CORRECTIONAL MEDICAL AUTHORITY

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STATE OF FLORIDA
CORRECTIONAL MEDICAL AUTHORITY

2021-2022 ANNUAL REPORT & 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

Vacant
Representative
Dentistry

Leigh-Ann Cuddy, MS
Representative
Mental Health

CORRECTIONAL MEDICAL AUTHORITY

December 27, 2022

The Honorable Ron DeSantis
Governor of Florida

The Honorable, President Kathleen Passidomo
The Florida Senate

The Honorable, Speaker Paul Renner
The Florida House of Representatives

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

In accordance with § 945.6031, Florida Statutes (F.S.), I am pleased to submit the Correctional Medical Authority's (CMA) 2021-22 Annual Report. This report summarizes the CMA's activities during the fiscal year and details the work of the CMA's governing board and staff 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 2021-22 and the elderly population housed in Florida Department of Corrections (FDC) institutions on June 30, 2022. The report also contains information related to the use of health care services by inmates aged 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

CORRECTIONAL MEDICAL AUTHORITY

TABLE OF CONTENTS

SECTION I: 2021-2022 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 10 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.

[1] Celestineo V. Singletary. United States District Court. 30 Mar. 1993. Print.

- 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.

Since 1986, the CMA has 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.

2021-2022 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 during fiscal year (FY) 2021-22.

Included in the report is an overview of activities conducted by the CMA during FY 2021-22, a summary of institutional surveys, 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. The contract with Centurion of Florida, LLC, runs through June 30, 2023, and the Department issued a single competitive solicitation, ITN DC22-042, on April 1, 2022, to procure comprehensive health care services for inmates in its facilities statewide. The 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 summary of major OHS activities during FY 2021-22.

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. Construction costs have been appropriated via bond funding.

The Department expects the project to be substantially completed during FY 2023-24 with a projected opening date during 2025. 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
- 30-bed Medical Stabilization Unit and full medical, dental, and mental health within the same building

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

ELECTRONIC MEDICAL RECORD SYSTEM

Through its contract with Centurion of Florida, LLC, the Department has transitioned from a paper-based medical records system to electronic medical records (EMR). System development was substantially completed in Spring 2021, and testing continued through the end of the fiscal year. The system, which interfaces with the Department's Offender-Based Information System (OBIS) as well as pharmacy, laboratory, and radiology, was implemented statewide on December 8, 2021. The EMR is providing 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
- 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
- Improve continuity of care by ensuring access to medical records regardless of housing location

Enhancements to the EMR have continued since implementation to identify and make full use of electronic capabilities to include reporting functions. A dedicated EMR team will continue to identify, test, and implement successful enhancements examples of which include:

- Streamlining workflows including forms enhancements
- Integrating the use of telehealth to enhance access to care
- Developing an enhanced tooth chart for dental services

The EMR team will continue to make enhancements based on user feedback and review by the development team.

CMA ACTIVITIES FISCAL YEAR 2021-22

CMA BOARD MEETINGS

CMA 's governing board 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 and Dental representative.

CMA's Board held four public meetings during FY 2021-22 via video conference.

INMATE CORRESPONDENCE

CMA staff responded to 54 inmate-related letters and emails during FY 2021-22. 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.

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 two rounds of compliance monitoring by the CMA. In July 2021, CMA resumed it's monitoring of the Settlement Agreement. A second round of monitoring was completed for Florida Women's Reception Center (FWRC), Dade CI, Suwanee CI, Lake CI, Santa Rosa CI, and Wakulla CI.

ELECTRONIC MEDICAL RECORD REVIEW TRANSITION

Through its contract with Centurion of Florida, LLC, FDC transitioned from a paper-based medical records system to an electronic medical record (EMR). System development was substantially completed in Spring 2021, and testing continued through the end of the fiscal year. The EMR was initially launched at the Department's female institutions and then fully implemented at all remaining sites in December 2021. The EMR is a comprehensive system that encompasses all aspects of inmate health care including mental health, dental care, laboratory testing, diagnostic imaging, utilization management, and pharmacy services.

The Department's transition to the EMR necessitated changes to the CMA's triennial survey process. To adapt, two comprehensive training sessions were conducted with CMA contracted clinical surveyors. Surveyors were expected to attend one of two available sessions in April 2022. Each training consisted of an extensive presentation of EMR functionality. Additionally, clinical surveyors spent time practicing utilization of the EMR by completing survey tools using pre-selected medical records.

CMA staff conducted two pilot surveys in May 2022 at Hamilton and Columbia Correctional Institutions. The purpose of the pilots was to provide additional training opportunities for clinical surveyors, as well as to ensure that DOH proprietary technology would allow for accessing the EMR from needed areas of the compound both "in front of" and "behind" the prison gates. The result of both pilots demonstrated that CMA surveyors were successfully able to review records via the EMR, and that the technology was sufficient to ensure reliable access to the EMR by CMA staff and clinical surveyors.

ACCESS TO CARE REVIEW FOLLOW-UP

In April 2020, FDC published a response to COVID-19, FDC COVID-19 Health Care Directive #10-Temporary Move to Essential Health Care Services. The purpose of the plan was to implement risk reduction measures to mitigate the transmission of COVID-19, maintain critical health services functions, and increase providers' capacity to respond to COVID-19. The plan provided a list of essential medical, dental, and mental health services that would be maintained during the Department's emergency COVID-19 response operations.

The CMA developed an abbreviated access to care review. Access to Care Reviews focused on health care services offered through the FDC's Essential Services Plan and evaluated compliance with Directive #10. CMA staff utilized questions from existing survey tools to create the Modified Access to Care Monitoring Tool. The monitoring tool included screening questions that evaluated whether inmates had adequate access to physical, dental, and mental health essential services, timely initial and follow-up care, and appropriate and timely referral and consultation services.

CMA staff conducted Access to Care Reviews at 24 institutions from August 2020-July 2021. Of the 24 original reviews completed, five did not require follow-up and nine follow-up reviews were successfully closed. During FY 2021-22, eight follow-up reviews were completed. Follow-up activities were discontinued at three sites due to extended institutional closures. Follow-up reviews were discontinued at four sites to avoid redundancies with newly scheduled or completed triennial surveys.

At the time of the publication of this report, two of the 24 reviews continued to require additional follow-up, as compliance with Department policy in the deficient areas was not established.

SUMMARY OF INSTITUTIONAL SURVEY FINDINGS

The CMA is required, per § 945.6031(2) F.S., to conduct triennial surveys of the physical and mental health care systems at each correctional institution and report survey findings to the Secretary of Corrections. The process is designed to assess whether inmates in FDC's correctional institutions can access medical, dental, and mental health care and to evaluate the clinical adequacy of the resulting care. To determine the adequacy of care, the CMA conducts clinical records reviews that assess the timeliness and appropriateness of both routine and emergency physical and mental health services. Additionally, administrative processes, institutional systems for informing inmates of their ability to request and receive timely care, and operational aspects of health care services are examined.

In FY 2021-22, the CMA conducted 11 institutional surveys between the months of July-December. These included one reception center (South Florida Reception Center (SFRC-Main)); one institution with main and annex units (SFRC), with each unit being surveyed separately; and one private prison managed by the Department of Management Services.

A total of 254 institutional survey findings were identified. Of reportable findings, 116 (46 percent) were physical health findings and 138 (54 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's website at www.flcma.gov.

A summary of medical and mental health grades[3], number of inmates housed, and survey findings identified are provided in Table 1 below.

[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 (MHTF).

Table 1 Summary of Fiscal Year 2021-2022 Institutional Surveys

Summary of Fiscal Year 2021-2022 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
Gadsden Correctional Facility	M1-M3	S1-S3	1601	1149	Yes	N/A	Yes	4	22
Gadsden Re-Entry	M1-M2	S1-S3	432	422	N/A	N/A	N/A	4	6
Gulf Correctional Institution	M1-M2	S1-S3	1411	1283	Yes	N/A	Yes	5	7
Jefferson Correctional Institution	M1-M3	S1-S3	1119	1006	Yes	N/A	Yes	14	6
Sumter Correctional Institution	M1-M3	S1-S3	1617	1541	Yes	N/A	Yes	15	5
Lancaster Correctional Institution	M1-M3	S1-S3	961	863	N/A	N/A	Yes	9	17
Lake City Correctional Facility	M1-M3	S1-S3	894	891	N/A	N/A	Yes	2	8
Union Correctional Institution	M1-M3	S1-S3	1425	1312	Yes	N/A	Yes	7	6
South Florida Reception Center-Main	M1-M4	S1-S3	1455	969	Yes	N/A	Yes	25	14
South Florida Reception Center-South Unit	M1-M4	S1-23	889	371	N/A	N/A	Yes	12	9
Martin Correctional Institution	M1-M3	S1-S3	1600	1475	Yes	N/A	Yes	17	24
Calhoun Correctional Institution	M1-M3	S1-S2	1299	1290	N/A	N/A	Yes	2	14
								116	138

PHYSICAL HEALTH SURVEY FINDINGS SUMMARY

The physical health survey process is used to evaluate inmates' access to care, 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.

Forty-four percent of physical health findings were noted in the clinics. Ten institutions (83 percent) had CIC findings. Consultation findings represented 18 percent of total physical health findings and were noted at all surveyed institutions. Table 2 provides a description of each physical health assessment area, the total number of findings by area, and the total number of institutions with findings in each area. Table 3 provides a summary of findings by institution.

Table 2 Physical Health Findings by Assessment Area

Assessment Area	Description of Assessment Area	Total Findings	Institutions with Findings
Chronic Illness Clinics	Assesses care provided to inmates with specific chronic care issues. Clinical records reviews are completed for the following chronic illness clinics: cardiovascular, endocrine, gastrointestinal, immunity, miscellaneous, neurology, oncology, respiratory, and tuberculosis	49	10
Consultation Requests	Assesses processes for approving, denying, scheduling services, and follow-up for specialty care services	18	12
Dental Care	Assesses the provision of dental care	0	0
Dental Systems	Assesses compliance with FDC's policies and procedures for dental services	1	1
Emergency Care	Assesses emergency care processes for addressing urgent/emergent medical complaints	4	0
Infection Control	Assesses compliance with infection control policies and procedures	0	4
Infirmary Care	Assesses the provision of skilled nursing services in infirmary settings	11	4
Institutional Tour	Tour of medical, dental, and housing facilities	9	6
Intra-System Transfers	Assesses systems and processes for ensuring continuity of care for inmates transferred between institutions	5	4
Medical Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying physical health related inmate requests	4	2
Medication Administration	Assesses the administration of medication and clinical documentation related to medication practices	2	2
Periodic Screenings	Assesses the provision of periodic physical examinations and health screenings	2	2
Pharmacy Services	Assesses compliance with FDC's policies and procedures for medication storage, inventory, and disposal	1	1
Pill Line Administration	Assesses medication dispensing practices to ensure proper nursing practices and policies are followed	5	3
Reception Process	Assesses compliance with FDC's policies and procedures for physical health screenings of new inmates	0	0
Sick Call	Assesses sick call processes to address acute and non-emergency medical complaints and inmate access to sick call	4	4

Table 3 Physical Health Assessment Area Findings by Institution

Institutions	Chronic Illness Clinics	Consultation Requests	Dental Care	Dental Systems	Emergency Care	Infection Control	Infirmary Care	Institutional Tour	Intra-System Transfers	Medical	Inmate Medication Administration	Periodic Screenings	Pharmacy	Pill Line Administration	Reception Process	Sick Call	Total
Gadsden Correctional Facility	1	1	0	0	0	0	1	0	0	0	0	0	1	0	N/A	0	4
Gadsden Re-Entry	2	1	N/A	N/A	0	0	N/A	1	0	0	0	0	0	0	N/A	0	4
Gulf Correctional Institution	0	2	0	0	0	0	0	0	2	0	0	1	0	0	N/A	0	5
Jefferson Correctional Institution	7	1	0	0	0	0	0	3	1	0	0	1	N/A	1	N/A	0	14
Sumter Correctional Institution	5	2	0	0	1	0	1	1	1	0	1	0	0	2	N/A	1	15
Lancaster Correctional Institution	5	1	0	0	0	0	N/A	1	0	0	1	0	0	1	N/A	0	9
Lake City Correctional Facility	1	1	0	0	0	0	N/A	0	0	0	0	0	0	0	N/A	0	2
Union Correctional Institution	1	1	0	1	0	0	3	0	0	0	0	0	0	0	N/A	0	6
South Florida Reception Center-Main	14	5	0	0	0	0	1	0	1	3	0	0	0	0	0	1	25
South Florida Reception Center-South Unit	7	1	0	0	2	0	N/A	0	0	1	0	0	0	0	N/A	1	12
Martin Correctional Institution	6	1	0	0	1	0	5	2	0	0	0	0	1	1	N/A	1	18
Calhoun Correctional Institution	0	1	0	0	0	0	N/A	1	0	0	0	0	0	0	N/A	0	2
	49	18	0	1	4	0	11	9	5	4	2	2	2	5	0	4	116

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.

Some mental health assessment areas were not applicable for all institutions. Record reviews for self-injury/suicide prevention and use of force were completed for institutions that had applicable episodes for review. There were no episodes of psychiatric restraint for review at any of the institutions surveyed. Psychiatric medication practices and discharge planning record reviews were only applicable for institutions housing inmates who have mental health grades of S3. Additionally, special housing reviews were applicable for institutions with confinement. Inpatient mental health services were not provided at any of the institutions surveyed during FY 2021-22.

There were 138 mental health findings in FY 2021-22 that represented 57 percent of total survey findings. Outpatient mental health services findings represented the majority (26 percent) of reported mental health findings. Findings in the areas of outpatient psychiatric medication practices and self-injury/suicide prevention also represented a significant portion of mental health findings.

Table 4 below provides a description of each mental health assessment area, the total number of findings by area, and the total number of institutions with findings in each area, while Table 5 summarizes mental health survey findings across institutions.

Table 4 Mental Health Findings by Assessment Area

Assessment Area	Description of Assessment Area	Total Findings	Institutions with Findings
Discharge Planning	Assesses processes for ensuring the continuity of mental health care for inmates within 180 days of end of sentence	6	5
Inpatient Mental Health Services	Assesses the provision of mental health care in inpatient settings	N/A	N/A
Inpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in inpatient settings	N/A	N/A
Mental Health Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying mental health related inmate requests	8	5
Mental Health Systems Reviews	Assesses systems and processes related to mental health staff training, clinical supervision, and other administrative functions	11	8
Psychiatric Restraints	Assesses compliance with FDC's policies and procedures for psychiatric restraints	N/A	N/A
Psychological Emergencies	Assesses the process for responding to inmate mental health emergencies	4	3
Outpatient Mental Health Services	Assesses the provision of mental health services in an outpatient setting	36	10
Outpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in outpatient settings	26	8
Reception Process	Assesses compliance with FDC's policies and procedures for mental health screenings of new inmates	2	1
Self-Injury/ Suicide Prevention	Assesses compliance with FDC's policies and procedures for self-injury and suicide prevention	32	10
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	9	7
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	5	3

Table 5 Description of Mental Health Survey Assessment Area

Institutions	Discharge Planning	Inpatient Mental Health Services	Inpatient Psychiatric Medication	Mental Health Inmate Requests	Mental Health Systems Reviews	Psychiatric Restraints	Psychological Emergency	Outpatient Mental Health Services	Outpatient Psychiatric Medication	Reception Process	Self-Injury/ Suicide Prevention	Special Housing	Use of Force	Total
Gadsden Correctional Facility	1	N/A	N/A	2	2	N/A	0	6	5	N/A	3	2	1	22
Gadsden Re-Entry	N/A	N/A	N/A	0	1	N/A	0	0	5	N/A	N/A	N/A	N/A	6
Gulf Correctional Institution	N/A	N/A	N/A	2	2	N/A	0	2	N/A	N/A	1	0	N/A	7
Jefferson Correctional Institution	0	N/A	N/A	0	0	N/A	0	1	1	N/A	3	1	N/A	6
Sumter Correctional Institution	N/A	N/A	N/A	1	0	N/A	0	1	N/A	N/A	2	1	N/A	5
Lancaster Correctional Institution	1	N/A	N/A	1	2	N/A	2	4	0	N/A	3	1	3	17
Lake City Correctional Facility	0	N/A	N/A	0	1	N/A	0	1	4	N/A	1	0	1	8
Union Correctional Institution	0	N/A	N/A	0	0	N/A	0	0	2	N/A	3	1	0	6
South Florida Reception Center-Main	0	N/A	N/A	N/A	1	N/A	0	5	2	2	4	0	N/A	14
South Florida Reception Center-South Unit	2	N/A	N/A	0	1	N/A	0	4	2	N/A	N/A	0	N/A	9
Martin Correctional Institution	2	N/A	N/A	0	0	N/A	1	8	4	N/A	7	2	0	24
Calhoun Correctional Institution	N/A	N/A	N/A	2	1	N/A	1	4	N/A	N/A	5	1	0	14
Total Findings	**6**	**N/A**	**N/A**	**8**	**11**	**N/A**	**4**	**36**	**25**	**2**	**32**	**9**	**5**	**138**

CORRECTIVE ACTION PLAN ASSESSMENTS

Within 30 days of receiving the final copy of the CMA's survey report, institutional staff must develop and submit a corrective action plan (CAP) that addresses the deficiencies outlined in the report. The CAP is submitted to OHS for approval before it is reviewed and approved by CMA staff. Once approved, institutional staff implement the CAP and work towards correcting the findings. Usually, four to five months after a CAP is implemented (but no less than three months) CMA staff evaluates 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, typically within three to four months. This process continues until all findings are closed.

CMA staff completed 22 CAP assessments in FY 2021-22. This included seven CAP assessments for institutions surveyed in FY 2018-19, five CAP assessments for institutions surveyed in FY 2019-20, and ten CAP assessments for institutions surveyed in FY 2021-22.

Table 6a. 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
Lowell CI-Main	30	8	0	0	6	Closed
Lowell CI-Annex	12	20	0	0	6	Closed
Dade CI	31	36	0	1	5	Open
Moore Haven CF	55	24	2	0	5	Closed
Hamilton CI-Main	9	12	0	1	5	Closed
Hamilton CI-Annex	8	5	1	0	5	Closed

Table 6b. 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
FWRC	15	17	0	1	5	Open
Blackwater River CF	3	8	0	0	3	Closed
Everglades CI	21	3	0	0	4	Closed

Table 6c. Fiscal Year 2021-2022 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2021-2022 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
Gadsden Correctional Facility	4	22	0	4	2	Open
Gadsden Re-Entry	4	6	0	0	1	Closed
Gulf Correctional Institution	5	7	0	0	3	Closed
Jefferson Correctional Institution	14	6	1	3	3	Open
Sumter Correctional Institution	15	5	0	0	2	Closed
Lancaster Correctional Institution	9	17	0	7	2	Open
Lake City Correctional Facility	2	8	0	4	2	Open
Union Correctional Institution	6	6	2	2	2	Open
South Florida Reception Center-Main	25	14	6	7	2	Open
South Florida Reception Center-South Unit	12	9	1	4	2	Open
Martin Correctional Institution	17	24	3	7	2	Open
Calhoun Correctional Institution	2	14	0	0	2	Closed

RECOMMENDATIONS

Detailed below are the CMA's recommendations to address these areas of concern.

- Review infirmary documentation and forms to reduce duplication and streamline necessary documentation.
- Streamline the Reception and Medical Center (RMC) consultation process to decrease approval and wait times and transportation problems.
- Identify challenges of multiple utilization management (UM) denials and resubmission of requests and implement remedial measures to avoid unnecessary delays.
- Continue to train and support staff on optimally utilizing the EMR.
- Implement records management practices and requirements that ensure documents are filed appropriately in electronic folders provided (ex. nursing items in nursing folder, consultations in UM folder, infirmary documentation in infirmary folder, etc.)
- Reduce barriers that restrict or stigmatize access of mental healthcare.
- Develop a system within the EMR to document dates that keep-on-person (KOP) medications are dispensed to the inmate, nearing renewal, and when the inmate requests refills.
- Implement a process of verifying KOP medication compliance that is documented in the EMR. If evidence of non-adherence to the treatment regimen is found, this could include nursing education documentation.

SECTION II: 2021-2022 UPDATE ON THE STATUS OF ELDERLY OFFENDERS IN FLORIDA PRISONS

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 2021-22 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 aged 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 aged 50 and older.

[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 2021-22 ADMISSIONS

DEMOGRAPHIC CHARACTERISTICS

In FY 2021-22, elderly offenders accounted for 16 percent (4,048) of 25,362 inmates admitted to FDC institutions. Males represented 92 percent (3,723) of elderly offender admissions, while females aged 50 and older accounted for eight percent (325) of admissions.

When looking at racial/ethnic demographics for newly admitted inmates aged 50 and older, 36 percent (1442) were black, 3 percent (133) were Hispanic, 61 percent (2453) were white, and 0.5 percent (20) were classified as other.

The average age at the time of admission for males was age 57 and females, age 56. The oldest male offender admitted in FY 2021-22 was age 88, while the oldest female admitted was age 76.

Table 7 summarizes the demographics of the inmates received during FY 2020-21.

Table 7. Fiscal Year 2021-22 FDC Elderly Offender Admissions Demographics

Fiscal Year 2021-2022 Admissions: Demographics				
	Total Population	**15-49**	**50+**	**Percentage of Total Population Age 50+**
Gender				
Male	22,617	18,893	3,723	**16%**
Female	2,745	2,420	325	**12%**
Total	**25,362**	**21,313**	**4,048**	**16%**
Race/Ethnicity				
Black Female	661	595	66	**2%**
Black Male	10,022	8,664	1,358	**34%**
Hispanic Female	183	162	21	**0.5%**
Hispanic Male	2,607	2,215	392	**10%**
White Female	1,893	1,657	236	**6%**
White Male	9,897	7,939	1,958	**48%**
Other Female	8	6	2	**N/A**
Other Male	91	76	15	**0.4%**
Total	**25,362**	**21,314**	**4,048**	**16%**
Age Range of 50+ Population				
Age Range	**Total**	**Percentage of Total Population**		
50-59	2,904	**11%**		
60-69	992	**4%**		
70+	152	**0.6%**		
Total	**4,048**	**16%**		

COMMITMENTS AND PRIMARY OFFENSES

Most (35 percent or 1,420) of the elderly offenders admitted to FDC in FY 2021-22 had no prior commitments, while 15 percent (592) had one, 11 percent (451) had two, 9 percent (380) had three, and 27 percent (1099) had four or more prior FDC commitments. Among new admissions, 35 percent (1,420) of inmates aged 50 and older were incarcerated for violent crimes, 23 percent (942) for property crimes, 24 percent (960) for drug offenses, and 21 percent (858) were incarcerated for offenses classified as other. Table 8 summarizes previous FDC commitments for elderly offenders. Table 9 summarizes primary offense types.

Table 8. Fiscal Year 2021-22 Admissions: Summary of Previous FDC Commitments

Fiscal Year 2021-2022 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	1,420	35%
1	592	15%
2	451	11%
3	380	9%
4+	1,099	27%

Table 9. Fiscal Year 2021-22 Admissions: Summary of Primary Offense Categories

Fiscal Year 2021-2022 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	868	331	89	**1,288**	**32%**
Property	714	213	15	**942**	**23%**
Drugs	735	215	10	**960**	**24%**
Other	587	233	38	**858**	**21%**

JUNE 30, 2022, POPULATION

DEMOGRAPHIC CHARACTERISTICS

At the end of FY 2021-22, 28 percent (22,675) of Florida's 80,495 general prison population was aged 50 and older. Males accounted for 95 percent (21,623) of the June 30, 2022, elderly offender population and represented 29 percent of the total male inmate population. Female elderly offenders accounted for five percent (1,052) of inmates aged 50 and over on June 30, 2022, and represented 21 percent of the total female inmate population.

Racial/ethnic demographics for the June 30, 2022, elderly offender population are as follows: 42 percent (9,420) were black, 12 percent (2,618) were Hispanic, 46 percent (10,523) were white, and 1 percent (114) were classified as other.

Elderly offenders between the ages of 50-59 represented 61 percent (13,923) of inmates aged 50 and older. The average age of elderly offenders housed on June 30, 2022, was 59. The oldest male offender incarcerated on June 30, 2022, was age 93. The oldest female offender was age 76.

Table 10 summarizes the demographics of the June 30, 2022, inmate population.

Table 10 FDC Elderly Offender June 30, 2022, Demographics

Fiscal Year 2021-2022 June 30th Population: Demographics				
	Total Population	**15-49**	**50+**	**Percentage of Total Population Age 50+**
Gender				
Male	76,899	54,435	22,464	**29%**
Female	5,225	4,132	1,093	**21%**
Total	**82,124**	**58,567**	**23,557**	**29%**
Race/Ethnicity				
Black Female	1,485	1205	280	**1%**
Black Male	37,317	27,886	9,431	**40%**
Hispanic Female	379	315	64	**0.3%**
Hispanic Male	10,031	7,350	2681	**11%**
White Female	3,331	2,591	740	**3%**
White Male	29,179	18,965	10,232	**43%**
Other Female	30	21	9	**0.04%**
Other Male	354	234	120	**0.5%**
Total	**82,106**	**58,567**	**23,557**	**29%**
Age Range of 50+ Population				
Age Range	**Total**	**Percentage of Total Population**		
50-59	2,904	**72%**		
60-69	992	**25%**		
70+	152	**4%**		
Total	**4,048**	**5%**		

COMMITMENTS AND PRIMARY OFFENSES

Forty-eight percent (10,604) of elderly offenders housed on June 30, 2022, had no prior FDC commitments. The remaining 52 percent (11,523) of elderly offenders were repeat offenders with one or more previous FDC commitments.

Most of the June 30, 2022, elderly offender population, 69 percent (15,597), were incarcerated for violent crimes, 14 percent (3,180) for property crimes, 10 percent (2,236) for drug offenses, and 7 percent (1,662) for crimes classified as other.

Table 11. June 30, 2022, Population: Summary of Previous FDC Commitments

June 30, 2022, 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	10,604	48%
1	3,753	17%
2	2,657	12%
3	2,108	10%
4+	3,005	14%

Table 12. June 30, 2022, Population: Summary of Primary Offense Categories

June 30, 2022 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	8,835	5,274	1,890	**15,999**	**68%**
Property	2,262	879	87	**3,228**	**14%**
Drugs	1,774	606	70	**2,450**	**11%**
Other	1,248	521	111	**1,880**	**8%**

INMATE MORTALITY

There were 450 inmate deaths in FY 2021-22. Elderly offenders accounted for 79 percent (354) of those deaths. Males aged 70+ accounted for 30 percent (133) of all inmate deaths.

HEALTH SERVICES UTILIZATION

To address the complex health needs of elderly offenders, FDC provides comprehensive medical, dental 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 aged 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 part of FDC's health care screening process.[7]

FDC has a comprehensive system for ensuring elderly inmates receive appropriate medical, mental health and dental services. All inmates are screened at reception after intake from the county jail to determine their current medical, dental, and mental health care needs. This includes an assessment for hearing, mobility and vision disabilities or impairments, and the need for specialized services. Additionally, FDC has a process for a quarterly review of service plans for all disabled inmates.

Elderly inmates are housed in FDC's institutions in accordance with their custody level and medical/mental health status. Some of the more specific institutional programs and processes that are tailored to elderly inmates include:

- By Department policy, all inmates (including those aged 50 and older) who have limitations in the performance of activities of daily living are assessed and diagnosed by a physician, provided with a service plan that is designed to meet their medical and mental health needs, and housed consistent with their custody level and medical status.

- Per policy, each institution has a disabled inmate committee that functions as a multidisciplinary team working together for the development, implementation, and monitoring of an individualized service plan for each disabled inmate. As mentioned above, the committees review service plans for all disabled inmates quarterly, at a minimum.

- Inmates are monitored at regular intervals for chronic illnesses, and, once they turn 50, automatically receive a periodic screening every year (as opposed to every five years before age 50).

- Periodic dental oral examinations are performed annually when the inmate turns 50 (as opposed to every two years prior to age 50).

- Mental health services for elderly inmates include assessment, consultation, and treatment services to facilitate the inmate's ability to adequately function in a prison environment. As part of the health care screening process, inmates are examined for signs of Alzheimer's and other forms of dementia.

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

Through partnerships with universities, FDC offers art therapy and music therapy to many inmates in inpatient and enhanced outpatient mental health settings.

SICK CALL AND EMERGENCY CARE ENCOUNTERS

There were 297,868 sick call and emergency encounters in FY 2021-22. Elderly offenders accounted for 33 percent (97,594) of those encounters. Sick call represented the greatest proportion of those encounters. There were 88,765 sick call encounters for inmates aged 50 and older.

Table 13 summarizes all sick call and emergency care encounters during FY 2021-22.

Table 13. Summary of Fiscal Year 2021-22 Sick Call and Emergency Care Encounters

Sick Call and Emergency Care Encounters							
Encounter Type	Total Encounters	Females		Males		Total Encounters 50+	Percentage of Total Population Age 50+
		15-49	50+	15-49	50+		
Sick Call	209,103	14,640	5,761	119,382	69,320	**75,081**	**36%**
Emergency	88,765	7,528	1,913	58,724	20,600	**22,513**	**25%**
Total	**297,868**	**22,168**	**7,674**	**178,106**	**89,920**	**97,594**	**33%**

CHRONIC ILLNESS CLINICS

In FY 2021-22, 46,710 inmates were enrolled in chronic illness clinics (CIC), and inmates aged 50 and older accounted for 54 percent (25,444) of enrolled inmates. Elderly offenders accounted for 50 percent or more of inmates in six clinics: cardiovascular, endocrine, immunity, renal, miscellaneous, and oncology clinics.

Table 14 summarizes CIC enrollment.

Table 14. Summary of Fiscal Year 2021-22 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	20,656	616	11,462	**12,078**	**58%**
Endocrine	6,976	321	4,118	**4,439**	**64%**
Gastrointestinal	6,755	104	2,659	**2,763**	**41%**
Immunity	2,011	45	983	**1,028**	**51%**
Renal	1	1	0	**1**	**100%**
Miscellaneous	2,294	61	1,447	**1,508**	**66%**
Neurology	2,063	25	681	**706**	**34%**
Oncology	799	30	620	**650**	**81%**
Respiratory	4,660	134	2,019	**2,153**	**46%**
Tuberculosis	495	1	117	**118**	**24%**
Total	**46,710**	**1,338**	**24,106**	**25,444**	**54%**

There were 71,546 reported CIC encounters during the fiscal year, and inmates aged 50 and older accounted for 56 percent (40,364) of CIC visits. In five clinics, elderly offenders accounted for 50 percent or more of visits in FY 2021-22. Table 15 provides a breakdown of CIC encounters for elderly offenders by clinic.

Table 15. Summary of Fiscal Year 2021-2022 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 Population Age 50+**
Cardiovascular	30,695	951	17,589	**18,540**	**60%**
Endocrine	11,221	518	6,747	**7,265**	**65%**
Gastrointestinal	9,478	138	4,010	**4,148**	**44%**
Immunity	4,775	77	2,490	**2,567**	**54%**
Renal	1	0	1	**1**	**100%**
Miscellaneous	3,329	88	2,101	**2,189**	**66%**
Neurology	2,904	34	993	**1,027**	**35%**
Oncology	1,265	40	1,010	**1,050**	**83%**
Respiratory	6,709	207	3,087	**3,294**	**49%**
Tuberculosis	1,169	2	281	**283**	**24%**

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 2021-22, there were 31,530 inmates with assigned impairment grades, with 46 percent (14,383) of assigned impairments being among elderly offenders. Inmates aged 50 and older comprised 40 percent (8,081) of inmates with visual impairments, 64 percent (1,610) with hearing impairments, 72 percent (3,101) with physical impairments and 47 percent (6,512) with developmental impairments.

Inmates requiring special assistance or assistive devices are issued special passes to accommodate their needs. FDC issued 19,431 passes for special assistance and/or assistive devices in FY 2021-22, and 59 percent (11,540) of those passes were issued to elderly offenders.

A summary of impairments and assistive devices is provided in Tables 16 and 17.

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

Table 16. Summary of Fiscal Year 2021-22 FDC Impairment Grade Assignments

Impairment Grade Assignments				
Impairments	**15-49**	**50+**	**Total Population**	**Percentage of Total Population Age 50+**
Visual	12,216	8,081	20,297	**40%**
Hearing	576	1,044	1,620	**64%**
Physical	882	2,219	3,101	**72%**
Developmental	3,473	3,039	6,512	**47%**
Total	**17,147**	**14,383**	**31,530**	**46%**

Table 17. Summary of Fiscal Year 2021-22 Issued Assistive Devices/Special Passes

Assistive Devices/Special Passes				
Assistive Devices/Special	**15-49**	**50+**	**Total Population**	**Percentage of Total Population**
Adaptive Device Assigned	394	539	933	**58%**
Attendant Assigned	30	80	110	**73%**
Low Bunk Pass	6,833	8,472	15,305	**55%**
Hearing Aid Assigned	43	229	272	**84%**
Pusher Assigned	22	97	119	**82%**
Prescribed Special Shoes	83	178	261	**68%**
Cane Pass	271	1,131	1,402	**81%**
Wheelchair Pass	215	814	1,029	**79%**
Total	**7,891**	**11,540**	**19,431**	**59%**

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.

Although inmate housing assignments are not solely based on age, housing some elderly inmates separate from the general population helps promotes efficient use of medical resources and reduces the potential for predatory and abusive behavior by younger, more aggressive inmates.

Currently, the facilities listed below serve relatively large populations of elderly inmates.

- The Reception and Medical Center has a 120-bed licensed hospital on-site in Lake Butler, Florida, and cares for chronically ill, elderly inmates in different dorms on campus.
- Central Florida Reception Center, South Unit, is specifically designated for special needs inmates, including the elderly, as well as palliative care inmates.
- Zephyrhills Correctional Institution has two dorms specifically designed for elderly inmates as well as inmates with complex medical needs.
- Lowell Correctional Institution has a dorm specifically designated for female inmates with complex medical needs, including the elderly.
- South Florida Reception Center-F-Dorm features 76 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.
- Dade Correctional Institution has designated housing for 572 elderly male inmates age 50+.
- Union Correctional Institution includes 156 beds for inmates age 50+.

RECOMMENDATIONS

Elderly offenders account for 28 percent of FDC's June 30, 2022, prison population. However, they are disproportionately represented when looking at the health and housing data. The data in this report reveals elderly offenders:

- Accounted for 56 percent of sick call encounters
- Represented at least 50 percent of inmates enrolled in six chronic illness clinics and accounted for 56 percent of all chronic illness clinic encounters in FY 2021-22
- Represented 46 percent of inmates with impairment grade assignments and 59 percent of inmates requiring assistive devices and special passes

The average age of inmates housed in FDC institutions on June 30, 2022, was age 42. As in the community, it is expected that elderly offenders will experience declining health and mobility and require assistance with activities of daily living. It is generally recognized that elderly offenders disproportionately impact correctional health care systems. They have complex needs that often require ongoing and extensive treatment and care. As Florida's prison population ages, FDC will be faced with increased and new organizational and financial challenges.

As stated in previous reports, FDC has continued to take steps to address the needs of elderly offenders. However, as Florida's elderly offender population grows, the demand of caring for inmates aged 50 and older will continue to have a significant impact on FDC's health care service delivery system and expenditures. To meet the demands, FDC must be proactive and identify fiscal, programmatic, system, and policy solutions that can alleviate the burden of providing care to a growing 50 and over inmate population.

Detailed below are the CMA's recommendations for addressing Florida's elderly offender population:

- As in previous reports, the CMA recommends expanding the use of conditional medical release. Policymakers and FDC should review conditional medical release policies to identify and address procedural barriers that impact the release of elderly offenders and work collaboratively with the Florida Commission on Offender Review (FCOR) to identify conditional medical release process barriers.

- 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 aged 50 and older. Additionally, FDC should identify opportunities for increasing cognitive care programs

- Additional training and education regarding the detection of cognitive impairment among elderly offenders should be offered to staff.
- Increase patient education related to memory loss and issues related to cognitive decline.
- Review staffing levels for elderly care, including physicians, mid-level practitioners, and nursing staff.