

**STATE OF FLORIDA  
CORRECTIONAL MEDICAL AUTHORITY**

**2024-2025 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

Vacant  
Representative  
Health Care Administration

Vacant  
Representative  
Dentistry

Leigh-Ann Cuddy, MS  
Representative  
Mental Health

December 31, 2025

The Honorable Ron DeSantis  
Governor of Florida

The Honorable, President Ben Albritton  
The Florida Senate

The Honorable, Speaker Daniel Perez  
The Florida House of Representatives

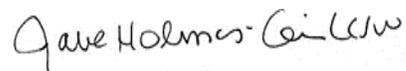
Dear Governor DeSantis, Mr. President, and Mr. Speaker:

In accordance with § 945.6031, Florida Statutes (F.S.), I am pleased to submit the Correctional Medical Authority's (CMA) 2024-25 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 2024-25 and the elderly population housed in Florida Department of Corrections (FDC) institutions on June 30, 2025. 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,

A handwritten signature in black ink that reads "Jane Holmes-Cain". The signature is written in a cursive, flowing style.

Jane Holmes-Cain, LCSW  
Executive Director

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**SECTION I: 2024-2025  
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."<sup>1</sup>

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, and projected medical needs of inmates.
- Reporting to the Governor and Legislature on the status of FDC's health care delivery system.
- Conducting surveys of the physical and mental health services at each correctional institution every three years and reporting findings to the Secretary of Corrections.

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<sup>1</sup> *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.

## **2024-2025 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) 2024-25.

Included in the report is an overview of activities conducted by the CMA during FY 2024-25, 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

In FY 2024-25 the Office of Health Services (OHS) played a helpful role for the Florida Department of Corrections with its agency bill, Florida House Bill 903. The bill passed both the House and Senate and was signed by Governor DeSantis on May 22, 2025.<sup>2</sup>

The bill helped immensely to simplify and enhance the corrections health and mental health care system, by:

- Streamlining and simplifying processes in The Corrections Mental Health Act (Sections 945.40 – 945.49, Florida Statutes) by allowing the Department to transfer inmates to a Corrections Mental Health Treatment Facility (CMHTF) for a mental health evaluation, whereby if the inmate meets requisite criteria, the institution will file a single petition with the circuit court for an order authorizing both placement and involuntary treatment in the CMHTF.
- Aligning timeframes for both placement and involuntary treatment to no more than six months.
- Simplifying the process by allowing the circuit court to hold a status conference to determine whether the inmate should remain placed in the CMHTF for the provision of involuntary treatment.

The bill also emphasized the protections for inmates with mental illness to ensure that express and informed consent for treatment is given free of coercion and provided a definition for incompetent to consent to treatment for needed clarity.

House Bill 903 added Section 945.6042, Florida Statutes, which enhanced the health care system by including prison infirmaries or other areas where health services are delivered in the statutory definition of “health care facility” for the purposes of Chapter 765, Florida Statutes, which enables Department physicians to expedite the process of obtaining informed consent to provide medical services to an incompetent inmate from a substitute decision maker.

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<sup>2</sup> This information written by the Florida Department of Corrections

# CMA ACTIVITIES FISCAL YEAR 2024-2025

## 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, four seats on the CMA Board were filled.

CMA's Board held four public meetings during FY 2024-25. One meeting was conducted in-person at Lowell Correctional Institution, while three were held virtually.

## CMA BOARD WORK GROUP

On March 28, 2025, CMA Board members and staff held a virtual work group. Agenda items included a review of CMA activities for the current year and a session on pertinent strategies for board member recruitment and retainment.

## INMATE CORRESPONDENCE

CMA staff responded to 65 inmate-related letters and emails, along with 42 phone calls during FY 2024-25. Because the CMA is not authorized to direct staff in FDC institutions or require that specific actions be taken by FDC, correspondence is forwarded to OHS for investigation and response. In cases relating to security or other issues, correspondence is referred to the Department's Inspector General or General Counsel. CMA staff tracks the outcome of the correspondence and subsequently reviews health care issues identified during onsite surveys. Of the 107 communications received during FY 2024-25, CMA continues to track 19 that have not been resolved.

## CMA SURVEY TOOL CHANGES

Periodic revisions to survey instrumentation are undertaken to ensure compliance with Department policy. Prior to the start of FY 2024-25, 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 discussions with stakeholders, it was determined that major revisions to the current roster of survey tools were not warranted.

## 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, two volunteer health care professionals and representatives 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.

All in-custody deaths, except executions, require a mortality review. QMC mortality reviews assess whether the mortality review process effectively identified deficiencies in health care that may have contributed to the death and determine whether appropriate action was taken to prevent deficiencies from reoccurring. 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 for professional growth and development.

The QMC met three times during the fiscal year and reviewed 10 mortality cases. One meeting was dedicated to suicide mortalities. The meeting was similar to the medical mortality review process except a psychologist presented the cases to the committee and facilitated the subsequent discussion among the stakeholders.

# 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 2024-25, the CMA conducted 20 institutional surveys between July 1, 2024, and June 30, 2025. This included one reception center (Reception and Medical Center), four institutions with main and annex units each being surveyed separately (Columbia CI, Hamilton CI, Reception and Medical Center, and Wakulla CI), and three institutions with inpatient mental health services (Dade CI, Reception and Medical Center, and Wakulla CI). One designated female institution (Homestead CI) was surveyed in FY 2024-25.

A total of 383 institutional survey findings were identified. Of reportable findings, 210 (55%) were physical health findings and 173 (45%) were mental health findings. The results were reported to the Secretary of Corrections. Detailed reports for each institutional survey can be accessed on the CMA's website at [www.flcma.gov](http://www.flcma.gov).

A summary of medical and mental health grades<sup>3</sup>, number of inmates housed, and survey findings identified are provided in Table 1 below.

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<sup>3</sup> 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 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 ongoing 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 2024–2025 Institutional Surveys

Summary of Fiscal Year 2024–2025 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
Bay Correctional Facility	M1-M3	SI-S3	985	976	N	N	Y	26	41
Blackwater Correctional Facility	M1-M3	SI-S3	2000	1995	Y	N	Y	13	9
Century Correctional Institution	M1-M5	SI-S3	1883	1595	Y	N	Y	6	3
Charlotte Correctional Institution	M1-M5	SI-S3	1195	1292	Y	N	Y	16	12
Columbia Correctional Institution-Annex	M1-M4	SI-S3	1566	1503	N	N	Y	10	5
Columbia Correctional Institution-Main	M1-M5	SI-S3	1269	730	Y	N	Y	3	2
Dade Correctional Institution	M1-M5	SI-S5	1406	1335	Y	Y	Y	16	16
Desoto Annex	M1-M3	SI-S2	2009	1902	N	N	Y	12	5
Gadsden Re-Entry	M1-M2	SI-S3	432	447	N	N	Y	3	3
Gulf Correctional Institution	M1-M5	SI-S2	1411	1699	Y	N	Y	4	5
Hamilton Correctional Institution-Annex	M1-M5	SI-S3	1551	1476	Y	N	Y	6	8
Hamilton Correctional Institution-Main	M1-M3	SI-S3	2808	2123	N	N	Y	8	5
Hernando Correctional Institution	M1-M3	SI-S3	431	380	N	N	Y	9	8
Homestead Correctional Institution	M1-M3	SI-S3	824	828	Y	N	Y	15	5
Okeechobee Correctional Institution	M1-M5	SI-S2	1740	2128	Y	N	Y	17	12
Reception Medical Center-Main	M1-M5	SI-S5	1938	1575	Y	Y	Y	15	13
Reception Medical Center-West	M1-M4	SI-S3	1101	973	N	N	Y	7	4
Sumter Correctional Institution	M1-M3	SI-S2	1792	1680	Y	N	Y	4	1
Wakulla Correctional Institution-Annex	M1-M4	SI-S5	756	588	N	Y	Y	13	9
Wakulla Correctional Institution-Main	M1-M5	SI-S2	2346	2125	Y	N	Y	7	7
								210	173

## 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, infirmary care, inmate requests, physical health systems, intra-system transfers, medication administration, periodic screenings, pharmacy, pill line administration, sick call and adherence to the Prison Rape Elimination Act (PREA).

There were 210 physical health findings in FY 2024-25 that represented 55% of total survey findings. The majority of findings were noted in the review of chronic illness clinics (17%) and preventative health screenings (17%). Consultation services comprised 14% of identified findings. 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<sup>4</sup>

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	36 (17%)	13 (65%)
Confinement Medical Review	Assesses care provided to inmates housed in confinement	12 (6%)	5 (25%)
Consultation Requests	Assesses processes for approving, denying, scheduling services, and follow-up for specialty care services	29 (14%)	19 (95%)
Dental Care	Assesses the provision of dental care	1 (1%)	1 (5%)
Dental Systems	Assesses compliance with FDC's policies and procedures for dental services	3 (1%)	3 (15%)
Emergency Care	Assesses emergency care processes for addressing urgent/emergent medical complaints	13(6%)	9 (45%)
Female Preventative Health Screenings	Assesses preventative health screenings for gynecological screenings and obstetrical care	0 (0%)	0 (0%)
Infirmary Care (Inpatient)	Assesses the provision of skilled nursing services in inpatient infirmary settings	11 (5%)	6 (30%)
Infirmary Care (Outpatient)	Assesses the provision of skilled nursing services in outpatient infirmary settings	1 (1%)	1 (5%)
Physical Health Systems	Assesses the adequacy of medical, dental, and housing conditions	18 (9%)	8 (45%)
Intra-System Transfers	Assesses systems and processes for ensuring continuity of care for inmates transferred between institutions	7(3%)	6 (20%)
Medical Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying physical health related inmate requests	4 (2%)	4 (20%)
Medication and Vaccination Administration	Assesses the administration of and clinical documentation related to medication and vaccines.	14 (7%)	8 (40%)
Periodic Screenings	Assesses the provision of periodic physical examinations and health screenings	36 (17%)	17 (85%)
PREA	Assesses compliance with Prison Rape Elimination Act (PREA) policies and procedures for medical and mental health care screenings	21 (10%)	11 (55%)
Reception Process	Assesses compliance with FDC's policies and procedures for physical health screenings of new inmates	0 (0%)	0 (0%)
Sick Call	Assesses sick call processes to address acute and non-emergency medical complaints and inmate access to sick call	4 (2%)	4 (25%)

<sup>4</sup> All percentages are determined by the number of institutions with applicable services.

Table 3 Physical Health Assessment Area Findings by Institution

Institutions	Chronic Illness Clinics	Confinement Medical Review	Consultation Requests	Dental Care	Dental Systems	Emergency Care	Female Preventative Health Screenings	Infirmity Care (Inpatient)	Infirmity Care (Outpatient)	Physical Health Systems	Intra-System Transfers	Medical Inmate Requests	Medication and Vaccination Administration	Periodic Screenings	PREA	Reception Process	Sick Call	Total
Bay CF	5	0	4	0	1	1	N/A	N/A	N/A	1	0	1	3	3	6	N/A	1	26
Blackwater CF	1	1	1	0	0	1	N/A	1	0	0	1	0	1	3	2	N/A	1	13
Century CI	3	1	1	0	0	0	N/A	0	0	0	0	0	0	1	0	N/A	0	6
Charlotte CI	6	0	3	0	1	0	N/A	3	0	1	0	1	0	1	0	N/A	0	16
Columbia Annex	0	0	1	0	1	1	N/A	N/A	N/A	0	2	1	0	3	1	N/A	0	10
Columbia Main	0	0	1	0	0	0	N/A	0	0	1	0	0	0	0	1	N/A	0	3
Dade CI	3	2	1	0	0	0	N/A	1	0	2	0	0	3	3	1	N/A	0	16
Desoto Annex	6	0	2	1	0	1	N/A	N/A	N/A	0	0	0	0	0	2	N/A	0	12
Gadsden Re-Entry	0	N/A	1	N/A	N/A	0	N/A	N/A	N/A	0	0	0	1	1	0	N/A	0	3
Gulf CI	1	0	1	0	0	1	N/A	0	0	0	1	0	0	0	0	N/A	0	4
Hamilton Annex	0	1	1	0	0	0	N/A	0	0	0	1	1	1	1	0	N/A	0	6
Hamilton Main	1	0	1	0	0	1	N/A	N/A	N/A	0	1	0	1	1	1	N/A	1	8
Hernando CI	1	0	3	0	0	0	N/A	N/A	N/A	3	0	0	0	2	0	N/A	0	9
Homestead CI	0	0	1	0	0	3	0	2	1	4	1	0	2	1	0	N/A	0	15
Okeechobee CI	0	7	1	0	0	0	N/A	0	0	4	0	0	0	3	2	N/A	0	17
Reception Medical Center Main	3	0	1	0	0	1	N/A	3	N/A	2	0	0	0	3	2	0	0	15
Reception Medical Center West	1	N/A	N/A	0	0	0	N/A	N/A	N/A	0	0	0	0	3	2	N/A	1	7
Sumter CI	0	0	3	0	0	0	N/A	0	0	0	0	0	0	1	0	N/A	0	4
Wakulla Annex	3	0	1	0	0	3	N/A	N/A	N/A	0	0	0	2	3	1	N/A	0	13
Wakulla Main	2	0	1	0	0	0	N/A	1	0	0	0	0	0	3	0	N/A	0	7
	<b>36</b>	<b>12</b>	<b>29</b>	<b>1</b>	<b>3</b>	<b>13</b>	<b>0</b>	<b>11</b>	<b>1</b>	<b>18</b>	<b>7</b>	<b>4</b>	<b>14</b>	<b>36</b>	<b>21</b>	<b>0</b>	<b>4</b>	<b>210</b>

## MENTAL HEALTH SURVEY FINDINGS SUMMARY

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, psychiatric restraint, and use of force were completed for institutions that had applicable episodes for review. Psychiatric medication practices, and discharge planning record reviews were only applicable for institutions housing inmates who have mental health grades of S3 and above. Additionally, special housing reviews were applicable for institutions with confinement. Inpatient mental health services were reviewed at institutions housing inmates with mental health grades of S4 and above.

There were 173 mental health findings in FY 2024-25 that represented 45% of total survey findings. The majority of findings were noted in the review of outpatient mental health services (25%), outpatient psychiatric medication services (21%). Self-injury and suicide prevention practices accounted for 13% of all 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<sup>5</sup>*

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	5 (3%)	5 (25%)
Inpatient Mental Health Services	Assesses the provision of mental health care in inpatient settings	4 (2%)	3 (15%)
Inpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in inpatient settings	0 (0%)	0 (0%)
Mental Health Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying mental health related inmate requests	10(6%)	7(35%)
Mental Health Systems	Assesses systems and processes for ensuring that adequate mental health services are provided	15 (9%)	8 (40%)
Psychiatric Restraints	Assesses compliance with FDC's policies and procedures for psychiatric restraints	6 (3%)	2(10%)
Psychological Emergencies	Assesses the process for responding to inmate mental health emergencies	9 (5%)	5 (25%)
Outpatient Mental Health Services	Assesses the provision of mental health services in an outpatient setting	44 (25%)	13 (3%)
Outpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in outpatient settings	37 (21%)	12 (32%)
Reception Process	Assesses compliance with FDC's policies and procedures for mental health screenings of new inmates	0 (0%)	0 (0%)
Self-Injury/ Suicide Prevention	Assesses compliance with FDC's policies and procedures for self-injury and suicide prevention	23 (13%)	13 (65%)
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 (5%)	4 (20%)
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	6 (3%)	4 (20%)

<sup>5</sup> All percentages are determined by the number of institutions with applicable services.

Table 5 Mental Health Assessment Area Findings by Institution

Institutions	Discharge Planning	Inpatient Mental Health Services	Inpatient Psychiatric Medication	Mental Health Inmate Requests	Psychiatric Restraints	Psychological Emergency	Outpatient Mental Health Services	Outpatient Psychotropic Medication	Mental Health Systems	Reception Process	Self-Injury/ Suicide Prevention	Special Housing	Use of Force	Total
Bay CF	4	N/A	N/A	2	N/A	0	14	6	4	N/A	5	4	2	41
Blackwater CF	0	N/A	N/A	1	N/A	0	1	6	0	N/A	1	0	0	9
Century CI	N/A	N/A	N/A	0	N/A	1	0	N/A	1	N/A	1	0	0	3
Charlotte CI	1	N/A	N/A	0	N/A	0	2	2	2	N/A	3	2	0	12
Columbia Annex	1	N/A	N/A	1	N/A	1	0	0	0	N/A	2	0	0	5
Columbia Main	0	N/A	N/A	0	N/A	0	0	1	0	N/A	1	0	0	2
Dade CI	0	1	0	0	2	0	3	5	0	N/A	2	2	1	16
Desoto Annex	N/A	N/A	N/A	2	N/A	0	0	N/A	0	N/A	3	0	0	5
Gadsden Re-Entry	0	N/A	N/A	0	N/A	0	0	2	1	N/A	N/A	N/A	N/A	3
Gulf CI	N/A	N/A	N/A	0	N/A	0	3	N/A	1	N/A	1	0	0	5
Hamilton Annex	1	N/A	N/A	0	N/A	0	3	3	0	N/A	1	0	0	8
Hamilton CI Main	0	N/A	N/A	0	N/A	0	3	0	0	N/A	N/A	0	2	5
Hernando CI	0	N/A	N/A	0	N/A	0	1	3	3	N/A	1	0	0	8
Homestead CI	0	N/A	N/A	0	N/A	1	0	4	0	N/A	0	0	0	5
Okeechobee CI	N/A	N/A	N/A	1	N/A	1	7	N/A	1	N/A	1	0	1	12
RMC Main	1	2	0	2	N/A	0	2	3	2	0	0	1	0	13
RMC West	0	N/A	N/A	0	N/A	0	2	1	1	N/A	N/A	N/A	N/A	4
Sumter CI	N/A	N/A	N/A	1	N/A	0	0	N/A	0	N/A	0	0	N/A	1
Wakulla Annex	1	1	0	0	4	0	1	1	0	N/A	1	0	0	9
Wakulla Mian	N/A	N/A	N/A	0	N/A	5	2	N/A	0	N/A	N/A	0	0	7
<b>Total Findings</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>10</b>	<b>6</b>	<b>9</b>	<b>44</b>	<b>37</b>	<b>16</b>	<b>0</b>	<b>23</b>	<b>9</b>	<b>6</b>	<b>173</b>

## SYSTEMWIDE PHYSICAL HEALTH SURVEY TRENDS

Systemwide trends are defined as the presence of a specific finding at three or more institutions surveyed during FY 2024-25. Twenty-seven physical health findings met the criteria for a trend and are detailed below.

<b>Chronic illness Clinics</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
A dilated fundoscopic examination is completed yearly for diabetic inmates (Endocrine Clinic)	3 (15%)
Inmates with HgbA1c over 8% are seen at least every 90 days (Endocrine Clinic)	3 (15%)
There is evidence of hepatitis A and/or hepatitis B vaccination (Gastrointestinal Clinic)	3 (15%)
The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician (CIC)	3 (15%)
Patients are referred to a specialist for more in-depth treatment as indicated (Miscellaneous Clinic)	3 (15%)
<b>Consultations</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	19 (95%)
The consultation report is reviewed by the clinician in a timely manner	3 (15%)
All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	4 (20%)
<b>Emergency Care</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Vital signs including weight are appropriately documented	3 (15%)
Follow-up visits are completed in a timely manner	3 (15%)
<b>Inpatient Infirmary Care</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
All orders are received and implemented	4 (20%)
<b>Intra-System Transfers</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
A clinician reviews the health record and transfer summary within seven (7) days of arrival	4 (20%)

<b>Medication and Vaccination Administration</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The inmate receives medications as prescribed	4 (20%)
If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	6 (30%)
<b>Periodic Screenings</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The periodic screening encounter is completed within one month of the due date	7 (35%)
All components of the screening are completed and documented as required	5 (25%)
All diagnostic tests are completed prior to the periodic screening encounter	16 (80%)
Referral to a clinician occurs if indicated	5 (25%)
<b>PREA</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Prophylactic treatment and follow-up care for STIs are given as indicated	3 (15%)
Repeat STI testing is completed as required	3 (15%)
A mental health referral is submitted following the completion of the medical screening	3 (15%)
The inmate is evaluated by mental health by the next working day	6 (30%)

<b>Sick Call</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Follow-up visits are completed in a timely manner	3 (15%)
<b>Medical Inmate Requests</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The follow-up to the request occurs as intended	4 (20%)
<b>Confinement Medical Review</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
New or pending consultations progress as clinically required	3 (15%)
<b>Physical Health Systems</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Over-the-counter medications are available in the housing areas	4 (20%)
Sinks and toilets are clean and operational	5 (25%)

**SYSTEMIDE MENTAL HEALTH SURVEY TRENDS**

Systemwide trends are defined as the presence of a specific finding at three or more institutions surveyed during FY 2024-25. Twenty mental health findings met the criteria for a trend and are detailed below.

<b>Mental Health Inmate Requests</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The follow-up to the request occurs as intended	5 (25%)
Consent for treatment is obtained prior to conducting an interview	4 (20%)

<b>Outpatient Mental Health Services</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The inmate is interviewed by mental health staff within 14 days of arrival	3 (15%)
Documentation includes an assessment of mental status, the status of mental health problems and an individualized service plan update	3 (15%)
The Biopsychosocial Assessment is approved by the treatment team within 30 days of initiation of mental health services	4 (20%)
If mental health services are initiated at the institution, the Individualized Service Plan (ISP) is completed within 30 days	7 (35%)
The ISP is signed by the inmate and all members of the treatment team	6 (30%)
The ISP is reviewed and revised at least every 180 days	4 (20%)
<b>Outpatient Psychiatric Medication Practices</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Appropriate initial laboratory tests are ordered	3 (15%)
The inmate receives medication(s) as prescribed	8 (40%)
The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed	6 (30%)
The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month	5 (25%)
Follow-up sessions are conducted at appropriate intervals	3 (15%)
Documentation of psychiatric encounters is complete and accurate	3 (15%)
<b>Self-Injury/Suicide Prevention</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Guidelines for the management of Self-harm Observation Status (SHOS) are observed	4 (20%)
The inmate is observed at the frequency ordered by the clinician	7 (35%)
The ISP is revised within 14 days of discharge	4 (20%)

<b>Special Housing</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Psychotropic medications continue as ordered while inmates are held in special housing	3 (15%)

<b>Use of Force</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed	3 (15%)

<b>Psychological Emergencies</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Documentation indicates that the clinician considered the inmate's history of mental health treatment and past suicide attempts	3 (15%)
There is appropriate follow-up as indicated in response to the emergency	3 (15%)

<b>Aftercare Planning</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	2 (10%)
The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	2 (10%)
Appropriate patient care summaries are completed within 30 days of EOS	4 (20%)
Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	2 (10%)

<b>Mental Health Systems</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Outpatient group therapy is offered	8 (40%)

## RECOMMENDATIONS

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

- Streamline Reception and Medical Center (RMC) consultation process to decrease approval and wait times.
- Identify and collaborate with community partners to provide more access to specialty services.
- Continue to train and support staff on optimally utilizing the electronic medical record (EMR).
- 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.
- Continue to train staff on medication administration standards and proper documentation.
- Provide additional education and resources regarding suicide prevention practices.
- Reduce barriers that restrict or stigmatize access to mental healthcare.

# 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 71 CAP assessments in FY 2024-25. This included four CAP assessments for institutions surveyed in FY 2021-22, 12 CAP assessments for institutions surveyed in FY 2022-23, 43 CAP assessments for institutions surveyed in FY 2023-24 and 12 CAP assessments for institutions surveyed in FY 2024-25. An up-to-date listing of current CAP assessments can be accessed on the CMA’s website at [www.flcma.gov](http://www.flcma.gov).

Table 6a. 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
Lake City CF	2	8	0	0	8	Closed
South Florida Reception Center- Main	25	14	0	0	7	Closed

Table 6b. 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 CI	18	3	0	0	4	Closed
Hardee CI	26	6	0	0	5	Closed
Polk CI	49	2	0	0	5	Closed
Suwannee CI-Annex	28	16	1	1	5	Open
Suwannee CI-Main	24	30	0	0	4	Closed
Tomoka CI	32	8	0	0	7	Closed

Table 6c. Fiscal Year 2023-2024 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2023-2024 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
Central Florida Reception Center-East	24	15	1	0	5	Open
Central Florida Reception Center-Main	34	22	2	4	5	Open
Central Florida Reception Center-South	15	14	0	0	4	Closed
Cross City CI	24	3	0	0	3	Closed
Everglades CI	18	3	0	0	3	Closed
Everglades Reentry	11	0	0	0	3	Closed
Franklin CI	15	1	0	0	3	Closed
Florida State Prison	15	2	0	0	2	Closed
Graceville CF	52	53	12	14	3	Open
Holmes CI	9	4	0	0	3	Closed
Lake CI	14	11	0	0	3	Closed
Lawtey CI	12	2	0	0	2	Closed
Lowell-Annex	29	9	1	1	3	Open
Lowell-Main	24	8	2	0	3	Open
Mayo Annex	17	2	0	0	3	Closed
Moore Haven CF	50	23	3	0	2	Open
Northwest Florida Reception Center-Main	17	12	0	0	2	Closed
Northwest Florida Reception Center-Annex	23	5	0	0	2	Closed
South Bay CF	42	33	11	4	2	Open
Taylor CI	17	0	0	0	3	Closed

Table 6d. Fiscal Year 2024-2025 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2024-2025 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
Bay CF	26	41	15	25	1	Open
Blackwater River CF	13	9	0	0	2	Closed
Century CI	6	3	0	0	2	Closed
Columbia-Annex	10	5	0	0	2	Closed
Columbia-Main	3	2	0	0	2	Closed
Okeechobee CI	17	12	0	0	3	Closed
Reception and Medical Center-Main	15	13	0	0	2	Closed
Reception and Medical Center-West	7	4	0	0	2	Closed
Wakulla-Main	7	7	1	0	2	Open
Wakulla-Annex	13	9	2	1	2	Open



# **SECTION II: 2024-2025 UPDATE ON THE STATUS OF ELDERLY OFFENDERS IN FLORIDA PRISONS**

# INTRODUCTION

Since 2001, the Correctional Medical Authority (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.). The agency is required to submit an annual report on the status of elderly offenders each year to the Florida Legislature. Utilizing data from the Florida Department of Corrections (FDC) Bureau of Research and Data Analysis, a comprehensive profile of Florida's elderly offenders will be detailed in this report. This update for FY 2024-25 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 and untreated mental health issues resulting in 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.<sup>6</sup>

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.<sup>7</sup> 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."<sup>8</sup>

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<sup>6</sup> 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.

<sup>7</sup>Ibid.

<sup>8</sup> Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.

# PROFILE OF FLORIDA'S ELDERLY OFFENDERS

## FISCAL YEAR 2024-2025 ADMISSIONS

### DEMOGRAPHIC CHARACTERISTICS

Table 7 summarizes the demographics of the inmates received during FY 2024-25

Table 7. Fiscal Year 2024-25 FDC Elderly Offender Admissions Demographics

Fiscal Year 2024-2025 Admissions: Demographics				
	Total Population	15-49	50+	Percentage of Total Population Age 50+
<b>Gender</b>				
Male	23,977	19,586	4,391	16%
Female	3,194	2,726	468	2%
<b>Total</b>	<b>27,171</b>	<b>22,312</b>	<b>4,859</b>	<b>18%</b>
<b>Age Range of 50+ Population</b>				
Black Female	1,032	921	111	0.4%
Black Male	11,212	9,557	1,655	6%
Hispanic Female	207	190	17	0.1%
Hispanic Male	2,936	2,464	472	2%
White Female	1,937	1,598	339	1%
White Male	9,724	7,475	2,249	8%
Other Female	18	17	1	0%
Other Male	105	90	15	0.1%
<b>Total</b>	<b>27,171</b>	<b>22,312</b>	<b>4,859</b>	<b>18%</b>
<b>Age Range of 50+ Population</b>				
Age Range	Total	Percentage of Total Population		
50-59	3,291	12%		
60-69	1,372	5%		
70+	196	0.7%		
<b>Total</b>	<b>4,859</b>	<b>18%</b>		

## COMMITMENTS AND PRIMARY OFFENSES

Thirty-five percent (1,674) of elderly offenders admitted to FDC in FY 2024-25 had no prior commitments, while 16% (767) had one, 12% (571) had two, 10% (461) had three, and 25% (1,187) had four or more prior FDC commitments. Among new admissions, 27% (1,310) of inmates aged 50 and older were incarcerated for violent crimes, 23% (1,137) for property crimes, 29% (1,410) for drug offenses, and 21% (997) 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 2024-25 Admissions: Summary of Previous FDC Commitments

Fiscal Year 2024-2025 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	1,674	35%
1	767	16%
2	571	12%
3	461	10%
4+	1,187	25%

Table 9. Fiscal Year 2024-2025 Admissions: Summary of Primary Offense Categories

Fiscal Year 2024-2025 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	810	412	88	1,310	27%
Property	824	290	23	1,137	23%
Drugs	1,014	361	35	1,410	29%
Other	640	307	50	997	21%

## JUNE 30, 2025, POPULATION

### DEMOGRAPHIC CHARACTERISTICS

At the end of FY 2024-25, 30% (26,651) of Florida's 89,087 general prison population was age 50 and older. Males accounted for 28% (25,275) of the elderly population on June 30, 2025. Female elderly offenders accounted for 2% (1,376) of inmates aged 50 and over on June 30, 2025.

Racial/ethnic demographics for the June 30, 2025, elderly offender population are as follows: 12% (11,079) were black, 4% (3,238) were Hispanic, (21,949) 14% were white, and less than 1% (133) were classified as other.

Elderly offenders housed between the ages of 50-59 represented 17% (14,889) of the total prison population. Elderly offenders 60-69 represented 10% (8,879), and 70+ represented 3% (2,883). The average age of elderly offenders housed on June 30, 2025, was 59. The oldest male offender incarcerated on June 30, 2025, was age 97. The oldest female offender was age 80.

Table 10 summarizes the demographics of the June 30, 2025, inmate population.

Table 10. FDC Elderly Offender June 30, 2025, Demographics

<b>Fiscal Year 2024-2025 June 30th Population: Demographics</b>				
	<b>Total Population</b>	<b>15-49</b>	<b>50+</b>	<b>Percentage of Total Population Age 50+</b>
<b>Gender</b>				
Male	82,826	57,551	25,275	<b>28%</b>
Female	6,261	4,885	1,376	<b>2%</b>
<b>Total</b>	<b>89,087</b>	<b>62,436</b>	<b>26,651</b>	<b>30%</b>
<b>Race/Ethnicity</b>				
Black Female	1,944	1,603	341	<b>0.4%</b>
Black Male	40,883	30,145	10,738	<b>12%</b>
Hispanic Female	495	413	82	<b>0.1%</b>
Hispanic Male	11,160	8,004	3,156	<b>4%</b>
White Female	3,792	2,841	951	<b>1%</b>
White Male	30,358	19,108	11,250	<b>13%</b>
Other Female	30	28	2	<b>0%</b>
Other Male	425	294	131	<b>0.1%</b>
<b>Total</b>	<b>89,087</b>	<b>62,436</b>	<b>26,651</b>	<b>30%</b>
<b>Age Range of 50+ Population</b>				
<b>Age Range</b>	<b>Total</b>	<b>Percentage of Total Population</b>		
50-59	14,889	<b>17%</b>		
60-69	8,879	<b>10%</b>		
70+	2,883	<b>3%</b>		
<b>Total</b>	<b>26,651</b>	<b>30%</b>		

## COMMITMENTS AND PRIMARY OFFENSES

Forty-five percent (12,038) of elderly offenders housed on June 30, 2025, had no prior FDC commitments. The remaining 55% (14,613) of elderly offenders were repeat offenders with one or more previous FDC commitments.

Most of the June 30, 2025, elderly offender population, 66% (17,599), was incarcerated for violent crimes, 12% (3,316) for property crimes, 12% (3,325) for drug offenses, and 9% (2,411) for crimes classified as other.

Table 11. June 30, 2025, Population: Summary of Previous FDC Commitments

June 30, 2025, 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	12,038	45%
1	4,247	16%
2	3,147	12%
3	2,310	9%
4+	4,909	18%

Table 12. June 30, 2025, Population: Summary of Primary Offense Categories

June 30, 2025 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	9,013	6,120	2,466	<b>17,599</b>	<b>66%</b>
Property	2,077	1,100	139	<b>3,316</b>	<b>12%</b>
Drugs	2,291	917	117	<b>3,325</b>	<b>12%</b>
Other	1,508	742	161	<b>2,411</b>	<b>9%</b>

## INMATE MORTALITY

There were 446 inmate deaths in FY 2024-25. Elderly offenders accounted for 75% (336) of those deaths. Males age 70+ accounted for 32% (144) of all inmate deaths.

# HEALTH SERVICES UTILIZATION

To address the complex health needs of elderly offenders, FDC provides comprehensive medical and mental health care. This includes special accommodations and programs, medical passes, skilled nursing services for chronic and acute conditions, and palliative care for terminally ill inmates. In addition to routine care, inmates 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.<sup>9</sup>

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.

## SICK CALL AND EMERGENCY CARE ENCOUNTERS

There were 423,935 sick call and emergency encounters in FY 2024-25. Elderly offenders accounted for 31% (131,338) of those encounters. Sick call represented the greatest proportion of those encounters. There were 85,950 sick call encounters for inmates aged 50 and older.

Table 13 summarizes all sick call and emergency care encounters during FY 2024-25.

Table 13. Summary of Fiscal Year 2024-2025 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	241,341	19,532	7,273	135,859	78,677	85,950	36%
Emergency	182,594	16,064	3,672	121,142	41,716	45,388	25%
<b>Total</b>	<b>423,935</b>	<b>35,596</b>	<b>10,945</b>	<b>257,001</b>	<b>120,393</b>	<b>131,338</b>	<b>31%</b>

## CHRONIC ILLNESS CLINICS

In FY 2024-25, 70,659 inmates were enrolled in chronic illness clinics (CIC), and inmates aged 50 and older accounted for 54% (38,323) of enrolled inmates. Elderly offenders accounted for 50% or more of inmates in four clinics: cardiovascular, endocrine, miscellaneous, and oncology clinics.

Table 14 summarizes CIC enrollment.

<sup>9</sup> Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.

Table 14. Summary of Fiscal Year 2024-2025 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	31,983	1,098	17,089	<b>18,187</b>	<b>57%</b>
Endocrine	10,445	492	6,225	<b>6,717</b>	<b>64%</b>
Gastrointestinal	7,206	183	2,873	<b>3,056</b>	<b>42%</b>
Immunity	2,570	81	1,163	<b>1,244</b>	<b>48%</b>
Miscellaneous	4,601	167	2,694	<b>2,861</b>	<b>62%</b>
Neurology	3,567	95	1,260	<b>1,355</b>	<b>38%</b>
Oncology	1,493	100	1,131	<b>1,231</b>	<b>82%</b>
Respiratory	7,483	370	2,981	<b>3,351</b>	<b>48%</b>
Tuberculosis	1,311	18	303	<b>321</b>	<b>25%</b>
<b>Total</b>	<b>70,659</b>	<b>2,604</b>	<b>35,719</b>	<b>38,323</b>	<b>54%</b>

There were 124,498 reported CIC encounters during the fiscal year, and inmates aged 50 and older accounted for 58% (71,921) of CIC visits. In six clinics, elderly offenders accounted for 50% or more of visits in FY 2024-25. Table 15 provides a breakdown of CIC encounters for elderly offenders by clinic.

Table 15. Summary of Fiscal Year 2024-2025 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	54,261	2,152	30,477	<b>32,629</b>	<b>60%</b>
Endocrine	20,294	1,051	12,398	<b>13,449</b>	<b>67%</b>
Gastrointestinal	11,650	301	5,005	<b>5,306</b>	<b>45%</b>
Immunity	8,210	256	4,012	<b>4,268</b>	<b>52%</b>
Miscellaneous	7,799	329	4,710	<b>5,039</b>	<b>65%</b>
Neurology	5,793	180	2,294	<b>2,474</b>	<b>42%</b>
Oncology	2,758	194	2,127	<b>2,321</b>	<b>84%</b>
Respiratory	12,140	700	5,344	<b>6,044</b>	<b>50%</b>
Tuberculosis	1,593	25	366	<b>391</b>	<b>24</b>
<b>Total</b>	<b>124,498</b>	<b>4,933</b>	<b>66,733</b>	<b>71,921</b>	<b>58%</b>

## 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.<sup>10</sup>

In FY 2024-25, there were 42,835 inmates with assigned impairment grades, with 49% (20,993) of assigned impairments being among elderly offenders. Inmates aged 50 and older comprised 45% (15,412) of inmates with visual impairments, 66% (1,735) with hearing impairments, 69% (3,673) with physical impairments and 58% (173) with developmental impairments.

Inmates requiring special assistance or assistive devices are issued special passes to accommodate their needs. FDC issued 26,830 passes for special assistance and/or assistive devices in FY 2024-25, and 62% (16,536) of those passes were issued to elderly offenders.

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

*Table 16. Summary of Fiscal Year 2024-2025 FDC Impairment Grade Assignments*

Impairment Grade Assignments				
Impairments	15-49	50+	Total Population	Percentage of Total Population Age 50+
Visual	19,180	15,412	34,592	45%
Hearing	905	1,735	2,640	66%
Physical	1,633	3,673	5,306	69%
Developmental	124	173	297	58%
<b>Total</b>	<b>21,842</b>	<b>20,993</b>	<b>42,835</b>	<b>49%</b>

<sup>10</sup> Florida Department of Corrections Report, "Elderly Inmates, 2017-2018 Agency Annual Report." Tue. Nov. 19, 2019.

Table 17. Summary of Fiscal Year 2024-2025 Issued Assistive Devices/Special Passes

<b>Assistive Devices/Special Passes</b>				
<b>Assistive Devices/Special Passes</b>	<b>15-49</b>	<b>50+</b>	<b>Total Population</b>	<b>Percentage of Total Population Age 50+</b>
Adaptive Device Assigned	1,150	1,959	3,109	<b>63%</b>
Attendant Assigned	25	118	143	<b>83%</b>
Cane Pass	354	1,881	2,235	<b>84%</b>
Guide Assigned	4	11	15	<b>73%</b>
Hearing Aid Assigned	79	394	473	<b>83%</b>
Low Bunk Pass	8,218	10,155	18,373	<b>55%</b>
Prescribed Special Shoes	110	253	363	<b>70%</b>
Pusher Assigned	37	192	229	<b>84%</b>
Walker Pass	87	706	793	<b>89%</b>
Wheelchair Pass	230	867	1,097	<b>79%</b>
<b>Total</b>	<b>10,294</b>	<b>16,536</b>	<b>26,830</b>	<b>62%</b>

# HOUSING ELDERLY OFFENDERS

## ELDERLY INMATE HOUSING PROGRAMS

Currently, the facilities listed below serve relatively large populations of elderly inmates. Housing some elderly inmates separate from the general population promotes efficient use of medical resources and reduces the potential for predatory and abusive behavior by younger, more aggressive inmates.<sup>11</sup>

- The Reception and Medical Center has a 120-bed licensed hospital 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 four dorms specifically designed for elderly inmates as well as inmates with complex medical needs. Those dorms currently have 177 beds designated for elderly male inmates age 50+.
- Lowell Correctional Institution has a dorm specifically designated for female inmates with complex medical needs, including the elderly. That dorm currently has 87 beds designated for elderly female inmates age 50+.
- South Florida Reception Center - F-Dorm at South Florida Reception Center 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. G-Dorm at South Florida Reception Center is also designated for elderly inmates and has 84 beds.
- Dade CI currently has designated housing available for 701 elderly male inmates age 50+.
- Union Correctional Institution currently has designated housing available for 1,055 elderly male inmates age 50+.

In addition, 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:

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<sup>11</sup> This information written by the Florida Department of Corrections

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

# RECOMMENDATIONS

Elderly offenders account for 30% of FDC's June 30, 2025, 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% of sick call encounters.
- Accounted for 58% of inmates of all chronic illness clinic encounters in FY 24-25.
- Represented 49% of inmates with impairment grade assignments and 62% of inmates requiring assistive devices and special passes.

The average age of inmates housed in FDC institutions on June 30, 2025, was age 43. 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 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.