of the mental health findings. There were no findings related to psychiatric restraints. Figure 3 and Table 3 provide a description of each mental health assessment area and the total number of findings by area.

Table 3. Description of Mental Health Survey Assessment Area

Assessment Area	Description of Assessment Area	Total Findings
Discharge Planning	Assesses processes for ensuring the continuity of mental health care for inmates within 180 days of end of sentence	3
Inpatient Mental Health Services	Assesses the provision of mental health care in inpatient settings	3
Inpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in inpatient settings	1
Mental Health Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying mental health related inmate requests	3
Mental Health Systems Reviews	Assesses systems and processes related to mental health staff training, clinical supervision, and other administrative functions	14
Psychiatric Restraints	Assesses compliance with FDC's policies and procedures for psychiatric restraints	0
Psychological Emergencies	Assesses the process for responding to inmate mental health emergencies	1
Outpatient Mental Health Services	Assesses the provision of mental health services in an outpatient setting	4
Outpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in outpatient settings	16
Reception Process	Assesses compliance with FDC's policies and procedures for mental health screenings of new inmates	5
Self-Injury/ Suicide Prevention	Assesses compliance with FDC's policies and procedures for self-injury and suicide prevention	19
Special Housing	Assesses compliance with FDC's policies and procedures for providing mental health services to inmates assigned to confinement, protective management, or close management	3
Use of Force	Assesses compliance with FDC's use of force policies and procedures following use of force episodes for inmates on the mental health caseload	3

CORRECTIVE ACTION PLAN (CAP) ASSESSMENTS

CMA staff completed 45 CAP assessments in FY 2019-20. This included two CAP assessments for institutions surveyed in FY 2016-17, 13 CAP assessments for institutions surveyed in FY 2017-18, 26 CAP assessments for institutions surveyed in FY 2018-19, and four CAP assessments for institutions surveyed in FY 2019-20. At the end of the fiscal year, one CAP from FY 2016-17, two CAPs from FY 2017-18, eight CAPs from FY 2018-19, and nine CAPs from FY 2019-20 remained open.

Table 4a. Fiscal Year 2016-2017 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2016-2017 Surveyed Institutions						
Institution	Total Number of Physical Health Findings	Total Number of Mental Health Findings	Total Number of Open Physical Health CAP Findings	Total Number of Open Mental Health CAP Findings	Number of CAP Assessments	Open or Closed
Suwannee CI-Main	20	39	0	2	5	Open

Table 4b. Fiscal Year 2017-2018 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2017-2018 Surveyed Institutions						
Institution	Total Number of Physical Health Findings	Total Number of Mental Health Findings	Total Number of Open Physical Health CAP Findings	Total Number of Open Mental Health CAP Findings	Number of CAP Assessments	Open or Closed
Taylor CI-Main	19	14	0	0	5	Closed
Taylor CI-Annex	17	15	0	0	5	Closed
Sumter CI	29	29	0	0	6	Closed
Marion CI	12	16	0	0	5	Closed
Lake CI	30	31	0	2	4	Open
Wakulla CI-Main	27	6	0	1	6	Open
Wakulla CI-Annex	13	20	0	0	5	Closed
Northwest Florida Reception Center-Main	23	16	0	0	4	Closed
Northwest Florida Reception Center-Annex	10	14	0	0	4	Closed

Table 4c. Fiscal Year 2018-2019 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2018-2019 Surveyed Institutions						
Institution	Total Number of Physical Health Findings	Total Number of Mental Health Findings	Total Number of Open Physical Health CAP Findings	Total Number of Open Mental Health CAP Findings	Number of CAP Assessments	Open or Closed
Columbia CI-Main	25	23	0	0	4	Closed
Columbia CI-Annex	29	21	0	0	3	Closed
Lowell CI-Main	30	8	4	2	3	Open
Lowell CI-Annex	12	20	0	6	3	Open
Reception and Medical Center-Main	8	15	0	2	3	Open
Reception and Medical Center-West	5	3	0	0	2	Closed
Jackson CI	17	6	0	0	4	Closed
Dade CI	31	36	4	10	2	Open
Okeechobee CI	26	18	5	1	2	Open
Moore Haven CF	55	24	4	7	2	Open
Avon Park CI	9	6	0	0	2	Closed
Polk CI	11	7	0	0	2	Closed
Charlotte CI	10	7	0	0	2	Closed
Hamilton CI-Main	9	12	3	6	2	Open
Hamilton CI-Annex	8	5	1	2	2	Open
Madison CI	4	30	0	0	3	Closed

Table 4d. Fiscal Year 2019-2020 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2019-2020 Surveyed Institutions						
Institution	Total Number of Physical Health Findings	Total Number of Mental Health Findings	Total Number of Open Physical Health CAP Findings	Total Number of Open Mental Health CAP Findings	Number of CAP Assessments	Open or Closed
Graceville CF	21	6	1	0	2	Open
Okaloosa CI	11	3	0	0	1	Closed
Walton CI	19	7	0	0	2	Closed
FWRC	15	17	11	10	1	Open
Century CI	13	8	0	5	1	Open
Blackwater River CF	3	8	0	4	1	Open
ACI-East	17	9	4	5	1	Open
ACI-West	18	2	6	2	1	Open
Franklin CI	11	7	1	1	1	Open
Everglades CI	21	3	16	1	1	Open
Everglades Re-Entry	26	N/A	21	N/A	1	Open
Bay CF	22	5	0	5	1	Closed

THREE-YEAR INSTITUTIONAL SURVEY COMPARISON

All institutions surveyed during FY 2019-20 were resurveyed as a part of the CMA's triennial survey schedule. These institutions were initially surveyed in FY 2013-14 and 2015-16. While a side-by-side comparison is provided, it is important to note that new survey tools have been implemented since the first round of CMA triennial surveys began in 2013. The CMA routinely updates survey tools as FDC policies and procedures are written, revised, and implemented. Additionally, CMA creates or revises tools to increase the efficiency and accuracy of the survey process. The number of findings related to chronic illness clinics and medical inmate requests was impacted by these changes.

Figures 5 and 6 provide a comparison of physical and mental health survey findings from the first survey cycle and FY 2019-20. At almost half of the institutions surveyed, there was an increase in the number of physical health findings when compared to initial surveys. Conversely, fewer mental health findings were noted at nearly all surveyed institutions during the second round of triennial surveys. The most significant reduction in overall findings was noted at Blackwater River CF (BRCF) and FWRC. Both institutions had a substantial number of serious findings including significant clinical findings as well as a lack of health systems to ensure appropriate care. At FWRC, the findings were critical resulting in the issuance of an emergency notification.

Figure 5. Comparison of Physical Health Findings

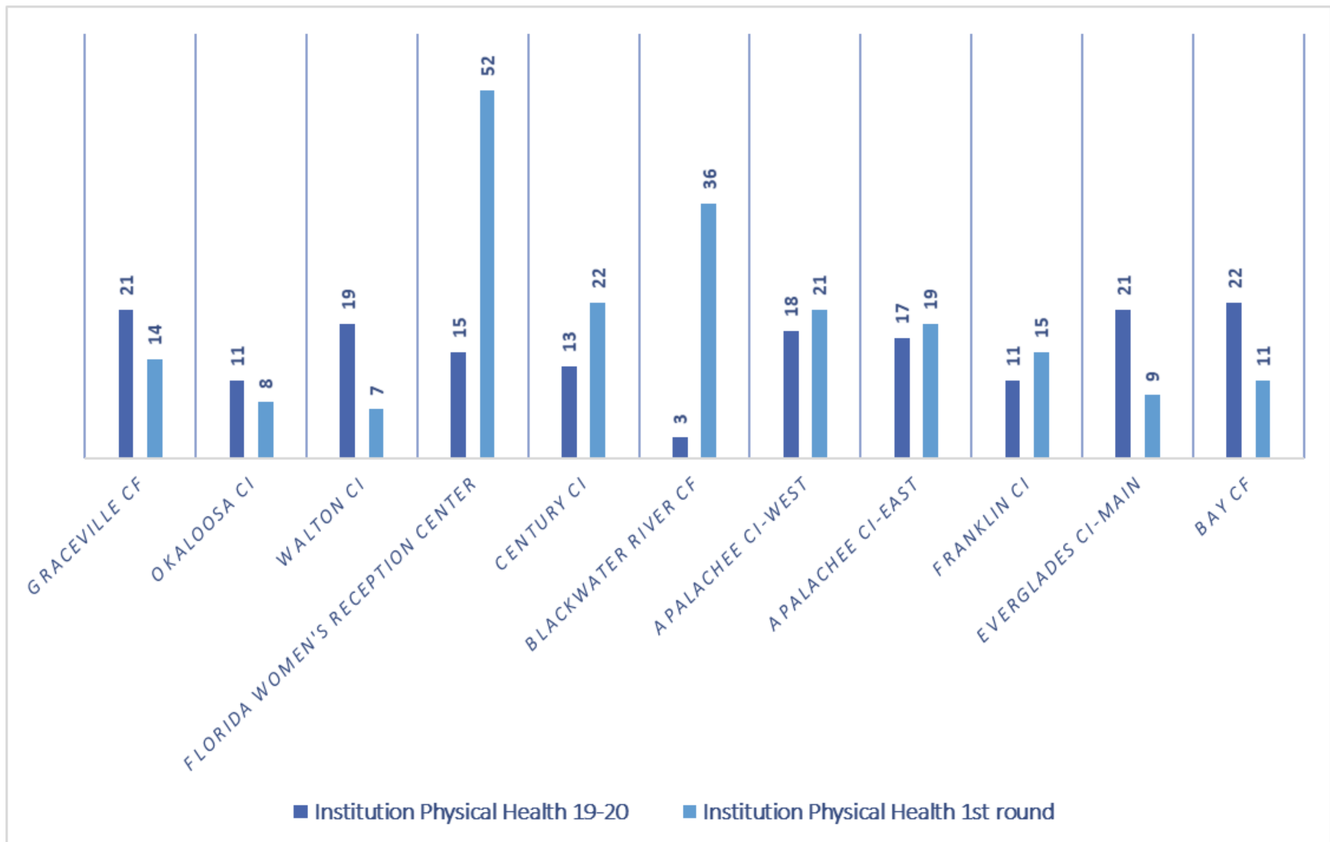
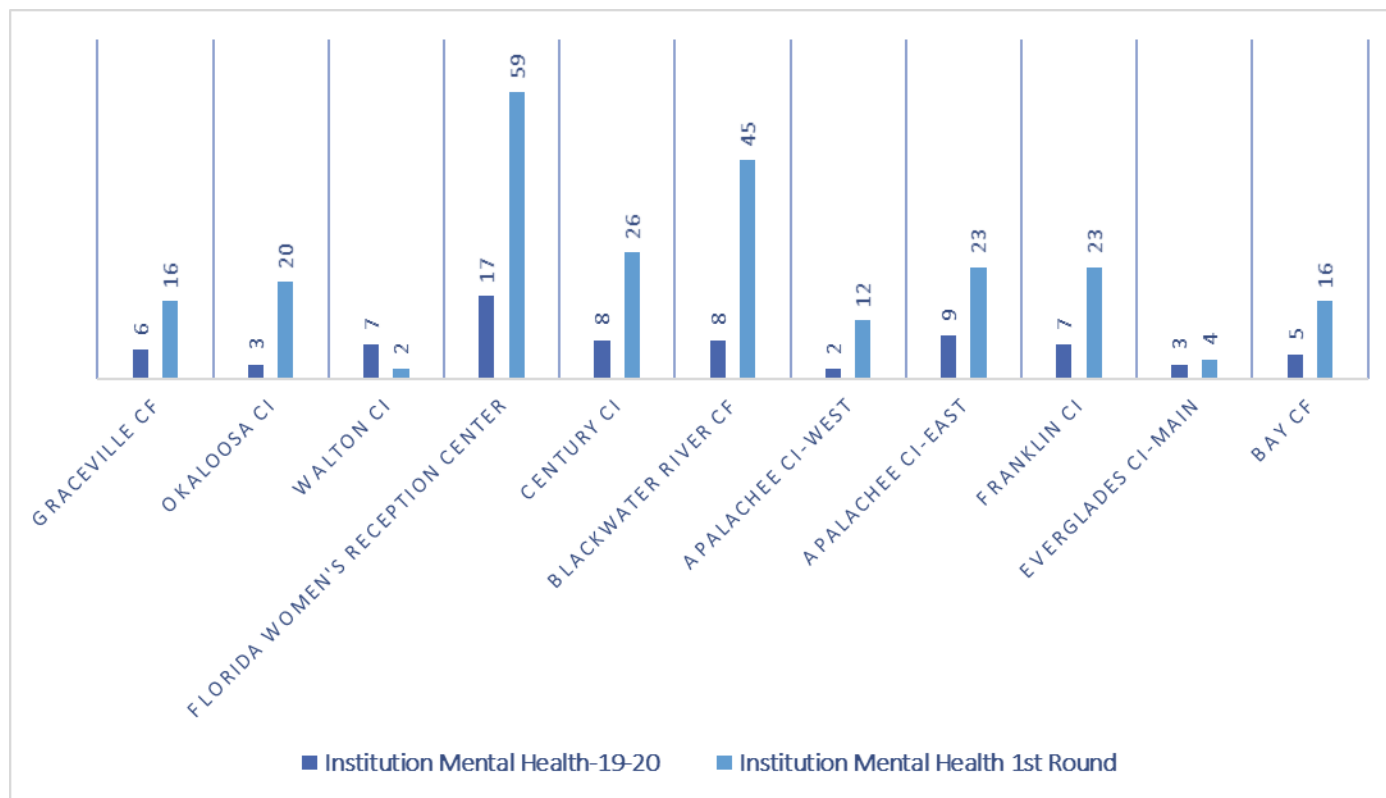


Figure 6. Comparison of Mental Health Findings



When comparing findings from initial triennial surveys and FY 2019-20 survey findings, there were 35 repeat physical health findings and 31 mental health findings. Table 5 provides a summary of repeat findings.

Table5. Comparison of Repeat Findings

Comparision of Repeat Survey Findings			
Institution	Initial Triennial Survey Date	Total Number of Repeat Physical Health Findings	Total Number of Repeat Mental Health Findings
Graceville CF	2015-2016	3	2
Okaloosa CI	2013-2014	1	0
Walton CI	2015-2016	1	1
FWRC	2015-2016	5	10
Century CI	2015-2016	4	5
Blackwater River CF	2015-2016	0	5
ACI-East	2015-2016	8	4
ACI-West	2015-2016	6	0
Franklin CI	2015-2016	3	3
Everglades CI	2015-2016	2	0
Bay CF	2015-2016	2	1

RECOMMENDATIONS

As in previous years, institutional surveys for FY 2019-20 continued to reveal FDC generally has an overall adequate structure for the delivery of health care services. However, deficiencies were noted at all institutions, and a wide variability of care exists at the institutional level. This year's report reiterates some concerns highlighted in previous annual reports. Detailed below are the CMA's recommendations to address these areas of concern.

- Provide routine and ongoing training on medical records management practices and clinical documentation requirements to all health services staff. Training should reinforce the importance of avoiding risk management issues associated with inadequate and missing clinical documentation.
- Provide training for clinicians regarding timely supervisory reviews of consultations, past due appointment logs, abnormal labs, and/or emergency and sick call encounters to ensure appropriate follow-up.
- Identify a system or process to provide clinicians with notification reminders to order periodic screening diagnostic tests within the required time frame.
- Re-educate nursing staff on the completion of protocol forms (SC, ER, PE, Inf) to reinforce the importance of complete medical records and reduce the risk of missing clinical documentation.
- Identify a system or process to provide clinicians with notification reminders to order fundoscopic examinations annually and influenza, pneumococcal, and Hepatitis A & B vaccinations as required.
- Re-educate staff and encourage usage of the problem list.
- Streamline RMC consultation process to decrease wait times and transportation problems.
- Establish a system to provide consistent delivery of medications to inmates regardless of institution or housing status.
- Ensure therapeutic groups are provided to meet the needs of inmates receiving outpatient mental health services.
- Streamline the process for inmate requests to a single point of submission by the inmate to ensure daily triage by nursing and timely distribution to the appropriate department.

SECTION II

2019-2020
UPDATE ON THE STATUS OF ELDERLY OFFENDERS IN FLORIDA

INTRODUCTION

Since 2001, the CMA has reported annually on the status of elderly offenders in Florida's prisons to meet statutory requirements outlined in § 944.8041, Florida Statutes (F.S.), that require the agency to submit, each year to the Florida Legislature, an annual report on the status of elderly offenders. Utilizing data from FDC's Bureau of Research and Data Analysis, a comprehensive profile of Florida's elderly offenders will be detailed in this report. This update for FY 2019-20 will include demographics, sentencing, health utilization, housing data for elderly offenders, and CMA's recommendations related to Florida's elderly prison population.

DEFINING ELDERLY OFFENDERS

Correctional experts share a common view that many incarcerated persons experience accelerated aging because of poor health, lifestyle risk factors, and limited health care access prior to incarceration. Many inmates have early-onset chronic medical conditions, untreated mental health issues, and unmet psychosocial needs that make them more medically and socially vulnerable to experience chronic illness and disability approximately 10-15 years earlier than the rest of the population.[4]

Outside of correctional settings, age 65 is generally considered to be the age at which persons are classified as elderly. However, at least 20 state departments of corrections and the National Commission on Correctional Health Care have set the age cutoff for elderly offenders at 50 or 55.[5] In Florida, elderly offenders are defined as "prisoners age 50 or older in a state correctional institution or facility operated by the Department of Corrections."[6] Therefore, elderly offenders are defined in this report as inmates age 50 and older.

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[4] Williams, Brie A., et al. "Addressing the Aging Crisis in U.S. Criminal Justice Health Care." Journal of the American Geriatrics Society, vol. 60, no. 6, 2012, pp. 1150–1156.

[5]Ibid.

[6] Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.

PROFILE OF FLORIDA'S ELDERLY OFFENDERS

FISCAL YEAR 2019-2020 ADMISSIONS

DEMOGRAPHIC CHARACTERISTICS

In FY 2019-20, elderly offenders accounted for 15 percent (3,159) of 21,276 inmates admitted to FDC institutions. Males represented 90 percent (2,860) of elderly offender admissions, while females age 50 and older accounted for 10 percent (299) of admissions. When looking at racial/ethnic demographics for newly admitted inmates age 50 and older, 36 percent (1,148) were black, 11 percent (339) were Hispanic, 52 percent (1,656) were white, and 0.60 percent (16) were classified as other. Table 6 further details racial/ethnic demographics by gender.

The average age at the time of admission for males was age 57 and females, age 55. The oldest male offender admitted in FY 2019-20 was age 87, while the oldest female admitted was age 78. Demographic data is summarized in Table 6 below:

Table 6. Fiscal Year 2019-2020 FDC Elderly Offender Admissions Demographics

Fiscal Year 2019-2020 Admissions: Demographics				
	Total Population	15-49	50+	Percentage of Total Population Age 50+
Gender				
Male	18,478	15,618	2,860	**15%**
Female	2,798	2,860	299	**11%**
Total	**21,276**	**18,478**	**3,159**	**15%**
Race/Ethnicity				
Black Female	669	594	75	**0.35%**
Black Male	8,038	6,965	1,073	**5%**
Hispanic Female	165	149	16	**0.08%**
Hispanic Male	2,258	1,935	323	**2%**
White Female	1,956	1,750	206	**1%**
White Male	8,102	6,652	1,450	**7%**
Other Female	8	6	2	**0.01%**
Other Male	80	66	14	**0.07%**
Total	**21,276**	**18,117**	**3,159**	**15%**
Age Range of 50+ Population				
Age Range	Total	Percentage of Total Population		
50-59	2,392	**11%**		
60-69	676	**3%**		
70+	91	**0.43%**		
Total	**3,159**	**15%**		

COMMITMENTS AND PRIMARY OFFENSES

Most (34 percent or 1,076) of the elderly offenders admitted to FDC in FY 2019-20 had no prior commitments, while 16 percent (510) had one, 12 percent (369) had two, 9 percent (298) had three, and 29 percent (906) had four or more prior FDC commitments. Among new admissions, 30 percent (939) of inmates age 50 and older were incarcerated for violent crimes, 27 percent (866) for property crimes, 23 percent (742) for drug offenses, and 19 percent (611) were incarcerated for offenses classified as other. Table 7 summarizes previous FDC commitments for elderly offenders. Table 8 summarizes primary offense types.

Table 7. Fiscal Year 2019-20 Admissions: Summary of Previous FDC Commitments

Fiscal Year 2019-2020 Admissions: Previous FDC Commitments For Inmates Age 50 and Older		
Previous Number of Commitments	Total Number of Elderly Offenders	Percentage of Total Population Age 50+
0	1,076	34%
1	510	16%
2	369	12%
3	298	9%
4+	906	29%

Table 8. Fiscal Year 2019-20 Admissions: Summary of Primary Offense Categories

Fiscal Year 2019-2020 Admissions: Primary Offense Types For Inmates Age 50 and Older					
Primary Offense Type	50-59	60-69	70+	Total Inmates Age 50+	Percentage of Total Population Age 50+
Violent	649	227	63	939	30%
Property	713	147	6	866	27%
Drugs	566	168	8	742	23%
Other	463	134	14	611	19%

INMATE MORTALITY

It is estimated that 2 percent (434) of inmates admitted in FY 2019-20 will die while incarcerated and elderly offenders will account for 29 percent (127) of these inmates.

JUNE 30, 2019 POPULATION

DEMOGRAPHIC CHARACTERISTICS

At the end of FY 2019-20, 27 percent (23,527) of Florida's 87,736 general prison population was age 50 and older. Males accounted for 95 percent (22,367) of the June 30, 2020, elderly offender population and represented 27 percent of the total male inmate population. Female elderly offenders accounted for five percent (1,160) of inmates age 50 and over on June 30, 2020 and represented 20 percent (5,847) of the total female inmate population. The racial/ethnic demographics for the June 30, 2020, elderly offender population are as follows: 41 percent (9,677) were black, 11 percent (2,721) were Hispanic, 47 percent (11,003) were white, and 1 percent (126) were classified as other.

Elderly offenders between the ages of 50-59 represented 63 percent (14,835) of inmates age 50 and older. The average age of elderly offenders housed on June 30, 2020, was 59. The oldest male offender incarcerated on June 30, 2019, was age 92. The oldest female offender was age 79.

Table 9 summarizes the demographics of the June 30, 2020, inmate population.

Table 9. FDC Elderly Offender June 30, 2020, Demographics

June 30, 2020 Population, Demographics				
	Total Population	15-49	50+	Percentage of Total Population Age 50+
Gender				
Male	81,889	59,522	22,367	27%
Female	5,847	4,687	1,160	20%
Total	87,736	64,209	23,527	27%
Race/Ethnicity				
Black Female	1,653	1,344	309	0.35%
Black Male	39,874	30,506	9,368	11%
Hispanic Female	413	348	65	0.07%
Hispanic Male	10,792	8,136	2,656	3%
White Female	3,747	2,970	777	1%
White Male	30,870	20,644	10,226	12%
Other Female	34	25	9	0.13%
Other Male	353	236	117	33%
Total	87,736	64,209	23,527	25%

Age Range of 50+ Population		
Age Range	Total	Percentage of Total Population
50-59	14,835	17%
60-69	6,806	8%
70+	1,886	2%
Total	23,527	25%

COMMITMENTS AND PRIMARY OFFENSES

Forty-five percent (10,497) of elderly offenders housed on June 30, 2020, had no prior FDC commitments. The remaining 55 percent (13,030) of elderly offenders were repeat offenders with one or more previous FDC commitments. Most of the June 30, 2020, elderly offender population, 66 percent (15,616), was incarcerated for violent crimes, 15 percent (3,530) for property crimes, 11 percent (2,560) for drug offenses, and 8 percent (1,821) for crimes classified as other.

Table 10. June 30, 2019, Population: Summary of Previous FDC Commitments

June 30, 2020, Population: Previous FDC Commitments For Inmates Age 50 and Older		
Previous Number of Commitments	Total Number of Elderly Offenders	Percentage of Total Population Age 50+
0	10,497	45%
1	3,718	16%
2	2,657	11%
3	2,096	9%
4+	4,559	19%

Table 11. June 30, 2019, Population: Summary of Primary Offense Categories

June 30, 2020 Primary Offense Types For Inmates Age 50 and Older					
Primary Offense Type	50-59	60-69	70+	Total Inmates Age 50+	Percentage of Total Population Age 50+
Violent	9,113	4,854	1,649	**15,616**	**66%**
Property	2,632	831	67	**3,530**	**15%**
Drugs	1,817	671	72	**2,560**	**11%**
Other	1,273	450	98	**1,821**	**8%**

INMATE MORTALITY

There were 449 inmate deaths in FY 2019-20. Elderly offenders accounted for 74 percent (333) of those deaths. Males age 70+ accounted for 27 percent (122) of all inmate deaths.

HEALTH SERVICES UTILIZATION

To address the complex health needs of elderly offenders, FDC provides comprehensive medical and mental health care. This includes special accommodations and programs, medical passes, skilled nursing services for chronic and acute conditions, and palliative care for terminally ill inmates. In addition to routine care, inmates age 50 and over receive annual periodic screenings and dental periodic oral examinations. Elderly offenders are also screened for signs of dementia and other cognitive impairments as a part of FDC's health care screening process.[7]

SICK CALL AND EMERGENCY CARE ENCOUNTERS

There were 374,467 sick call and emergency encounters in FY 2019-20. Elderly offenders accounted for 31 percent (116,774) of those encounters. Sick call represented the greatest proportion of those encounters. There were 90,406 sick call encounters for inmates age 50 and older.

Table 12 summarizes all sick call and emergency care encounters during FY 2019-20.

Table 12. Summary of Fiscal Year 2019-2020 Sick Call and Emergency Care Encounters

Sick Call and Emergency Care Encounters							
Encounter Type	Total Encounters	Females		Males		Total Encounters	Percentage of Total
		15-49	50+	15-49	50+		
Sick Call	256,856	19,690	84,024	146,760	6,382	90,406	35%
Emergency	117,611	10,256	23,937	80,987	2,431	26,368	22%
Total	374,467	29,946	107,961	227,747	8,813	116,774	31%

CHRONIC ILLNESS CLINICS

In FY 2019-20, 63,483 inmates were enrolled in chronic illness clinics (CIC), and inmates age 50 and older accounted for 51 percent (32,172) of enrolled inmates. Elderly offenders accounted for 50 percent or more of inmates in five clinics: cardiovascular, endocrine, renal, miscellaneous, and oncology clinics. Table 13 summarizes CIC enrollment.

[7] *Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.*

Table 13. Summary of Fiscal Year 2019-2020 Chronic Illness Clinic Enrollment

Chronic Illness Clinic Enrollment					
Chronic Clinic	Total Assigned Inmates	Females 50+	Males 50+	Total Number of Inmates 50+	Percentage of Total Assigned Inmates Age 50+
Cardiovascular	26,797	835	14,364	15,199	57%
Endocrine	8,801	375	4,956	5,331	61%
Gastrointestinal	11,950	249	4,178	4,427	37%
Immunity	2,507	57	1,131	1,188	47%
Renal	5	0	5	5	100%
Miscellaneous	2,589	67	1,513	1,580	61%
Neurology	2,791	37	806	843	30%
Oncology	930	35	697	732	79%
Respiratory	6,264	173	2,514	2,687	43%
Tuberculosis	849	5	175	180	21%
Total	63,483	1,833	30,339	32,172	51%

There were 121,015 reported CIC encounters during the fiscal year, and inmates age 50 and older accounted for 52 percent (63,381) of CIC visits. In five clinics, elderly offenders accounted for 50 percent or more of visits in FY 2019-20. Table 14 provides a breakdown of CIC encounters for elderly offenders by clinic.

Table 14. Summary of Fiscal Year 2019-2020 Chronic Illness Clinic Encounters

Chronic Illness Clinic Encounters					
Chronic Illness Clinic	Total Number of Clinic Visits	Females 50+	Males 50+	Total Encounters 50+	Percentage of Total Encounters
Cardiovascular	48,664	1,500	27,081	28,581	59%
Endocrine	17,561	698	10,157	10,855	62%
Gastrointestinal	19,849	416	7,611	8,027	40%
Immunity	8,108	191	3,723	3,914	48%
Renal	7	0	7	7	100%
Miscellaneous	4,528	119	2,789	2,908	64%
Neurology	4,939	63	1,498	1,561	32%
Oncology	1,825	64	1,395	1,459	80%
Respiratory	10,987	295	4,835	5,130	47%
Tuberculosis	4,547	24	915	939	21%
Total	121,015	3,370	60,011	63,381	52%

IMPAIRMENTS AND ASSISTIVE DEVICES

FDC assigns inmate impairment grades based on visual impairments, hearing impairments, physical limitations, and developmental disabilities. All FDC institutions have impaired inmate committees that develop, implement, and monitor individualized service plans for all impaired inmates.[8]

In FY 2019-20, there were 22,961 inmates with assigned impairment grades, with 50 percent (11,528) of assigned impairments being among elderly offenders. Inmates age 50 and older comprised 39 percent (5,394) of inmates with visual impairments, 76 percent (808) with hearing impairments, 76 percent (2,031) with physical impairments, and 59 percent (3,295) with developmental impairments.

Inmates requiring special assistance or assistive devices are issued special passes to accommodate their needs. FDC issued 19,099 passes for special assistance and/or assistive devices in FY 2019-20, and 58 percent (11,062) of those passes were issued to elderly offenders.

A summary of impairments and assistive devices is provided in Tables 15 and 16.

Table 15. Summary of Fiscal Year 2019-2020 FDC Impairment Grade Assignments

Impairment Grade Assignments				
Impairments	15-49	50+	Total Population	Percentage of Total Population Age 50+
Visual	8,295	5,394	13,689	39%
Hearing	250	808	1,058	76%
Physical	629	2,031	2,660	76%
Developmental	2,259	3,295	5,554	59%
Total	11,433	11,528	22,961	50%

Table 16. Summary of Fiscal Year 2019-2020 Issued Assistive Devices/Special Passes

Assistive Devices/Special Passes				
Assistive Devices/Special Passes	15-49	50+	Total Population	Percentage of Total Population Age 50+
Adaptive Device Assigned	548	1,098	1,646	67%
Attendant Assigned	21	103	124	83%
Low Bunk Pass	7,087	8,654	15,741	55%
Hearing Aid Assigned	60	203	263	77%
Pusher Assigned	29	135	164	82%
Prescribed Special Shoes	100	193	293	66%
Wheelchair Pass	192	676	868	78%
Total	8,037	11,062	19,099	58%

[8] *Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.*

HOUSING ELDERLY OFFENDERS

In Florida, inmates are not housed solely based on age, therefore, elderly offenders are housed in most of the Department's major institutions. All inmates, including elderly offenders, who have significant limitations performing activities of daily living or serious physical conditions may be housed in institutions that have the capacity to meet their needs. Inmates who have visual or hearing impairments, require walkers or wheelchairs, or who have more specialized needs are assigned to institutions designated for assistive devices for ambulating. Currently, the facilities listed below serve relatively large populations of elderly inmates.[9]

- **Central Florida Reception Center- South Unit:** This unit is specifically designated for special needs inmates including the elderly as well as palliative care inmates.

- **Zephyrhills Correctional Institution:** Two dorms are specifically designed for elderly inmates as well as inmates with complex medical needs.

- **Lowell Correctional Institution**: There is a dorm specifically designated for female inmates with complex medical needs, including the elderly.

- **South Florida Reception Center-South Unit**: There are 487 beds for inmates age 50 and older.

- **South Florida Reception Center-F-Dorm:** There are 84 beds designated for long-term and palliative care. The facility also provides step down care for inmates who can be discharged from hospitals but are not ready for an infirmary level of care at an institution.

- **Union Correctional Institution:** There are 156 beds for inmates age 50 and older.

- **Inpatient Mental Health Units:** FDC has eight Transitional Care Units (TCU) where elderly inmates with impairment in mental and cognitive functioning receive necessary care in a safe and protective environment.

[9] *Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.*

RECOMMENDATIONS

Within the resources available, FDC has taken steps to develop programs that address the needs of older inmates such as consolidation of older inmates at certain institutions and palliative care units. While FDC has taken steps to better meet the needs of Florida's elderly offender population, additional system, policy, and programmatic changes are needed. As in previous years, the CMA makes the following recommendations for addressing Florida's elderly offender population:

- Continue efforts to expand FDC's housing and facilities to accommodate elderly offender populations.

- Policymakers and FDC should review conditional medical release policies to identify and address procedural barriers that impact the release of elderly offenders.

- Develop or enhance geriatric training programs for institutional staff. Training should address common health conditions and psychosocial needs of elderly offenders and be offered on a routine basis.

- Mental health policies and procedures should be reviewed to ensure they include guidance for detecting and addressing changes in cognitive functioning for inmates age 50 and older. Additionally, training and education regarding the detection of cognitive impairment among elderly offenders should be offered to staff.

- Review staffing levels for elderly care, including physicians, mid-level practitioners, and nursing staff.

- Expand the availability of ADA services and locations.