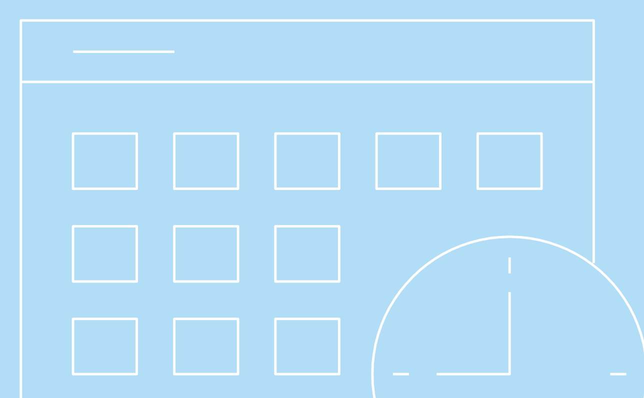
# STATE OF FLORIDA
# CORRECTIONAL MEDICAL AUTHORITY

# 2022-2023 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

December 21, 2023

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) 2022-23 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 2022-23 and the elderly population housed in Florida Department of Corrections (FDC) institutions on June 30, 2023. 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

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# SECTION I: 2022-2023 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 fulltime 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.

## 2022-2023 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) 2022-23.

Included in the report is an overview of activities conducted by the CMA during FY 2022-23, 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

The Department's Office of Health Services (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] FDC currently contracts with Centurion of Florida, LLC to provide comprehensive medical, mental health, and dental services statewide. The contract is managed through the OHS. OHS ensures that medical, dental, and mental health services provided to inmates through the contract with the comprehensive health care provider are adequate.

On April 1, 2022, the Department issued a single competitive solicitation, Invitation to Negotiate (ITN) DC22-042, to procure comprehensive health care services for inmates in its facilities statewide. During FY 2022-23, FDC negotiated with multiple respondents to the ITN, and awarded the contract to Centurion of Florida, LLC on March 30, 2023. The contract runs from July 1, 2023, through June 30, 2028.

The contract included significantly greater performance requirements, especially including many new staffing and mental health services performance measures. Additionally, the Florida Legislature approved a 25% increase in funding for inmate healthcare services demonstrating Florida's commitment to providing comprehensive medical, mental, and dental healthcare services to its inmate population.

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

# CMA ACTIVITIES FISCAL YEAR 2022-23

## 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 2022-23. One meeting was hosted by the FDC Office of Health Services (OHS) staff and the staff of Florida State Prison (FSP) in Raiford, FL. In addition to conducting regular business, board members were provided a tour of FSP.

## INMATE CORRESPONDENCE

CMA staff responded to 81 inmate-related letters and emails during FY 2022-23. 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. The Agreement detailed relief standards that FDC agreed to implement. Included in the Settlement Agreement was a provision for compliance monitoring by the CMA. Utilizing a team of contracted compliance monitors with appropriate experience and education/training related to the subject areas being assessed, the CMA was responsible for conducting two rounds of compliance monitoring for each FDC inpatient unit. The terms of the Agreement stipulated that each monitoring tool screen assessed achieve a 70% compliance score for the first round and an 80% compliance score for the second round of compliance monitoring. Both rounds of monitoring were completed by the end of FY 2021-22.

One of seven institutions monitored (Reception Medical Center) scored 80% or higher on all items reviewed after the second round of monitoring. The parties agreed that CMA would conduct follow-up assessment monitoring to evaluate the items that fell below the 80% compliance score noted in the second round of compliance monitoring at the remaining six institutions. These assessments will be completed by the end of FY 2023-24.

## QUALITY MANAGEMENT COMMITTEE

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's mission is to provide feedback to the Department regarding its quality management process and ensure that corrective actions and policy changes identified throughout the process are effective. The QMC's primary method for accessing quality of care issues is through the review of OHS's mortality review process. The QMC met once during the fiscal year and reviewed five mortality cases. Recommendations for improving documentation of care provided and enhancing inmates' compliance with treatment were discussed. Additionally, staff education and the role of non-medical institutional staff in patient health care were addressed.

All in-custody deaths, except executions, require a mortality review. QMC mortality reviews assess whether the mortality review process effectively identified any deficiencies in health care that may have contributed to death and determine whether appropriate action was taken to prevent deficiencies from happening in the future. The administrative systems involved in providing care are also reviewed during this process. QMC's review of mortality cases is based on a non-random sample, and the intent of the review is not to generalize review findings to all mortality cases. The review process is intended to function as an educational tool when areas of deficiency are identified whether they are clinical or administrative in nature. The goal of mortality reviews is to improve the quality of service across FDC's system of care while providing professional growth and development.

## LOWELL CORRECTIONAL INSTITUTION EMERGENCY NOTIFICATION

On May 16-18, 2023, CMA staff and licensed professional surveyors conducted a survey of the physical and mental health care services provided at Lowell Correctional Institution (LOWCI). A thorough review of LOWCI's healthcare delivery system, which encompassed chart reviews, interviews with staff and inmates and an institutional tour, revealed inadequate medical and mental health care. In accordance with s. 945.6031 (3), F.S., these findings were serious and required emergency notification and the Department's immediate attention.

Deficiencies were noted in several areas of the consultation process leading to delays in the diagnosis and treatment of serious or potentially serious medical conditions. Delays were noted in the initial stages of the referral process, as well as in the required follow-up clinical recommendations. CMA surveyors noted that delays in consultation services or missed opportunities for follow-up may lead to adverse health outcomes.

Serious systemic issues were also noted in the administration of medications, affecting multiple areas of patient medical and mental health care. In many records reviewed, CMA surveyors noted lapses in medication administration. Evidence of improper administration was widespread and affected inmates in general population and special housing units. CMA surveyors were concerned that a lack of access to needed medications may result in improper treatment or exacerbate existing conditions. Additionally, 13 of 22 inmates interviewed, reported difficulties in obtaining medications including over the counter, keep-on-person, and/ or single-dose medications. A detailed analysis of the medication administration issues was warranted due to the systemic nature of the deficiencies. This was determined to be beyond the scope of the CMA survey process.

The CMA survey at LOWCI revealed other systemic deficiencies including failure to complete laboratory and diagnostic testing in multiple areas including preventative health screenings, chronic illness clinics, psychiatric services, and consultations. It was noted that most inmates did not receive the full battery of laboratory and diagnostic testing during their periodic screenings. These serve as an important mechanism for identifying and treating chronic medical conditions, as well as ensuring the early detection of disease.

The totality of findings noted in conjunction with the lack of credible systems in place to address these deficiencies resulted in significant impediments to basic standards of care for the inmates at LOWCI. CMA clinical surveyors identified deficiencies in almost all areas of the inmate health care reviewed. However, certain deficient areas of the health care delivery system require immediate action.

Many of the most serious clinical findings were noted in previous reports. Furthermore, there is significant concern that these issues are systemic. For each of the previous surveys, multiple follow-up assessments were conducted (sometimes spanning multiple years), to fully correct findings outlined in the 2015 and 2018 survey reports. Due to the seriousness of the clinical inadequacies, the repetitive nature of the findings across surveys, as well as an apparent inability to sustain corrective action over time, the CMA lacked confidence that these concerns could be meaningfully addressed through the CMA's standard corrective action process, as outlined in s. 945.6031 (3), (4) F.S.

On June 9, 2023, the CMA was provided a copy of the Department's corrective action plan (CAP) addressing the emergency findings. CMA staff conducted a site visit on September 6-7, 2023, to ensure the actions described in the emergency CAP were being implemented. This was not a formal CAP assessment, rather a visit to verify emergency findings were being addressed appropriately and monitoring efforts were conducted accurately.

A formal CAP assessment of Lowell CI was conducted December 6-7, 2023. The results of the assessment can be located at www.flcma.gov

## CMA SURVEY TOOL CHANGES

Periodic revisions to survey instrumentation are undertaken to ensure compliance with Department policy. Prior to the start of FY 2022-23, the CMA undertook a systems review to examine whether additional areas of health care should be surveyed, to assess whether current practices ensure that the survey process runs efficiently, and to ascertain that survey tools are compatible with best practices for corrective action.

Following a review of survey tools and discussion with applicable stakeholders, several significant changes were implemented at the start of FY 2022-23.

**Confinement Medical Health Tool:** assesses whether inmates held in special housing units have access to the same services as inmates in the general population, including but not limited to, proper medication administration, sick call and emergency care services, and access to medical specialists as indicated.

**Female Preventative Health Care and Obstetrical Services Tool:** assesses whether inmates have appropriate access to preventative health screenings for cervical and breast cancer, clinically indicated follow-up with specialists, and adequate obstetrical care for pregnant and post-partum women.

**Inpatient and Outpatient Infirmary Services Tools:** although infirmary services have been monitored as part of the CMA survey process, inpatient and outpatient care has been broken into separate tools. This is to better reflect the different care requirements, as well as to assist institutional staff during the monitoring and corrective action process.

**Prison Rape Elimination Act (PREA) Tool:** assesses whether inmates have access to appropriate medical and mental health care following a PREA incident, including but not limited to screening and prophylactic treatment for sexually transmitted infections, pregnancy prevention, and ongoing mental health treatment.

# 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 record 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 2022-23, the CMA conducted 16 institutional surveys between the months of July-May. These included three institutions with main and annex units with each unit being surveyed separately (Lowell CI, Santa Rosa CI, and Suwanee CI), and three institutions with inpatient mental health services (Santa Rosa CI Annex, Suwannee CI Main, and Zephyrhills CI).

A total of 547 institutional survey findings were identified. Of reportable findings, 352 (64 percent) were physical health findings and 195 (36 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 2022-2023 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 |
| Avon Park Correctional Institution | M1-M5 | S1-S2 | 1468 | 1625 | Y | N | Y | 18 | 3 |
| Baker Re-Entry Center | M1-M3 | S1-S2 | 468 | 455 | N | N | N | 2 | 0 |
| Desoto Annex | M1-M5 | S1-S2 | 1919 | 1830 | Y | N | Y | 39 | 27 |
| Hardee Correctional Institution | M1-M5 | S1-S2 | 1746 | 1727 | Y | N | Y | 26 | 6 |
| Liberty Correctional Institution | M1-M5 | S1-S2 | 1983 | 1780 | Y | N | Y | 7 | 2 |
| Lowell Correctional Institution-Main | M1-M5 | S1-S3 | 988 | 1362 | Y | N | N | 25 | 22 |
| Lowell Correctional Institution-Annex | M1-M5 | S1-S3 | 1248 | 1419 | Y | N | Y | 40 | 23 |
| Marion Correctional Institution | M1-M5 | S1-S3 | 1736 | 1749 | Y | N | Y | 19 | 7 |
| Polk Correctional Institution | M1-M3 | S1-S3 | 1623 | 1895 | Y | N | Y | 49 | 2 |
| Putnam Correctional Institution | M1-M2 | S1-S2 | 522 | 457 | N | N | Y | 11 | 3 |
| Santa Rosa Correctional Institution-Main | M1-M3 | S1-S3 | 1614 | 1119 | Y | N | Y | 8 | 4 |
| Santa Rosa Correctional Institution-Annex | M1-M3 | S1-S5 | 1478 | 1065 | N | Y | Y | 12 | 18 |
| Suwannee Correctional Institution-Main | M1-M5 | S1-S5 | 1541 | 862 | Y | Y | Y | 24 | 30 |
| Suwannee Correctional Institution-Annex | M1-M4 | S1-S4 | 1040 | 1060 | Y | N | Y | 27 | 14 |
| Tomoka Correctional Institution | M1-M5 | S1-S3 | 1752 | 1314 | Y | N | Y | 32 | 8 |
| Zephyrhills Correctional Institution | M1-M5 | S1-S5 | 1093 | 966 | Y | Y | Y | 13 | 26 |
| | | | | | | | | 352 | 195 |

## 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), confinement medical care, consultation requests, dental systems and care, emergency care, female preventative screenings, infirmary care, inmate requests, institutional tour, intra-system transfers, medication and vaccine administration, periodic screenings, PREA, and sick call.

Twenty-six percent of physical health findings were noted in clinics. Fifteen institutions (93 percent) had CIC findings. Inpatient infirmary care findings represented 15 percent of total physical health findings and were noted at 12 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 | 93 (26%) | 15 (93%) |
| Confinement Medical Review | Assesses care provided to inmates housed in confinement | 6 (2%) | 3 (19%) |
| Consultation Requests | Assesses processes for approving, denying, scheduling services, and follow-up for specialty care services | 14 (4%) | 8 (50%) |
| Dental Care | Assesses the provision of dental care | 5 (1%) | 4 (25%) |
| Dental Systems | Assesses compliance with FDC's policies and procedures for dental services | 3 (1%) | 3 (19%) |
| Emergency Care | Assesses emergency care processes for addressing urgent/emergent medical complaints | 13 (4%) | 8 (50%) |
| Female Preventative Health Screenings | Assesses preventative health screenings for gynecological screenings and obsterical care | 0 | 0 |
| Infirmary Care (Inpatient) | Assesses the provision of skilled nursing services in inpatient infirmary settings | 53 (15%) | 12 (75%) |
| Infirmary Care (Outpatient) | Assesses the provision of skilled nursing services in outpatient infirmary settings | 28 (8%) | 11 (69%) |
| Institutional Tour | Tour of medical, dental, and housing facilities | 10 (3%) | 7 (44%) |
| Intra-System Transfers | Assesses systems and processes for ensuring continuity of care for inmates transferred between institutions | 14 (4%) | 10 (63%) |
| Medical Inmate Requests | Assesses systems and processes for reviewing, approving, and/or denying physical health related inmate requests | 5 (1%) | 5 (31%) |
| Medication and Vaccination Administration | Assesses the administration of and clinical documentation related to medication and vaccines. | 30 (9%) | 12 (75%) |
| Periodic Screenings | Assesses the provision of periodic physical examinations and health screenings | 28 (8%) | 14 (88%) |
| PREA | Assesses compliance with Prison Rape Elimination Act (PREA) policies and procedures for medical and mental health care screenings | 33 (9%) | 12 (75%) |
| Reception Process | Assesses compliance with FDC's policies and procedures for physical health screenings of new inmates | N/A | N/A |
| Sick Call | Assesses sick call processes to address acute and non-emergency medical complaints and inmate access to sick call | 17 (5%) | 7 (44%) |

*Table 3 Physical Health Assessment Area Findings by Institution*

| Institutions | Chronic Illness Clinics | Confinement Medical Review | Consultation Requests | Dental Care | Dental Systems | Emergency Care | Femal Preventative Health Screenings | Infirmary Care (Inpatient) | Infirmary Care (Outpatient) | Institutional Tour | Intra-System Transfers | Medical Inmate Requests | Medication and Vaccination Administration | Periodic Screenings | PREA | Reception Process | Sick Call | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Avon Park Correctional Institution | 6 | 3 | 0 | 0 | 0 | 1 | N/A | 3 | 1 | 1 | 1 | 0 | 0 | 2 | 0 | N/A | 0 | 18 |
| Baker Re-Entry Center | 1 | 0 | 0 | N/A | N/A | 0 | N/A | N/A | N/A | 0 | 0 | 0 | 0 | 1 | N/A | N/A | 0 | 2 |
| Desoto Annex | 11 | 0 | 2 | 0 | 0 | 0 | N/A | 5 | 4 | 0 | 5 | 0 | 4 | 1 | 1 | N/A | 6 | 39 |
| Hardee Correctional Institution | 9 | 0 | 0 | 1 | 0 | 0 | N/A | 3 | 1 | 0 | 1 | 1 | 1 | 3 | 6 | N/A | 0 | 26 |
| Liberty Correctional Institution | 2 | 0 | 1 | 0 | 0 | 0 | N/A | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | N/A | 0 | 7 |
| Lowell Correctional Institution-Main | 7 | N/A | 2 | 0 | 1 | 0 | 0 | 2 | 5 | 0 | N/A | 1 | 2 | 3 | 1 | N/A | 1 | 25 |
| Lowell Correctional Institution-Annex | 14 | 2 | 2 | 0 | 0 | 1 | 0 | 6 | 3 | 3 | 1 | 0 | 2 | 3 | 3 | N/A | 0 | 40 |
| Marion Correctional Institution | 4 | 0 | 0 | 2 | 0 | 1 | N/A | 2 | 3 | 2 | 1 | 0 | 2 | 1 | 0 | N/A | 1 | 19 |
| Polk Correctional Institution | 14 | 0 | 0 | 1 | 0 | 3 | N/A | 9 | 5 | 1 | 1 | 1 | 4 | 3 | 4 | N/A | 3 | 49 |
| Putnam Correctional Institution | 2 | 0 | 0 | 0 | 0 | 0 | N/A | N/A | N/A | 1 | 1 | 1 | 0 | 2 | 0 | N/A | 4 | 11 |
| Santa Rosa Correctional Institution-Main | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 4 | N/A | 0 | 8 |
| Santa Rosa Correctional Institution-Annex | 2 | 0 | 2 | 0 | 0 | 0 | N/A | N/A | N/A | 0 | 0 | 0 | 0 | 2 | 6 | N/A | 0 | 12 |
| Suwannee Correctional Institution-Main | 3 | 0 | 2 | 0 | 1 | 3 | N/A | 7 | 1 | 0 | 1 | 0 | 3 | 2 | 1 | N/A | 0 | 24 |
| Suwannee Correctional Institution-Annex | 6 | 0 | 2 | 0 | 0 | 1 | N/A | 5 | 2 | 1 | 1 | 0 | 3 | 3 | 2 | N/A | 1 | 27 |
| Tomoka Correctional Institution | 11 | 1 | 1 | 1 | 0 | 2 | N/A | 6 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | N/A | 1 | 32 |
| Zephyrhills Correctional Institution | 1 | 0 | 0 | 0 | 1 | 1 | N/A | 4 | 1 | 0 | 0 | 0 | 2 | 0 | 3 | N/A | 0 | 13 |
| | 93 | 6 | 14 | 5 | 3 | 13 | 0 | 53 | 28 | 10 | 14 | 5 | 30 | 28 | 33 | 0 | 17 | 352 |

## 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 or higher. Additionally, special housing reviews were applicable for institutions with confinement. Inpatient mental health services were provided at three institutions.

There were 195 mental health findings in FY 2022-23 that represented 36 percent of total survey findings. Outpatient mental health services findings represented the majority (25 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 | 7 (4%) | 2 (13%) |
| Inpatient Mental Health Services | Assesses the provision of mental health care in inpatient settings | 19 (10%) | 3 (19%) |
| Inpatient Psychiatric Medication Practices | Assesses medication administration and documentation of psychiatric assessment in inpatient settings | 11 (6%) | 2 (13%) |
| Mental Health Inmate Requests | Assesses systems and processes for reviewing, approving, and/or denying mental health related inmate requests | 11 (6%) | 7 (44%) |
| Psychiatric Restraints | Assesses compliance with FDC's policies and procedures for psychiatric restraints | 5 (3%) | 1 (6%) |
| Psychological Emergencies | Assesses the process for responding to inmate mental health emergencies | 3 (2%) | 2 (13%) |
| Outpatient Mental Health Services | Assesses the provision of mental health services in an outpatient setting | 47 (24%) | 11 (69%) |
| Outpatient Psychiatric Medication Practices | Assesses medication administration and documentation of psychiatric assessment in outpatient settings | 33 (17%) | 8 (50%) |
| Reception Process | Assesses compliance with FDC's policies and procedures for mental health screenings of new inmates | N/A | N/A |
| Self-Injury/ Suicide Prevention | Assesses compliance with FDC's policies and procedures for self-injury and suicide prevention | 37 (19%) | 11 (69%) |
| 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 | 11 (6%) | 5 (6%) |
| 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 | 11 (6%) | 5 (6%) |

## *Table 5 Mental Health Survey Findings by Institution*

| Institutions | Discharge Planning | Inpatient Mental Health Services | Inpatient Psychiatric Medication Practices | Mental Health Inmate Requests | Psychiatric Restraints | Psychological Emergency | Outpatient Mental Health Services | Outpatient Psychiatric Medication | Reception Process | Self-Injury/ Suicide Prevention | Special Housing | Use of Force | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Avon Park Correctional Institution | N/A | N/A | N/A | 1 | N/A | 0 | 0 | N/A | N/A | 2 | 0 | 0 | 3 |
| Baker Re-Entry Center | N/A | N/A | N/A | 0 | N/A | N/A | 0 | N/A | N/A | N/A | N/A | N/A | 0 |
| Desoto Annex | N/A | N/A | N/A | 2 | N/A | 2 | 12 | N/A | N/A | 5 | 2 | 4 | 27 |
| Hardee Correctional Institution | N/A | N/A | N/A | 3 | N/A | 0 | 2 | N/A | N/A | 1 | 0 | 0 | 6 |
| Liberty Correctional Institution | N/A | N/A | N/A | 0 | N/A | 0 | 0 | N/A | N/A | 2 | 0 | 0 | 2 |
| Lowell Correctional Institution-Main | 4 | N/A | N/A | 1 | N/A | 0 | 7 | 7 | N/A | 3 | N/A | N/A | 22 |
| Lowell Correctional Institution-Annex | 3 | N/A | N/A | 1 | N/A | 0 | 8 | 4 | N/A | 5 | 2 | 0 | 23 |
| Marion Correctional Institution | 0 | N/A | N/A | 0 | N/A | 0 | 1 | 4 | N/A | 0 | 2 | 0 | 7 |
| Polk Correctional Institution | N/A | N/A | N/A | 1 | N/A | 0 | 1 | N/A | N/A | 0 | 0 | 0 | 2 |
| Putnam Correctional Institution | N/A | N/A | N/A | 0 | N/A | 1 | 2 | N/A | N/A | N/A | 0 | N/A | 3 |
| Santa Rosa Correctional Institution-Main | 0 | N/A | N/A | 2 | N/A | 0 | 0 | 2 | N/A | 0 | 0 | 0 | 4 |
| Santa Rosa Correctional Institution-Annex | 0 | 5 | 0 | 0 | N/A | 0 | 6 | 0 | N/A | 7 | 0 | 0 | 18 |
| Suwannee Correctional Institution-Main | 0 | 9 | 4 | 0 | N/A | 0 | 3 | 3 | N/A | 7 | 3 | 1 | 30 |
| Suwannee Correctional Institution-Annex | 0 | N/A | N/A | 0 | N/A | 0 | 4 | 5 | N/A | 2 | 2 | 1 | 14 |
| Tomoka Correctional Institution | 0 | N/A | N/A | 0 | N/A | 0 | 0 | 3 | N/A | 1 | 0 | 4 | 8 |
| Zephyrhills Correctional Institution | 0 | 5 | 7 | 0 | 5 | 0 | 1 | 5 | N/A | 2 | 0 | 1 | 26 |
| **Total Findings** | **7** | **19** | **11** | **11** | **5** | **3** | **47** | **33** | **N/A** | **37** | **11** | **11** | **195** |

# HEALTH SYSTEMS TRENDS

Tables 6 and 7 below summarize system-wide findings identified during FY 2022-23 physical and mental health surveys. These findings were not noted at all institutions; however, they were noted at three or more institutions.

*Table 6 Physical Health System Wide Trends*

| Chronic illness Clinics | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| There is evidence that patients with cardiovascular disease are prescribed low-dose aspirin if indicated (Cardiovascular Clinic) | 3 (19%) |
| A dilated fundoscopic examination is completed yearly for diabetic inmates (Endocrine Clinic) | 7 (44%) |
| Inmates with HgbA1c over 8% are seen at least every 90 days (Endocrine Clinic) | 4 (25%) |
| Patients are receiving insulin as prescribed (Endocrine Clinic) | 3 (19%) |
| Medications appropriate for the diagnosis are prescribed (Gastrointestinal Clinic) | 3 (19%) |
| There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection (Gastrointestinal Clinic) | 5 (31%) |
| The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician (CIC) | 8 (50%) |
| There is evidence of an appropriate physical examination (Immunity Clinic) | 5 (31%) |
| There is evidence of hepatitis B vaccination for inmates with no evidence of past infection (Immunity Clinic) | 5 (31%) |
| There is evidence of an appropriate physical examination (Oncology Clinic) | 4 (25%) |
| A peak flow reading is recorded at each visit (Respiratory Clinic) | 6 (38%) |
| There is evidence of monthly nursing follow-up (Tuberculosis Clinic) | 3 (19%) |
| **Consultations** | |
| **Screen Question** | **Institutions with Findings** |
| The consultation is completed in a timely manner as dictated by the clinical needs of the inmate | 8 (50%) |

| Emergency Care | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| Vital signs including weight are documented | 3 (19%) |
| Inmates returning from an outside hospital are evaluated by the clinician within one business day | 4 (25%) |
| **Inpatient Infirmary Care** | |
| **Screen Question** | **Institutions with Findings** |
| All orders are received and implemented | 8 (50%) |
| A thorough nursing assessment is completed within two hours of admission | 3 (19%) |
| A Morse Fall Scale is completed at the required intervals | 5 (31%) |
| Nursing assessments are completed at the required intervals | 4 (25%) |
| Clinician rounds are completed and documented as required | 4 (25%) |
| Weekend and holiday clinician phone rounds are completed and documented as required | 7 (44%) |
| A discharge note containing all of the required information is completed as required | 10 (63%) |
| A discharge summary is completed by the clinician within 72 hours of discharge | 6 (38%) |
| **Outpatient Infirmary Care** | |
| **Screen Question** | **Institutions with Findings** |
| All orders are received and implemented | 6 (38%) |
| Patient evaluations are documented at least once every eight hours | 4 (25%) |
| Weekend and holiday clinician phone rounds are completed and documented as required | 3 (19%) |
| A discharge note containing all of the required information is completed as required | 10 (63%) |
| **Intra-System Transfers** | |
| **Screen Question** | **Institutions with Findings** |
| A clinician reviews the health record and DC4-760A within seven (7) days of arrival | 10 (63%) |

| Medical Inmate Requests | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| The response to the request is direct, addresses the stated need and is clinically appropriate | 3 (19%) |

| Medication and Vaccination Administration | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| The inmate receives medications as prescribed | 6 (38%) |
| If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance | 5 (31%) |
| There is evidence of pneumococcal vaccination or refusal | 6 (38%) |

| Periodic Screenings | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| The periodic screening encounter is completed within one month of the due date | 6 (38%) |
| All components of the screening are completed and documented as required | 10 (63%) |
| All diagnostic tests are completed prior to the periodic screening encounter | 11 (69%) |

| PREA | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| The Alleged Sexual Battery Protocol is completed in its entirety | 3 (19%) |
| There is documentation that the alleged victim was provided education on STIs | 5 (31%) |
| Prophylactic treatment and follow-up care for STIs are given as indicated | 5 (31%) |
| Repeat STI testing is completed as required | 4 (25%) |
| A mental health referral is submitted following the completion of the medical screening | 4 (25%) |
| The inmate is evaluated by mental health by the next working day | 9 (56%) |
| The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated | 3 (19%) |

| Sick Call | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| Referrals to a higher level of care are made in accordance with protocols | 3 (19%) |
| Follow-up visits are completed in a timely manner | 4 (25%) |

*Table 7 Mental Health System Wide Trends*

| Inpatient Mental Health Services | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| Nursing assessment is completed within four hours of admission | 3 (100%) |
| Inpatient mental health daily nursing evaluation is completed as required. | 3 (100%) |
| **Mental Health Inmate Requests** | |
| **Screen Question** | **Institutions with Findings** |
| The request is responded to within the appropriate time frame | 3 (19%) |
| The follow-up to the request occurs as intended | 4 (25%) |
| Consent for treatment is obtained prior to conducting an interview | 3 (19%) |
| **Outpatient Mental Health Services** | |
| **Screen Question** | **Institutions with Findings** |
| The Bio-psychosocial (BPSA) is present in the record | 5 (31%) |
| The ISP is signed by the inmate and all members of the treatment team | 9 (56%) |
| The ISP is reviewed and revised at least every 180 days | 5 (31%) |
| There is evidence the inmate received the mental health services described in the ISP | 3 (19%) |
| Case management is provided at least every 60 days for inmates without psychotic disorders | 3 (19%) |

| Outpatient Psychiatric Medication Practices | |
|---|---|
| **Screen Question** | **Institutions with Findings** |
| The inmate receives medication(s) as prescribed | 6 (38%) |
| The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed. | 6 (38%) |
| The inmate signs DC4-711A “Refusal of Health Care Services” after three consecutive OR five medication refusals in one month. | 5 (31%) |
| Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals | 3 (19%) |
| Self-Injury/Suicide Prevention | |
| **Screen Question** | **Institutions with Findings** |
| Guidelines for SHOS management are observed | 4 (25%) |
| The inmate is observed at the frequency ordered by the clinician | 10 (63%) |
| Nursing evaluations are completed once per shift | 4 (25%) |
| There is evidence of daily counseling provided by mental health staff | 3 (19%) |
| There is evidence of a face-to-face evaluation by the clinician prior to discharge | 3 (19%) |
| Special Housing | |
| **Screen Question** | **Institutions with Findings** |
| Psychotropic medications continue as ordered while inmates are held in special housing | 3 (19%) |
| Use of Force | |
| **Screen Question** | **Institutions with Findings** |
| There is evidence physical health staff completed a referral to mental health staff | 5 (31%) |

# 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 33 CAP assessments in FY 2022-23, including assessments completed through 12/21/23, the date this report was published. This included six CAP assessments for institutions surveyed in FY 2018-19, three CAP assessments for institutions surveyed in FY 2019-20, eight CAP assessments for institutions surveyed in FY 2021-22, and 16 CAP assessments for institutions surveyed in FY 2022-23.

***Table 8a. 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 | 0 | 6 | Closed |
| Moore Haven CF | 55 | 24 | 0 | 0 | 5 | Closed |
| Hamilton CI-Main | 9 | 12 | 0 | 1 | 5 | Closed |
| Hamilton CI-Annex | 8 | 5 | 0 | 0 | 5 | Closed |

***Table 8b. 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 | 0 | 5 | Closed |
| Blackwater River CF | 3 | 8 | 0 | 0 | 3 | Closed |
| Everglades CI | 21 | 3 | 0 | 0 | 4 | Closed |

*Table 8c. 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 | 0 | 4 | Closed |
| Jefferson Correctional Institution | 14 | 6 | 0 | 0 | 4 | Closed |
| Lancaster Correctional Institution | 9 | 17 | 0 | 0 | 4 | Closed |
| Lake City Correctional Facility | 2 | 8 | 0 | 1 | 4 | Open |
| Union Correctional Institution | 6 | 6 | 2 | 1 | 3 | Open |
| South Florida Reception Center-Main | 25 | 14 | 3 | 5 | 4 | Open |
| South Florida Reception Center-South Unit | 12 | 9 | 0 | 1 | 4 | Open |
| Martin Correctional Institution | 17 | 24 | 0 | 7 | 4 | Open |

*Table 8c. Fiscal Year 2022-2023 Surveyed Institutions CAP Assessment Summary*

| Fiscal Year 2022-2023 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 |
| Avon Park Correctional Institution | 18 | 3 | 7 | 1 | 1 | Open |
| Baker Re-Entry Center | 2 | 0 | 1 | 0 | 1 | Open |
| Desoto Annex | 39 | 25 | 7 | 3 | 2 | Open |
| Hardee Correctional Institution | 26 | 6 | 12 | 1 | 1 | Open |
| Liberty Correctional Institution | 7 | 2 | 2 | 0 | 1 | Open |
| Lowell Correctional Institution-Main | 25 | 23 | 11 | 8 | 1 | Open |
| Lowell Correctional Institution-Annex | 40 | 24 | 22 | 9 | 1 | Open |
| Marion Correctional Institution | 19 | 7 | 4 | 0 | 2 | Open |
| Polk Correctional Institution | 49 | 2 | 16 | 0 | 2 | Open |
| Putnam Correctional Institution | 11 | 3 | 0 | 0 | 1 | Closed |
| Santa Rosa Correctional Institution-Main | 8 | 4 | 1 | 0 | 1 | Open |
| Santa Rosa Correctional Institution-Annex | 12 | 18 | 3 | 1 | 1 | Open |
| Suwannee Correctional Institution-Main | 24 | 30 | 13 | 7 | 1 | Open |
| Suwannee Correctional Institution-Annex | 27 | 14 | 12 | 5 | 1 | Open |
| Tomoka Correctional Institution | 32 | 8 | 7 | 3 | 2 | Open |
| Zephyrhills Correctional Institution | 13 | 26 | 0 | 4 | 2 | Open |

# 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 health care.
- Develop a system within the Electronic Medical Record (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.
- Work to develop a more comprehensive intake screening both at reception and upon institutional transfer to prevent issues such as pending consults, upcoming clinic appointments, medication administration etc. from falling through the cracks.
- Explore the opportunities for healthier food choices by perhaps incorporating gardens to produce more fresh vegetables which has a particularly strong association with a reduced risk of cardiovascular disease, cancer, and all-cause mortality.

# SECTION II: 2022-2023 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 2022-23 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 2022-23 ADMISSIONS

### *DEMOGRAPHIC CHARACTERISTICS*

In FY 2022-23, elderly offenders accounted for 16 percent (4,444) of 27,209 inmates admitted to FDC institutions. Males represented 90 percent (4,010) of elderly offender admissions, while females aged 50 and older accounted for ten percent (434) of admissions.

When looking at racial/ethnic demographics for newly admitted inmates aged 50 and older, 36 percent (1442) were black, 3 percent (434) 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 56 and females, age 54. The oldest male offender admitted in FY 2022-23 was age 88, while the oldest female admitted was age 91.

Table 9 summarizes the demographics of the inmates received during FY 2022-23.

*Table 9. Fiscal Year 2022-23 FDC Elderly Offender Admissions Demographics*

| Fiscal Year 2022-2023 Admissions: Demographics | | | | |
|---|---|---|---|---|
| | **Total Population** | **15-49** | **50+** | **Percentage of Total Population Age 50+** |
| **Gender** | | | | |
| Male | 24,015 | 20,005 | 4,010 | **17%** |
| Female | 3,194 | 2,760 | 434 | **14%** |
| **Total** | **27,209** | **22,765** | **4,444** | **16%** |
| **Race/Ethnicity** | | | | |
| Black Female | 793 | 710 | 83 | **2%** |
| Black Male | 10,845 | 9,426 | 1,419 | **32%** |
| Hispanic Female | 219 | 202 | 17 | **0.4%** |
| Hispanic Male | 2,832 | 2,412 | 420 | **9%** |
| White Female | 2,169 | 1,836 | 333 | **7%** |
| White Male | 10,225 | 8,066 | 2,159 | **49%** |
| Other Female | 13 | 12 | 1 | **N/A** |
| Other Male | 113 | 101 | 12 | **0.3%** |
| **Total** | **27,209** | **22,765** | **4,444** | **16%** |

| Age Range of 50+ Population | | |
|---|---|---|
| **Age Range** | **Total** | **Percentage of Total Population** |
| 50-59 | 3,181 | **12%** |
| 60-69 | 1079 | **4%** |
| 70+ | 184 | **0.7%** |
| **Total** | **4,444** | **16%** |

## COMMITMENTS AND PRIMARY OFFENSES

Most (36 percent or 1,598) of the elderly offenders admitted to FDC in FY 2022-23 had no prior commitments, while 16 percent (718) had one, 11 percent (508) had two, 9 percent (396) had three, and 28 percent (1,224) had four or more prior FDC commitments. Among new admissions, 34 percent (1,501) of inmates aged 50 and older were incarcerated for violent crimes, 22 percent (981) for property crimes, 25 percent (1,117) for drug offenses, and 25 percent (845) were incarcerated for offenses classified as other. Table 10 summarizes previous FDC commitments for elderly offenders. Table 11 summarizes primary offense types.

*Table 10. Fiscal Year 2022-23 Admissions: Summary of Previous FDC Commitments*

| Fiscal Year 2022-2023 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 | 1,598 | 36% |
| 1 | 718 | 16% |
| 2 | 508 | 11% |
| 3 | 396 | 9% |
| 4+ | 1,224 | 28% |

*Table 11. Fiscal Year 2022-23 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 | 991 | 402 | 108 | **1,501** | **34%** |
| Property | 750 | 213 | 18 | **981** | **22%** |
| Drugs | 850 | 247 | 20 | **1,117** | **25%** |
| Other | 590 | 217 | 38 | **845** | **19%** |

## JUNE 30, 2023, POPULATION

### *DEMOGRAPHIC CHARACTERISTICS*

At the end of FY 2022-23, 29 percent (24,601) of Florida's 80,495 general prison population was aged 50 and older. Males accounted for 95 percent (23,380) of the June 30, 2023, elderly offender population and represented 29 percent of the total male inmate population. Female elderly offenders accounted for five percent (1,221) of inmates aged 50 and over on June 30, 2023, and represented 21 percent of the total female inmate population.

Racial/ethnic demographics for the June 30, 2023, elderly offender population are as follows: 41 percent (10,126) were black, 12 percent (2,965) were Hispanic, 46 percent (11,381) were white, and 1 percent (129) were classified as other.

Elderly offenders between the ages of 50-59 represented 59 percent (14,414) of inmates aged 50 and older. The average age of elderly offenders housed on June 30, 2023, was 59. The oldest male offender incarcerated on June 30, 2023, was age 95. The oldest female offender was age 78.

Table 12 summarizes the demographics of the June 30, 2023, inmate population.

*Table 12 FDC Elderly Offender June 30, 2023, Demographics*

| Fiscal Year 2022-2023 June 30th Population: Demographics | | | | |
|---|---|---|---|---|
| | **Total Population** | **15-49** | **50+** | **Percentage of Total Population Age 50+** |
| **Gender** | | | | |
| Male | 79,408 | 56,028 | 23,380 | **29%** |
| Female | 5,766 | 4,545 | 1,221 | **21%** |
| **Total** | **85,174** | **60,573** | **24,601** | **29%** |
| **Race/Ethnicity** | | | | |
| Black Female | 1,622 | 1,316 | 306 | **1%** |
| Black Male | 38,674 | 28,854 | 9,820 | **40%** |
| Hispanic Female | 442 | 370 | 72 | **0.3%** |
| Hispanic Male | 10,471 | 7,578 | 2,893 | **12%** |
| White Female | 3,672 | 2,836 | 836 | **3%** |
| White Male | 29,888 | 19,343 | 10,545 | **43%** |
| Other Female | 30 | 23 | 7 | **0.03%** |
| Other Male | 375 | 253 | 122 | **0.5%** |
| **Total** | **85,174** | **60,573** | **24,601** | **29%** |
| **Age Range of 50+ Population** | | | | |
| **Age Range** | **Total** | **Percentage of Total Population** | | |
| 50-59 | 14,414 | **59%** | | |
| 60-69 | 7798 | **32%** | | |
| 70+ | 2389 | **10%** | | |
| **Total** | **24,601** | **29%** | | |

## *COMMITMENTS AND PRIMARY OFFENSES*

Forty-five percent (11,175) of elderly offenders housed on June 30, 2023, had no prior FDC commitments. The remaining 55 percent (11,506) of elderly offenders were repeat offenders with one or more previous FDC commitments.

Most of the June 30, 2023, elderly offender population, 68 percent (16,693), were incarcerated for violent crimes, 14 percent (3,210) for property crimes, 12 percent (2,678) for drug offenses, and 9 percent (2,020) for crimes classified as other.

***Table 13. June 30, 2023, Population: Summary of Previous FDC Commitments***

| June 30, 2023, 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 | 11,175 | 45% |
| 1 | 3,905 | 16% |
| 2 | 2,804 | 11% |
| 3 | 2,133 | 9% |
| 4+ | 4,584 | 19% |

***Table 14. June 30, 2023, Population: Summary of Primary Offense Categories***

| June 30, 2023 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 | 9,000 | 5,594 | 2,099 | **16,693** | **68%** |
| Property | 2,170 | 947 | 93 | **3,210** | **14%** |
| Drugs | 1,911 | 688 | 79 | **2,678** | **12%** |
| Other | 1,333 | 569 | 118 | **2,020** | **9%** |

## *INMATE MORTALITY*

There were 424 inmate deaths in FY 2022-23. Elderly offenders accounted for 76 percent (322) of those deaths. Males aged 70+ accounted for 30 percent (126) 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, 2021-2022 Agency Annual Report." Tue. Nov. 28, 2023.*

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 361,813 sick call and emergency encounters in FY 2022-23. Elderly offenders accounted for 32 percent (114,799) of those encounters. Sick call represented the greatest proportion of those encounters. There were 81,392 sick call encounters for inmates aged 50 and older.

Table 15 summarizes all sick call and emergency care encounters during FY 2022-23.

***Table 15 Summary of Fiscal Year 2022-23 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 | 224,766 | 15,870 | 6,326 | 127,504 | 75,066 | **81,392** | **36%** |
| Emergency | 137,047 | 12,908 | 2,919 | 90,732 | 30,488 | **33,407** | **24%** |
| **Total** | **361,813** | **28,778** | **9,245** | **218,236** | **105,554** | **114,799** | **32%** |

## CHRONIC ILLNESS CLINICS

In FY 2022-23, 58,700 inmates were enrolled in chronic illness clinics (CIC), and inmates aged 50 and older accounted for 54 percent (31,924) of enrolled inmates. Elderly offenders accounted for 50 percent or more of inmates in four clinics: cardiovascular, endocrine, miscellaneous, and oncology clinics.

Table 16 summarizes CIC enrollment.

*Table 16. Summary of Fiscal Year 2022-23 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 | 26,557 | 737 | 14,665 | **15,402** | **58%** |
| Endocrine | 8,612 | 350 | 5,231 | **5,581** | **65%** |
| Gastrointestinal | 7,600 | 102 | 2,938 | **3,040** | **40%** |
| Immunity | 2,164 | 51 | 1,018 | **1,069** | **49%** |
| Miscellaneous | 3,258 | 81 | 2,034 | **2,115** | **65%** |
| Neurology | 2,724 | 38 | 916 | **954** | **35%** |
| Oncology | 1,073 | 45 | 842 | **887** | **83%** |
| Respiratory | 5,950 | 164 | 2,521 | **2,685** | **45%** |
| Tuberculosis | 762 | 7 | 184 | **191** | **25%** |
| **Total** | **58,700** | **1,575** | **30,349** | **31,924** | **54%** |

There were 93,619 reported CIC encounters during the fiscal year, and inmates aged 50 and older accounted for 58 percent (53,846) of CIC visits. In five clinics, elderly offenders accounted for 50 percent or more of visits in FY 2022-23. Table 16 provides a breakdown of CIC encounters for elderly offenders by clinic.

*Table 16. Summary of Fiscal Year 2022-2023 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 | 41,905 | 1,162 | 24,369 | **25,531** | **61%** |
| Endocrine | 14,835 | 570 | 9,284 | **9,854** | **66%** |
| Gastrointestinal | 10,929 | 127 | 4,627 | **4,754** | **43%** |
| Immunity | 5,349 | 111 | 2,696 | **2,807** | **52%** |
| Miscellaneous | 4,879 | 130 | 3,091 | **3,221** | **66%** |
| Neurology | 4,014 | 52 | 1,445 | **1,497** | **37%** |
| Oncology | 1,811 | 67 | 1,484 | **1,551** | **86%** |
| Respiratory | 8,946 | 247 | 4,150 | **4,397** | **49%** |
| Tuberculosis | 951 | 12 | 222 | **234** | **25%** |
| **Total** | **93,619** | **2,478** | **51,368** | **53,846** | **58%** |

## *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 2022-23, there were 30,212 inmates with assigned impairment grades, with 43 percent (13,012) of assigned impairments being among elderly offenders. Inmates aged 50 and older comprised 41 percent (10,227) of inmates with visual impairments, 56 percent (1,395) with hearing impairments, 63 percent (2,883) with physical impairments and 68 percent (5,202) with developmental impairments.

Inmates requiring special assistance or assistive devices are issued special passes to accommodate their needs. FDC issued 21,105 passes for special assistance and/or assistive devices in FY 2022-23, and 61 percent (12,777) of those passes were issued to elderly offenders.

A summary of impairments and assistive devices is provided in Tables 17 and 18.

[8] *Florida Department of Corrections Report, "Elderly Inmates, 2021-2022 Agency Annual Report." Tue. Nov. 28, 2023.*

*Table 17. Summary of Fiscal Year 2022-23 FDC Impairment Grade Assignments*

| Impairment Grade Assignments | | | | |
|---|---|---|---|---|
| **Impairments** | **15-49** | **50+** | **Total Population** | **Percentage of Total Population Age 50+** |
| Visual | 14,538 | 10,227 | 24,765 | **41%** |
| Hearing | 1,083 | 1,395 | 2,478 | **56%** |
| Physical | 1,723 | 2,883 | 4,606 | **63%** |
| Developmental | 2,393 | 5,202 | 7,595 | **68%** |
| **Total** | **19,737** | **19,707** | **39,444** | **50%** |

*Table 18. Summary of Fiscal Year 2022-23 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 | 859 | 1,298 | 2,157 | **60%** |
| Attendant Assigned | 27 | 95 | 122 | **78%** |
| Cane Pass | 95 | 1,225 | 1,320 | **93%** |
| Guide Assigned | 3 | 17 | 20 | **85%** |
| Hearing Aid Assigned | 46 | 235 | 281 | **84%** |
| Low Bunk Pass | 6,962 | 8,471 | 15,433 | **55%** |
| Prescribed Special Shoes | 91 | 195 | 286 | **68%** |
| Pusher Assigned | 17 | 111 | 128 | **87%** |
| Walker Pass | 51 | 444 | 495 | **90%** |
| Wheelchair Pass | 177 | 686 | 863 | **79%** |
| **Total** | **8,328** | **12,777** | **21,105** | **61%** |

# 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, 2023, 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 36 percent of sick call encounters.
- Represented at least 50 percent of inmates enrolled in four chronic illness clinics and accounted for 56 percent of all chronic illness clinic encounters in FY 2022-23.
- Represented 43 percent of inmates with impairment grade assignments and 61 percent of inmates requiring assistive devices and special passes.

The average age of inmates housed in FDC institutions on June 30, 2023, 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.