

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based only on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2390

SPONSOR: Criminal Justice Committee and Senator Thomas

SUBJECT: Elderly Inmates/Geriatric Facility

DATE: April 17, 2000 Revised: _____

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	<u>Cellon</u>	<u>Cannon</u>	<u>CJ</u>	<u>Favorable/CS</u>
2.	_____	_____	<u>FP</u>	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

Committee Substitute for Senate Bill 2390 provides for the following:

- a definition of elderly offenders;
- legislative findings and requires the Department of Corrections (department) to establish and operate an exclusively geriatric facility for elderly offenders at the current River Junction Correctional Institution site;
- an annual review by the Florida Corrections Commission and the Correctional Medical Authority to the Legislature on elderly offenders within the correctional system; and
- standards for rule making by the Department of Corrections which reflect the intent of the Legislature and default standards if the rules are not considered to be adopted or in effect.

The bill would require an undetermined annual appropriation for the operation of the geriatric facility. Additionally, an indeterminate fiscal impact may result from the consolidation of elderly inmates in such a facility.

The act will take effect July 1, 2000.

This bill substantially amends or creates the following sections of the Florida Statutes: 944.02, 944.804, 944.8041, 120.81, 413.051, and 414.40.

II. Present Situation:

Growth of Florida's Elder Offender Population

As of June 30, 1999, the number of elderly offenders¹ in Florida's correctional institutes and facilities was 5,082, or 7.4 percent of Florida's inmate population. This represents an increase of 54.9 percent since 1995, when 3,281 elderly inmates were housed. The percentages of both elderly males and females in the inmate population have increased steadily. The department estimates that by June 2010, there will be 9,541 elderly inmates in prison.² It is generally reported that the cost of incarcerating a geriatric prisoner is three times that of maintaining a regular prisoner. A California study found that the cost of younger inmates was about \$21,000 annually; for those inmates over the age of 60, the cost rose to \$60,000. The increase in cost is primarily a result of increased medical expenses.

Most correctional systems, including Florida's, are based on managing inmates who are young when they enter prison and will still be young when released. Elderly prisoners do not fit this model; they have different medical and programming needs than the younger inmates, and they may require significantly less security than is used at current institutions. Their medical requirements alone will consume an inordinate proportion of correctional resources. As this population swells, an increasing percentage of a prison's budget and attention will be dedicated to these inmates.

Florida's Elderly Offenders

A large majority (74.4 percent) of elderly inmates in Florida are incarcerated for violent offenses (murder/manslaughter, sexual/lewd behavior, robbery, and others); 12.4 percent for burglary or property offenses (theft, fraud, damage); 12.8 percent for drugs; and 4.4 percent for other offenses.

On December 31, 1998, records from the Department of Corrections indicate that elderly inmates accounted for 7.1 percent of the total inmate population (67,224). Of the 4,766 elderly offenders imprisoned, over half (51.4 percent) were serving these lengthy sentences. Fifty-eight percent of the elderly inmates incarcerated in Florida's prisons were first time offenders.

Florida's Elderly Inmate Health Care

In Florida, the medical care of elderly inmates is incorporated into the provision of care for all inmates. Each inmate is assigned a Functional Grade (or medical grade) by using a physical profiling system. A physician, dentist, clinical associate, or psychologist assigns a functional capacity based on an assessment of the inmate's overall profile. The inmate's functional capacity

¹There is a lack of a common definition of the term "elderly inmate." Because of the impact of lifestyle, poor medical care, and the background of most inmates, their physiological age may well surpass their chronological age. Most researchers recommend that correctional agencies adopt age 50 as the chronological starting point for defining older inmates. *Administrative Overview of the Older Inmate*. Joann B. Morton. National Institute of Corrections. U.S. Department of Justice; August 1992; "The Graying of America's Prison Population." Edith E. Flynn. *The Prison Journal*. Vol. 72, Nos. 1 & 2. 1992; "The Graying of America's Prison Population." Edith E. Flynn. *The Prison Journal*. Vol. 72, Nos. 1 & 2. 1992.

²These estimates include offenders expected to be sentenced under "10-20-Life" and "Three Strikes" legislation.

serves as the basis for institutional and work assignment. It ensures that an inmate will be assigned to an institution that can meet that inmate's medical needs.

Those inmates whose health is declining as a result of the aging process are deemed "impaired" and tracked in the department's medical classification system. As such, the department does not have any written policies, procedures, or programs that are age-specific and address the particular needs of elderly offenders. The department reports that 62.8 percent of the current elder population is assigned an unrestricted or minimum medical grade, but the medical grade does increase with age.

The Office of Health Services reports that the health care costs of elderly inmates are not tracked separately. The medical cost for all adult male inmates in FY 1997-98 was \$6.80 per day. If the health care costs of inmates age 60 and older are approximately 2.8 times as much as costs for younger inmates, applying the figures from the California study mentioned above, expenditures were approximately \$76 million for medical care for these inmates in FY 1997-98.

Florida's Elder Inmate House and Programming

As indicated, Florida's elder inmates are distributed throughout the corrections system. But certain physical limitations³ are common in this group of inmates. Modifying one institution to meet these limitations could: (1) limit construction modifications to one institution; (2) decrease the medical costs incurred to treat common elderly injuries, such as falls; (3) permit cost effective development of care programs such as hospice; and (4) permit programming dollars to be spent wisely.⁴

River Junction Correctional Institution

River Junction was established in 1974 housing 460 adult male inmates. In 1989, it was designated as a female facility and in 1991 it was converted back to a male facility. Designated to accept minimum, medium and limited medical grade inmates, it formerly housed 761 adult male inmates. River Junction provided academic, vocational and self-betterment programs. In 1998, CMHI and River Junction Correctional Institution were combined into one facility called Corrections Mental Health Institution (CMHI) at River Junction.

CMHI was established when Florida's 1982 Corrections Mental Health Act authorized a correctional facility for mentally ill inmates. In 1983, the renovation of an existing structure at Florida State Hospital was directed, and the Corrections Mental Health Institution was established. This facility had been designated to accept close and maximum custody and all medical grade inmates. CMHI provided self-betterment programs to approximately 135 adult male and female inmates.

This facility was closed on October 14, 1999 by the Department of Corrections. All inmates were transferred to other institutions.

³Limitations include impaired hearing and eyesight as well as decreased bone mass and agility.

⁴For example, educational programming and vocational training programs are not needed for individuals who are unlikely to re-enter the work force.

The Correctional Privatization Commission

The CPC was created for the purpose of entering into contracts with contractors for the designing, financing, acquiring, leasing, constructing, and operating of private correctional facilities.

In 1994, the Legislature directed the CPC to solicit contracts for an adult 1,318-bed facility and three 350-bed youthful offender facilities. (See Chapter 94-209, Laws of Florida). Prior to their opening, two of the 350-bed facilities were redesignated to house juvenile offenders under the jurisdiction of the Department of Juvenile Justice (See Chapter 96-422, Laws of Florida). The CPC awarded the 1,318-bed facility to Wackenhut Corrections Corporation and the facility (South Bay Correctional Facility) opened in February of 1997. Corrections Corporation of America was awarded the remaining contract for a 350-bed facility (Lake City Correctional Facility) which opened in October of 1996. Currently, the state contracts for a total of 3,936 privatized beds.

III. Effect of Proposed Changes:

The bill:

- provides for legislative findings and requires the Department of Corrections to establish and operate an exclusively geriatric facility for elderly offenders at the site of River Junction Correctional Institution, which is currently closed;
- conforms references changed by the alphabetizing of the definitions section;
- provides for a definition of “elderly offender” as a prisoner age 50 or older in a state correctional institution or facility operated by the Department of Corrections or the Correctional Privatization Commission;
- requires an annual review by the Florida Corrections Commission and the Correctional Medical Authority to the Legislature on elderly offenders within the correctional system by December 31st of each year; and
- provides for standards for rulemaking by the Department of Corrections which reflect the intent of the Legislature.

The bill provides the Legislature’s further intent that implementation is not to be delayed by the adoption of rules or emergency rules and provides for a non-rule inmate population profile.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The overall impact of this bill is unknown at this point, although the potential for cost savings in inmate health care seems to be possible.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The title to River Junction is currently vested in the Department of Children and Family Services. This bill may need to address an official transfer of title.

VIII. Amendments:

None.