

**STATE OF FLORIDA  
CORRECTIONAL MEDICAL AUTHORITY**

**2023-2024 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 30, 2024

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

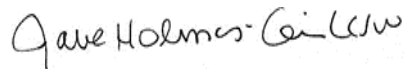
Dear Governor DeSantis, Madam President, and Mr. Speaker:

In accordance with § 945.6031, Florida Statutes (F.S.), I am pleased to submit the Correctional Medical Authority's (CMA) 2023-24 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 2023-24 and the elderly population housed in Florida Department of Corrections (FDC) institutions on June 30, 2024. 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: 2023-2024  
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, 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.

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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.

## 2023-2024 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) 2023-24.

Included in the report is an overview of activities conducted by the CMA during FY 2023-24, 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 December 2016, Disability Rights of Florida (DRF), Florida's Protection and Advocacy System, sent correspondence to the FDC containing a three-count complaint, alleging that the FDC, by their actions and inactions, deliberately and chronically denied mental health care to inmates with mental illness, who were, and are, confined in the inpatient mental health units. The complaint alleged violations of the Eighth Amendment, the ADA, and the Rehabilitation Act. DRF requested that the FDC either agree to mediation with a federal court judge to resolve the allegations and improve the conditions in the inpatient mental health units or proceed to litigation. After more than a year of mediation, the parties entered into a comprehensive Settlement Agreement. In January 2018, DRF filed its complaint and the Settlement Agreement with the court, which was adopted by the court as a Consent Decree in February 2018.

The Consent Decree/Settlement Agreement included comprehensive procedure revisions with various provisions for the care and treatment of inpatient mental health inmates (individualized care, avoiding excessive restraints and isolation through a validated risk assessment, coordination of care between medical and mental health providers, enhanced training, 20 hours of out-of-cell requirements). The CMA was designated as the monitoring team. After more than six years and three rounds of performance monitoring, the FDC achieved substantial compliance with the Consent Decree at all inpatient mental health units on January 30, 2024. On April 2, 2024, the parties filed a joint notice of substantial compliance with the court advising that the jurisdiction of the court and the terms of the Settlement Agreement had terminated.

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# CMA ACTIVITIES FISCAL YEAR 2023-2024

## 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 2023-24. Two meetings were conducted in-person, while two were held virtually.

## CMA BOARD WORK GROUP

On September 8, 2023, CMA Board members and staff held an in-person work group. Agenda items included CMA's mission and values statement, a review of organizational processes, and a discussion of the specific challenges of working within a correctional health care setting. Additionally, CMA's legal counsel provided an update on the roles and responsibilities of board members as it pertains to Florida statutes.

## INMATE CORRESPONDENCE

CMA staff responded to 85 inmate-related letters and emails, along with 46 phone calls during FY 2023-24. Because the CMA is not authorized to direct staff in FDC institutions or require that specific actions be taken by the FDC, correspondence is forwarded to the Office of Health Services (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.

## DISABILITY RIGHTS OF FLORIDA SETTLEMENT AGREEMENT MONITORING

On January 31, 2018, FDC and Disability Rights Florida, Inc. (DRF), signed and submitted to the courts a Settlement Agreement regarding the provision of mental health services in FDC inpatient mental health units. Included in the agreement was a provision for compliance monitoring by the CMA. During FY 2023-24, monitoring visits were conducted at Dade, Santa Rosa, Suwannee, and Wakulla Correctional Institutions to evaluate items that fell below the 80% compliance score noted in the second round of monitoring. All items reviewed met or exceeded the 80% compliance score.

## GRACEVILLE CORRECTIONAL FACILITY EMERGENCY NOTIFICATION

In December 2023, CMA staff and licensed professional surveyors conducted a survey of the physical and mental health care provided at Graceville Correctional Facility (GRCF). A thorough review of GRCF'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 to the FDC Secretary and the Department's immediate attention.

CMA surveyors and staff noted significant deficiencies in the treatment of inmates at risk of serious self-harm. Inadequate suicide prevention practices were noted as evidenced by the lack of safety observations for inmates requiring self-harm observation status (SHOS), and inadequate dispositions for inmates experiencing an acute mental health crisis. Multiple episodes were noted in which inmates engaged in self-injurious behaviors or were threatening to engage in self-injurious behaviors with a specific plan but were not admitted to a higher level of care. In several of these examples, inmates continued to engage in self-injurious behaviors after being returned to their housing units and were still not admitted into the appropriate observation status. Several of these inmates required medical intervention following self-harm attempts. Additionally, a tour of the facility and interviews with institutional staff indicated that portions of the camera lenses in all but one isolation management room were painted over, leaving a significant blind spot that did not allow for the monitoring of patient safety.

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. Additionally, interviews with institutional staff indicated a lack of familiarity with FDC's policies and procedures related to the accessing of specialty services including the established time frames for completion.

Serious systemic issues were also noted in the administration of medications that caused multiple areas of medical and mental health care to be affected. In many records reviewed, CMA surveyors noted an extraordinary number of medication refusals without evidence of signed refusals. In multiple examples, medications were only marked as administered several times over the course of the month. Additionally, the FDC escalation policy which provides for counseling regarding medication compliance and referral to the clinician was not implemented. Subsequently, it was noted during record reviews, that clinicians were not made aware of compliance issues. Therefore, in most encounters with medical and psychiatric providers, medication noncompliance was not addressed. Interviews with inmates revealed concerns regarding their access to medications.

The CMA survey at GRCF revealed other systemic deficiencies including failure to complete laboratory and diagnostic testing in multiple areas such as preventative health screenings, chronic illness clinics (CIC), psychiatric services, and consultations. It was

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noted that the majority of inmates did not receive the full battery of laboratory and diagnostic testing during their periodic screenings. These tests serve as an important mechanism for identifying and treating chronic medical conditions, as well as ensuring early detection of disease. Other serious deficiencies in the provision of clinical services were noted in the timing of CIC appointments, improper physical examinations during CIC visits and inadequate follow-up by the medical provider. Poor medical management can lead to adverse medical outcomes for the inmate population.

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 GRCF. CMA clinical surveyors identified deficiencies in most areas of the physical and mental health care reviewed. Due to the pervasive and persistent pattern of inadequate health care, it was evident that institutional quality management processes were inadequate and failed to identify systemic issues affecting quality of care. Interviews with staff revealed an inadequate understanding of FDC's policies and procedures regarding the provision of physical and mental health services. The CMA had serious concerns that the above deficiencies could not be adequately addressed through the CMA's standard corrective action process, as outlined in s. 945.6031 (3), (4), F.S.

On December 21, 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 March 29, 2024, 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 GRCF was conducted on October 9, 2024. The results of the assessment can be found at [www.flcma.gov](http://www.flcma.gov)

## **MOORE HAVEN CORRECTIONAL FACILITY EMERGENCY NOTIFICATION**

In April 2024, CMA staff and licensed professional surveyors conducted a survey of the physical and mental health care provided at Moore Haven Correctional Facility (MHCF). A thorough review of MHCF'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 to the FDC Secretary and the Department's immediate attention.

CMA staff and clinical surveyors noted the totality of findings, 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 MHCF. CMA clinical surveyors identified deficiencies in almost all areas of the physical health care reviewed. The findings themselves were not related to one component of a dysfunctional health care delivery system, but rather were related to many areas. These included inadequate follow-up by the provider, delays in treatment, inadequate laboratory and diagnostic

testing, the consultation process and inadequate medication administration, including psychotropic medications. Hampering the survey process was a significant lapse in medical records keeping, resulting in the inability of surveyors to fully assess the care provided. Poor record keeping and incomplete documentation can lead to medical errors, disrupt continuity of care, and cause further delays in treatment. Although an electronic medical record system was implemented in December 2021, it was not fully utilized by MHCF until February 2024. Therefore, paper and electronic entries were reviewed which often contained contradictory information. This made it impossible to determine if inmates received appropriate care.

Many of the findings noted above were previously documented in an emergency notification to the Secretary of Corrections as a result of a February 2019 survey. Multiple corrective action plan assessments were needed, spanning several years, to fully correct the findings outlined in the 2019 survey report. Several new clinical findings were noted during the 2024 survey that could adversely affect patient outcomes. Due to the significance of the clinical inadequacies, the repetitive nature of the findings from the 2019 survey, as well as an apparent inability to sustain corrective actions over time, the CMA had serious concerns that the deficiencies would not be adequately addressed through the standard corrective action process as outlined in s. 945.6031 (3), (4) F.S., without addressing the larger systemic issues which are placing inmates at risk for adverse health outcomes.

On 07/11/2024, the CMA was provided a copy of the Department's CAP addressing the emergency findings. CMA staff conducted a site visit on 9/12/2024 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 MHCF was conducted on December 11, 2024. The results of the assessment can be found at [www.flcma.gov](http://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 2023-24, 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, no major revisions to the current roster of survey tools were initiated.

## **CMA CLINICAL SURVEYOR RECRUITMENT AND TRAINING**

In FY 2023-24, the CMA undertook a recruitment campaign to expand the roster of eligible clinical surveyors for both physical and mental health disciplines. Overall, the CMA received over 100 resumes and letters of interest. After reviewing this

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documentation, a group of potential candidates were selected for interviews with the Executive Director.

In January 2023, seven medical and mental health professionals participated in a clinical surveyor training at the CMA offices in Tallahassee, Florida. Additionally, two individuals participated in training at correctional institutions. They were provided with an overview of the CMA history and mission, a detailed explanation of the survey process, and an introduction to the electronic medical record. Clinical surveyors spent the majority of the day participating in a mock survey.

## **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 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 for professional growth and development.

The QMC met four times during the fiscal year and reviewed 17 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 2023-2024, the CMA conducted 20 institutional surveys between July 1, 2023, and June 30, 2024. This included two reception centers (Central Florida Reception Center and Northwest Florida Reception Center), two institutions with main and annex units each being surveyed separately (Lowell CI, Central Florida Reception Center and Northwest Florida Reception Center), and one institution with inpatient mental health services (Lake CI).

A total of 687 institutional survey findings were identified. Of reportable findings, 466 (68 percent) were physical health findings and 221 (32 percent) 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>2</sup>, number of inmates housed, and survey findings identified are provided in Table 1 below.

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<sup>2</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).

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Table 1 Summary of Fiscal Year 2023-2024 Institutional Surveys

Summary of Fiscal Year 2023-2024 Institutional Surveys									
Institution	Grades Served		Maximum Capacity	Census at Time of Survey	Infirmiry Care	Inpatient Mental Health	Special Housing	Findings	
	Medical	Mental Health						Physical Health	Mental Health
Central FL Reception Center (CFRC-East)	M1-M3	S1-S3	1407	1345	N	N	N	24	15
Central FL Reception Center (CFRC-Main)	M1-M5	S1-S3	1473	1708	Y	N	Y	34	22
Central FL Reception Center (CFRC-South)	M1-M5	S1-S3	140	102	Y	N	N	15	14
Cross City Correctional Institution	M1-M3	S1-S2	1022	1031	Y	N	Y	24	3
Everglades Correctional Institution	M1-M5	S1-S3	1827	1856	Y	N	Y	18	3
Everglades Correctional Institution (Re-Entry)	M1-M3	S1-S3	1827	1856	N	N	N	11	0
Franklin Correctional Institution	M1-M3	S1-S2	1346	1051	Y	N	Y	15	1
Florida State Prison	M1-M3	S1-S3	1492	1253	N	N	Y	15	2
Graceville Correctional Facility	M1-M3	S1-S3	1884	1873	Y	N	Y	52	53
Holmes Correctional Institution	M1-M3	S1-S2	1322	1245	Y	N	Y	9	4
Lake Correctional Institution	M1-M5	S1-S6	603	508	Y	Y	Y	14	11
Lawtey Correctional Institution	M1-M4	S1-S2	832	795	Y	N	Y	12	2
Lowell Correctional Institution (Annex)	M1-M5	S1-S3	1419	1318	Y	N	Y	29	9
Lowell Correctional Institution (Main)	M1-M5	S1-S3	968	698	Y	N	N	24	8
Mayo Correctional Institution (Annex)	M1-M3	S1-S2	1345	1027	Y	N	Y	17	2
Moore Haven Correctional Facility	M1-M5	S1-S3	1042	968	Y	N	Y	50	23
Northwest FL Reception Center (Annex)	M1-M5	S1-S2	1415	1026	Y	N	Y	23	5
Northwest FL Reception Center (Main)	M1-M4	S1-S3	1181	1224	Y	N	Y	18	11
South Bay Correctional Facility	M1-M4	S1-S3	1948	1936	Y	N	Y	42	33
Taylor Correctional Institution	M1-M5	S1-S2	1551	1501	Y	N	Y	20	0
								466	221

## PHYSICAL HEALTH SURVEY FINDINGS SUMMARY

The physical health survey process is used to evaluate inmates' access to care, the provision and adequacy of episodic, chronic disease, dental care, and medical administrative processes and procedures. The following areas are evaluated during the physical health portion of surveys: chronic illness clinics (CIC), consultation requests, dental systems and care, emergency care, infection control, infirmiry 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).

Twenty-five percent of physical health findings were noted in CICs and were found at all surveyed institutions. Periodic screenings accounted for 15 percent of physical health findings, while PREA and inpatient infirmiry care each accounted for 11 percent of findings. Consultation findings represented 5 percent of total physical health findings and were noted at all surveyed institutions. Table 2 provides a description of each physical health assessment area, the total number of findings by area, and the total number of institutions with findings in each area. Table 3 provides a summary of findings by institution.

Table 2 Physical Health Findings by Assessment Area<sup>3</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	115 (25%)	20 (100%)
Confinement Medical Review	Assesses care provided to inmates housed in confinement	11 (3%)	5 (31%)
Consultation Requests	Assesses processes for approving, denying, scheduling services, and follow-up for specialty care services	21 (5%)	12 (60%)
Dental Care	Assesses the provision of dental care	2 (1%)	2 (11%)
Dental Systems	Assesses compliance with FDC's policies and procedures for dental services	2 (1%)	2 (11%)
Emergency Care	Assesses emergency care processes for addressing urgent/emergent medical complaints	14 (3%)	10 (50%)
Female Preventative Health Screenings	Assesses preventative health screenings for gynecological screenings and obstetrical care	1 (1%)	1 (100%)
Infirmary Care (Inpatient)	Assesses the provision of skilled nursing services in inpatient infirmary settings	53 (11%)	17 (100%)
Infirmary Care (Outpatient)	Assesses the provision of skilled nursing services in outpatient infirmary settings	30 (6%)	14 (87%)
Physical Health Systems	Assesses the adequacy of medical, dental, and housing conditions	13 (2%)	7 (35%)
Intra-System Transfers	Assesses systems and processes for ensuring continuity of care for inmates transferred between institutions	15 (2%)	11 (65%)
Medical Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying physical health related inmate requests	17 (3%)	6 (30%)
Medication and Vaccination Administration	Assesses the administration of and clinical documentation related to medication and vaccines.	36 (8%)	16 (80%)
Periodic Screenings	Assesses the provision of periodic physical examinations and health screenings	68 (15%)	20 (100%)
PREA	Assesses compliance with Prison Rape Elimination Act (PREA) policies and procedures for medical and mental health care screenings	49 (11%)	17 (85%)
Reception Process	Assesses compliance with FDC's policies and procedures for physical health screenings of new inmates	5 (1%)	2 (100%)
Sick Call	Assesses sick call processes to address acute and non-emergency medical complaints and inmate access to sick call	14 (3%)	9 (45%)

<sup>3</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
Central Florida Reception Center (East)	15	N/A	0	0	0	0	N/A	N/A	N/A	0	N/A	4	2	3	0	N/A	0	24
Central Florida Reception Center (Main)	7	1	2	0	0	0	N/A	3	3	0	1	4	4	3	3	3	0	34
Central Florida Reception Center (South)	1	N/A	0	N/A	N/A	1	N/A	1	N/A	0	N/A	4	1	2	2	N/A	3	15
Cross City Correctional Institution	6	0	0	0	0	1	N/A	4	1	0	2	0	3	4	2	N/A	1	24
Everglades Correctional Institution	4	1	1	0	0	2	N/A	2	1	0	0	2	2	3	0	N/A	0	18
Everglades Correctional Institution (Re-entry)	1	N/A	0	N/A	N/A	0	N/A	N/A	N/A	0	0	0	2	4	3	N/A	1	11
Franklin Correctional Institution	1	0	0	0	0	0	N/A	2	4	0	1	0	0	3	4	N/A	0	15
Florida State Prison	4	0	1	1	0	0	N/A	N/A	3	0	0	0	0	4	2	N/A	0	15
Graceville Correctional Facility	9	6	3	1	1	2	N/A	6	4	3	1	1	3	4	6	N/A	2	52
Holmes Correctional Institution	1	0	2	0	0	0	N/A	2	0	0	1	0	1	1	1	N/A	0	9
Lake Correctional Institution	4	0	0	0	0	1	N/A	3	1	0	0	0	0	3	2	N/A	0	14
Lawtey Correctional Institution	3	0	1	0	0	1	N/A	2	N/A	0	0	0	1	2	2	N/A	0	12
Lowell Correctional Institution (Annex)	7	1	1	0	0	0	N/A	3	1	2	2	2	2	5	2	N/A	1	29
Lowell Correctional Institution (Main)	10	N/A	1	0	0	0	1	2	2	1	N/A	0	2	1	3	N/A	1	24
Mayo Correctional Institution (Annex)	2	0	0	0	0	0	N/A	2	1	2	1	0	2	3	4	N/A	0	17
Moore Haven Correctional Facility	13	2	3	0	1	3	N/A	7	4	3	2	0	5	4	1	N/A	2	50
Northwest Florida Reception Center (Annex)	5	0	1	0	0	0	N/A	3	1	0	1	0	1	5	4	2	0	23
Northwest Florida Reception Center (Main)	3	0	2	0	0	1	N/A	1	1	1	1	0	0	4	4	N/A	0	18
South Bay Correctional Facility	14	0	3	0	0	2	N/A	8	3	0	2	0	4	5	0	N/A	1	42
Taylor Correctional Institution	5	0	0	0	0	0	N/A	2	0	1	0	0	1	5	4	N/A	2	20
	115	11	21	2	2	14	1	53	30	13	15	17	36	68	49	5	14	466

## 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.

There were 221 mental health findings in FY 2023-24 that represented 32 percent of total survey findings. The majority of findings were noted in the review of Outpatient

Psychiatric Medication Services (29 percent) and in Self-Injury/ Suicide Prevention Practices (20 percent).

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>4</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	11 (5%)	4 (30%)
Inpatient Mental Health Services	Assesses the provision of mental health care in inpatient settings	3 (1%)	1 (100%)
Inpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in inpatient settings	2 (1%)	1 (100%)
Mental Health Inmate Requests	Assesses systems and processes for reviewing, approving, and/or denying mental health related inmate requests	24 (10%)	10 (50%)
Mental Health Systems	Assesses systems and processes for ensuring that adequate mental health services are provided	12 (5%)	8 (40%)
Psychiatric Restraints	Assesses compliance with FDC's policies and procedures for psychiatric restraints	0 (0%)	0 (0%)
Psychological Emergencies	Assesses the process for responding to inmate mental health emergencies	9 (4%)	4 (22%)
Outpatient Mental Health Services	Assesses the provision of mental health services in an outpatient setting	34 (15%)	11 (55%)
Outpatient Psychiatric Medication Practices	Assesses medication administration and documentation of psychiatric assessment in outpatient settings	63 (29%)	12 (60%)
Reception Process	Assesses compliance with FDC's policies and procedures for mental health screenings of new inmates	3 (1%)	2 (100%)
Self-Injury/ Suicide Prevention	Assesses compliance with FDC's policies and procedures for self-injury and suicide prevention	44 (20%)	16 (94%)
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	7 (3%)	6 (38%)
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	9 (4%)	4 (28%)

<sup>4</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
Central Florida Reception Center (East)	0	N/A	N/A	5	N/A	N/A	1	8	1	N/A	N/A	N/A	N/A	15
Central Florida Reception Center (Main)	0	N/A	N/A	5	N/A	0	1	8	1	2	4	1	N/A	22
Central Florida Reception Center (South)	N/A	N/A	N/A	5	N/A	N/A	2	6	1	N/A	N/A	N/A	N/A	14
Cross City Correctional Institution	N/A	N/A	N/A	0	0	1	0	N/A	0	N/A	2	0	0	3
Everglades Correctional Institution	0	N/A	N/A	0	N/A	0	1	1	0	N/A	1	0	0	3
Everglades Correctional Institution (Re-entry)	0	N/A	N/A	0	N/A	0	0	0	0	N/A	N/A	N/A	N/A	0
Franklin Correctional Institution	N/A	N/A	N/A	0	N/A	0	0	N/A	0	N/A	1	0	0	1
Florida State Prison	0	N/A	N/A	0	N/A	0	0	0	0	N/A	2	0	0	2
Graceville Correctional Facility	4	N/A	N/A	3	N/A	6	12	11	4	N/A	9	2	2	53
Holmes Correctional Institution	N/A	N/A	N/A	1	N/A	1	0	N/A	0	N/A	2	0	N/A	4
Lake Correctional Institution	0	3	2	0	0	0	0	4	0	N/A	2	0	0	11
Lawtey Correctional Institution	N/A	N/A	N/A	0	N/A	0	0	N/A	0	N/A	1	1	0	2
Lowell Correctional Institution (Annex)	0	N/A	N/A	0	N/A	0	1	3	2	N/A	1	1	1	9
Lowell Correctional Institution (Main)	2	N/A	N/A	1	N/A	0	3	1	1	N/A	N/A	N/A	N/A	8
Mayo Correctional Institution	N/A	N/A	N/A	0	N/A	0	0	N/A	1	N/A	1	0	0	2
Moore Haven Correctional Facility	2	N/A	N/A	2	N/A	0	1	8	1	N/A	8	1	0	23
Northwest Florida Reception Center (Annex)	0	N/A	N/A	0	N/A	0	2	1	0	1	1	0	0	5
Northwest Florida Reception Center (Main)	0	N/A	N/A	1	N/A	0	2	3	0	N/A	3	0	2	11
South Bay Correctional Facility	3	N/A	N/A	1	N/A	1	8	9	0	N/A	6	1	4	33
Taylor Correctional Institution	N/A	N/A	N/A	0	N/A	0	0	N/A	0	N/A	0	0	0	0
<b>Total Findings</b>	<b>11</b>	<b>3</b>	<b>2</b>	<b>24</b>	<b>0</b>	<b>9</b>	<b>34</b>	<b>63</b>	<b>12</b>	<b>3</b>	<b>44</b>	<b>7</b>	<b>9</b>	<b>221</b>

## SYSTEMWIDE PHYSICAL HEALTH SURVEY TRENDS

Systemwide trends are defined as the presence of the specific finding at three or more institutions surveyed during FY 2023-24. Fifty physical health findings met the criteria for a trend and are detailed below.

Chronic illness Clinics	
Screen Question	Institutions with Findings
There is evidence of an appropriate physical examination (Endocrine Clinic)	6 (30%)
A dilated fundoscopic examination is completed yearly for diabetic inmates (Endocrine Clinic)	10 (50%)
Inmates with HgbA1c over 8% are seen at least every 90 days (Endocrine Clinic)	5 (25%)
Patients are receiving insulin as prescribed (Endocrine Clinic)	4 (20%)
There is evidence of hepatitis A and/or hepatitis B vaccination (Gastrointestinal Clinic)	11 (55%)
The inmate is seen at intervals required for their M-grade or at intervals specified by the clinician (CIC)	7 (35%)
There is evidence of an appropriate physical examination (Immunity Clinic)	5 (35%)
There is evidence of hepatitis B vaccination for inmates with no evidence of past infection (Immunity Clinic)	8 (57%)
Patients are referred to a specialist for more in-depth treatment as indicated (Miscellaneous Clinic)	4 (20%)
There is evidence of an appropriate physical examination (Oncology Clinic)	5 (26%)
Patients are referred to a specialist for more in-depth treatment as indicated (Oncology Clinic)	3 (15%)

Consultations	
Screen Question	Institutions with Findings
The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate	4 (20%)
The consultation is completed in a timely manner as dictated by the clinical needs of the inmate	10 (50%)
All appointments for medical follow-up and/or diagnostic testing are completed as per the consultant's recommendations	6 (30%)

Emergency Care	
Screen Question	Institutions with Findings
Vital signs including weight are appropriately documented	6 (30%)
Follow-up visits are completed in a timely manner	3 (15%)

Inpatient Infirmary Care	
Screen Question	Institutions with Findings
All orders are received and implemented	10 (59%)
A thorough nursing assessment is completed within two hours of admission	4 (23%)
A Morse Fall Scale is completed at the required intervals	4 (23%)
Clinician rounds are completed and documented as required	5 (29%)
Weekend and holiday clinician phone rounds are completed and documented as required	9 (53%)
A discharge note containing all of the required information is completed as required	13 (76%)
A discharge summary is completed by the clinician within 72 hours of discharge	4 (24%)

Outpatient Infirmary Care	
Screen Question	Institutions with Findings
All orders are received and implemented	6 (37%)
The inmate is evaluated within one hour of being placed on observation status	3 (19%)
Patient evaluations are documented at least once every eight hours	7 (44%)
The inmate is discharged within 23 hours or admitted to the infirmary for continued care	3 (19%)
A discharge note containing all of the required information is completed as required	8 (50%)

Intra-System Transfers	
Screen Question	Institutions with Findings
The inmate's medications reflect continuity of care	3 (18%)
A clinician reviews the health record and transfer summary within seven (7) days of arrival	9 (53%)

Medication and Vaccination Administration	
Screen Question	Institutions with Findings
The inmate receives medications as prescribed	7 (35%)
If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance	10 (50%)
There is evidence of pneumococcal vaccination or refusal	13 (65%)
There is evidence of influenza vaccination or refusal	5 (25%)

Periodic Screenings	
Screen Question	Institutions with Findings
The periodic screening encounter is completed within one month of the due date	12 (60%)
All components of the screening are completed and documented as required	19 (95%)
All diagnostic tests are completed prior to the periodic screening encounter	17 (85%)
Referral to a clinician occurs if indicated	7 (35%)
All applicable health education is provided	13 (65%)

<b>PREA</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
There is documentation that the alleged victim was provided education on STIs	7 (35%)
Prophylactic treatment and follow-up care for STIs are given as indicated	4 (20%)
Repeat STI testing is completed as required	4 (20%)
A mental health referral is submitted following the completion of the medical screening	16 (80%)
The inmate is evaluated by mental health by the next working day	13 (65%)
The inmate receives additional mental health care if he/she asked for continued services or the services are clinically indicated	4 (20%)

<b>Sick Call</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
Follow-up visits are completed in a timely manner	6 (30%)
Clinician orders from the follow-up visit are completed as required	4 (20%)

<b>Medical Inmate Requests</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
The follow-up to the request occurs as intended	6 (32%)

<b>Confinement Medical Review</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
All sick call appointments are triaged and responded to within the required time frame	4 (25%)

<b>Reception Services (CFRC Main and NWFRC Annex)</b>	
<b>Screen Question</b>	<b>Institutions with Findings</b>
All needed immunizations are provided.	2 (100%)

Physical Health Systems	
Screen Question	Institutions with Findings
Procedures to assess medical and dental sick call are posted in a conspicuous place	5 (25%)

### SYSTEMWIDE MENTAL HEALTH SURVEY TRENDS

Systemwide trends are defined as the presence of the specific finding at three or more institutions surveyed during FY 2023-24. Thirty-three mental health findings met the criteria for a trend and are detailed below.

Mental Health Inmate Requests	
Screen Question	Institutions with Findings
A copy of the inmate request form is present in the electronic health record	4 (20%)
The request is responded to within the appropriate time frame	4 (20%)
The response to the request is direct, addresses the inmate's need, and is clinically appropriate	3 (15%)
The follow-up to the request occurs as intended	6 (30%)
Consent for treatment is obtained prior to conducting an interview	6 (30%)

Outpatient Mental Health Services	
Screen Question	Institutions with Findings
The Individualized Service Plan (ISP) is signed by the inmate and all members of the treatment team	9 (45%)
The ISP is reviewed and revised at least every 180 days	6 (30%)

Outpatient Psychiatric Medication Practices	
Screen Question	Institutions with Findings
Appropriate initial laboratory tests are ordered.	3 (21%)
Abnormal lab results required for mental health medications are followed up with appropriate treatment and/or referral in a timely manner	4 (29%)
Appropriate follow-up laboratory studies are ordered and conducted as required.	8 (57%)
The inmate receives medication(s) as prescribed	7 (50%)
The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.	7 (50%)
The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.	9 (64%)
Informed consents are signed for each medication prescribed	4 (29%)
Follow-up sessions are conducted at appropriate intervals	6 (43%)
Documentation of psychiatric encounters is complete and accurate	4 (29%)
Abnormal Involuntary Movement Scale (AIMS) are completed at the required intervals	5 (38%)

Self-Injury/Suicide Prevention	
Screen Question	Institutions with Findings
Guidelines for the management of Self-harm Observation Status (SHOS) are observed	5 (31%)
The inmate is observed at the frequency ordered by the clinician	9 (45%)
Nursing evaluations are completed once per shift	5 (31%)
There is evidence of daily rounds by the attending clinician	4 (25%)
There is evidence of a face-to-face evaluation by the clinician prior to discharge	4 (25%)
There is evidence of adequate post-discharge follow-up by mental health staff	3 (19%)
The ISP is revised within 14 days of discharge	8 (50%)

Special Housing	
Screen Question	Institutions with Findings
Psychotropic medications continue as ordered while inmates are held in special housing	4 (25%)

Use of Force	
Screen Question	Institutions with Findings
The post use-of-force physical examination is completed in its entirety	4 (29%)
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 (21%)

Psychological Emergencies	
Screen Question	Institutions with Findings
There is appropriate follow-up as indicated in response to the emergency	3 (17%)

Aftercare Planning	
Screen Question	Institutions with Findings
Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)	4 (31%)
The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan	4 (31%)
Appropriate patient care summaries are completed within 30 days of EOS	4 (31%)
Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS	4 (31%)

Mental Health Systems	
Screen Question	Institutions with Findings
Outpatient group therapy is offered	5 (25%)

## 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 Reception and Medical Center (RMC) consultation process to decrease approval, 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 electronic medical record.
  - Implement records management practices and requirements that ensure documents are filed appropriately in electronic folders provided (e.g., nursing items in nursing folder, consultations in UM folder, infirmary documentation in infirmary folder, etc.)
  - Reduce barriers that restrict or stigmatize access of mental healthcare.
  - Develop a system within the EMR to document dates that keep-on-person (KOP) medications are dispensed to the inmate, nearing renewal, and when the inmate requests refills.
  - Implement a process of verifying KOP medication compliance that is documented in the electronic medical record. If evidence of non-adherence to the treatment regimen is found. This could include nursing education documentation.
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# 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 79 CAP assessments in FY 2023-24. This included 17 CAP assessments for institutions surveyed in FY 2021-22, 42 CAP assessments for institutions surveyed in FY 2022-23, and 20 CAP assessments for institutions surveyed in FY 2023-24. 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	Open Physical Health CAP Findings	Open Mental Health CAP Findings	Number of CAP Assessments	Open or Closed
Lake City CF	2	8	0	1	6	Open
Union CI	6	6	0	0	4	Closed
South Florida Reception Center - Main Unit	25	14	0	1	6	Open
South Florida Reception Center - South Unit	12	9	0	0	5	Closed
Martin CI	17	24	0	0	6	Closed

Table 6b. Fiscal Year 2022-2023 Surveyed Institutions CAP Assessment Summary

Fiscal Year 2022-23 Surveyed Institutions						
Institution	Total Number of Physical Health Findings	Total Number of Mental Health Findings	Open Physical Health CAP Findings	Open Mental Health CAP Findings	Number of CAP Assessments	Open or Closed
Desoto Annex	39	27	0	0	4	Closed
Marion CI	19	7	0	0	3	Closed
Tomoka CI	32	8	1	1	4	Open
Polk CI	49	2	2	0	4	Open
Putnam CI	10	4	0	0	1	Closed
Zephyrhills CI	13	26	0	0	4	Closed
Suwannee CI - Main	24	30	0	2	3	Open
Suwannee CI - Annex	27	14	4	2	3	Open
Avon Park CI	18	3	1	0	3	Open
Hardee CI	26	6	4	0	3	Open
Santa Rosa CI - Main	8	4	0	0	2	Closed
Santa Rosa CI - Annex	12	18	0	0	3	Closed
Liberty CI	7	2	0	0	3	Closed
Baker Reentry	2	0	0	0	2	Closed
Lowell CI - Main	25	22	11	8	1	Deferred
Lowell CI - Annex	40	23	22	9	1	Deferred

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	3	1	3	Open
Central Florida Reception Center - Main	34	22	9	9	3	Open
Central Florida Reception Center - South	15	14	3	8	3	Open
Cross City CI	24	3	0	0	3	Closed
Everglades CI	18	3	11	3	1	Open
Everglades -Re-entry	11	0	5	0	2	Open
Franklin CI	15	1	0	0	3	Closed
Florida State Prison	15	2	0	0	2	Closed
Graceville CF	52	53	24	35	1	Open
Holmes CI	9	4	1	0	2	Open
Lake CI	14	11	1	1	2	Open
Lawtey CI	12	2	0	0	2	Closed
Mayo CI	17	1	0	0	3	Closed
Northwest Florida Reception Center - Main	17	12	3	1	1	Open
Northwest Florida Reception Center - Annex	23	5	4	2	1	Open
Taylor CI	20	0	0	0	3	Closed

**SECTION II: 2023-2024  
UPDATE ON THE  
STATUS OF ELDERLY  
OFFENDERS IN  
FLORIDA PRISONS**

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# 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 2023-24 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>5</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>6</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>7</sup>

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<sup>5</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>6</sup> *Ibid.*

<sup>7</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 2023-2024 ADMISSIONS

### *DEMOGRAPHIC CHARACTERISTICS*

Table 7 summarizes the demographics of the inmates received during FY 2023-24.

Table 7. Fiscal Year 2023-24 FDC Elderly Offender Admissions Demographics

<b>Fiscal Year 2023-2024 Admissions: 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	23,993	19,847	4,146	<b>17%</b>
Female	3,234	2,796	438	<b>14%</b>
<b>Total</b>	<b>27,227</b>	<b>22,643</b>	<b>4,584</b>	<b>17%</b>
<b>Race/Ethnicity</b>				
Black Female	931	849	82	<b>9%</b>
Black Male	11,186	9,576	1,610	<b>14%</b>
Hispanic Female	231	212	19	<b>8%</b>
Hispanic Male	2,927	2,516	411	<b>14%</b>
White Female	2,064	1,728	336	<b>16%</b>
White Male	9,757	7,643	2,114	<b>22%</b>
Other Female	8	7	1	<b>13%</b>
Other Male	123	112	11	<b>9.0%</b>
<b>Total</b>	<b>27,227</b>	<b>22,643</b>	<b>4,584</b>	<b>17%</b>
<b>Age Range of 50+ Population</b>				
<b>Age Range</b>	<b>Total</b>	<b>Percentage of Total Population</b>		
50-59	3,195	<b>12%</b>		
60-69	1,214	<b>4%</b>		
70+	175	<b>0.6%</b>		
<b>Total</b>	<b>4,584</b>	<b>17%</b>		

## COMMITMENTS AND PRIMARY OFFENSES

Thirty-five percent (1,573) of elderly offenders admitted to FDC in FY 2023-24 had no prior commitments, while 16 percent (693) had one, 13 percent (575) had two, 9 percent (409) had three, and 30 percent (1,334) had four or more prior FDC commitments. Among new admissions, 30 percent (1,384) of inmates aged 50 and older were incarcerated for violent crimes, 22 percent (1,007) for property crimes, 27 percent (1,238) for drug offenses, and 21 percent (955) 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 2023-24 Admissions: Summary of Previous FDC Commitments

Fiscal Year 2023-2024 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	1,573	35%
1	693	16%
2	575	13%
3	409	9%
4+	1,334	30%

Table 9. Fiscal Year 2023-2024 Admissions: Summary of Primary Offense Categories

Fiscal Year 2023-2024 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	921	379	84	1,384	30%
Property	722	267	18	1,007	22%
Drugs	916	294	28	1,238	27%
Other	636	274	45	955	21%

## **JUNE 30, 2024, POPULATION**

### ***DEMOGRAPHIC CHARACTERISTICS***

At the end of FY 2023-24, 29 percent (25,502) of Florida's 87,303 general prison population was age 50 and older. Males accounted for 29 percent (24,209) of the elderly population on June 30, 2024. Female elderly offenders accounted for 21 percent (1,293) of inmates aged 50 and over on June 30, 2024.

Racial/ethnic demographics for the June 30, 2024, elderly offender population are as follows: 42 percent (10,509) were black, 10 percent (2,501) were Hispanic, 47 percent (11,787) were white, and 1 percent (94) were classified as other.

Elderly offenders housed between the ages of 50-59 represented 57 percent (25,502). Elderly offenders 60-69 represented 33 percent (8,335), and 70+ represented 10 percent (2,635). The average age of elderly offenders housed on June 30, 2024, was 59. The oldest male offender incarcerated on June 30, 2024, was age 96. The oldest female offender was age 79.

Table 10 summarizes the demographics of the June 30, 2024, inmate population.

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Table 10. FDC Elderly Offender June 30, 2024, Demographics

<b>Fiscal Year 2023-2024 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	81,195	56,986	24,209	<b>29%</b>
Female	6,108	4,815	1,293	<b>21%</b>
<b>Total</b>	<b>87,303</b>	<b>61,801</b>	<b>25,502</b>	<b>29%</b>
<b>Race/Ethnicity</b>				
Black Female	1,785	1,475	310	<b>17%</b>
Black Male	39,730	29,531	10,199	<b>25%</b>
Hispanic Female	488	408	80	<b>1%</b>
Hispanic Male	10,904	7,906	2,421	<b>9%</b>
White Female	3,811	2,912	899	<b>4%</b>
White Male	30,157	19,269	10,888	<b>43%</b>
Other Female	24	20	4	<b>0%</b>
Other Male	404	280	90	<b>1%</b>
<b>Total</b>	<b>87,303</b>	<b>61,801</b>	<b>24,891</b>	<b>29%</b>
<b>Age Range of 50+ Population</b>				
<b>Age Range</b>	<b>Total</b>	<b>Percentage of Total Population</b>		
50-59	14,532	<b>57%</b>		
60-69	8,335	<b>33%</b>		
70+	2,635	<b>10%</b>		
<b>Total</b>	<b>25,502</b>	<b>29%</b>		

## COMMITMENTS AND PRIMARY OFFENSES

Forty-five percent (11,547) of elderly offenders housed on June 30, 2024, had no prior FDC commitments. The remaining 56 percent (13,955) of elderly offenders were repeat offenders with one or more previous FDC commitments.

Most of the June 30, 2024, elderly offender population, 42 percent (17,206), was incarcerated for violent crimes, 9 percent (3,212) for property crimes, 10 percent (2,910) for drug offenses, and 13 percent (2,174) for crimes classified as other.

Table 11. June 30, 2024, Population: Summary of Previous FDC Commitments

June 30, 2024, 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	11,547	45%
1	4,032	16%
2	3,008	12%
3	2,180	9%
4+	4,735	19%

Table 12. June 30, 2024, Population: Summary of Primary Offense Categories

June 30, 2024 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	9,031	5,889	2,286	<b>17,206</b>	<b>42%</b>
Property	2,071	1,033	108	<b>3,212</b>	<b>9%</b>
Drugs	2,043	764	103	<b>2,910</b>	<b>10%</b>
Other	1,387	649	138	<b>2,174</b>	<b>13%</b>

## INMATE MORTALITY

There were 412 inmate deaths in FY 2023-24. Elderly offenders accounted for 77 percent (317) of those deaths. Males age 70+ accounted for 42 percent (128) 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>8</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 404,617 sick call and emergency encounters in FY 2023-24. Elderly offenders accounted for 30 percent (121,380) of those encounters. Sick call represented the greatest proportion of those encounters. There were 79,821 sick call encounters for inmates aged 50 and older.

Table 13 summarizes all sick call and emergency care encounters during FY 2023-24.

Table 13. Summary of Fiscal Year 2023-2024 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	223,345	17,390	6,510	126,134	73,311	79,821	36%
Emergency	181,272	16,828	3,287	122,885	38,272	41,559	23%
<b>Total</b>	<b>404,617</b>	<b>34,218</b>	<b>9,797</b>	<b>249,019</b>	<b>111,583</b>	<b>121,380</b>	<b>30%</b>

## CHRONIC ILLNESS CLINICS

In FY 2023-24, 67,203 inmates were enrolled in chronic illness clinics (CIC), and inmates aged 50 and older accounted for 75 percent (50,107) of enrolled inmates. Elderly offenders accounted for 50 percent or more of inmates in four clinics: cardiovascular, endocrine, miscellaneous, and oncology clinics.

Table 14 summarizes CIC enrollment.

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

Table 14. Summary of Fiscal Year 2023-2024 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	30,521	1,708	29,794	<b>31,502</b>	<b>57%</b>
Endocrine	9,787	416	5,866	<b>6,282</b>	<b>64%</b>
Gastrointestinal	7,779	166	2,855	<b>3,021</b>	<b>39%</b>
Immunity	2,492	67	1,125	<b>1,192</b>	<b>48%</b>
Miscellaneous	4,079	137	2,450	<b>2,587</b>	<b>63%</b>
Neurology	3,273	58	1,098	<b>1,156</b>	<b>35%</b>
Oncology	1,312	78	994	<b>1,072</b>	<b>82%</b>
Respiratory	6,970	256	2,793	<b>3,049</b>	<b>44%</b>
Tuberculosis	990	14	232	<b>246</b>	<b>25%</b>

There were 117,567 reported CIC encounters during the fiscal year, and inmates aged 50 and older accounted for 58 percent (67,069) of CIC visits. In five clinics, elderly offenders accounted for 50 percent or more of visits in FY 2023-24. Table 15 provides a breakdown of CIC encounters for elderly offenders by clinic.

Table 15. Summary of Fiscal Year 2023-2024 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	52,471	1,708	29,794	<b>31,502</b>	<b>60%</b>
Endocrine	18,784	817	11,626	<b>12,443</b>	<b>66%</b>
Gastrointestinal	12,232	274	4,926	<b>5,200</b>	<b>43%</b>
Immunity	7,098	175	3,461	<b>3,636</b>	<b>51%</b>
Miscellaneous	6,722	234	4,222	<b>4,456</b>	<b>66%</b>
Neurology	5,248	100	1,918	<b>2,018</b>	<b>38%</b>
Oncology	2,391	136	1,863	<b>1,999</b>	<b>84%</b>
Respiratory	11,445	474	5,095	<b>5,569</b>	<b>49%</b>
Tuberculosis	1,176	14	232	<b>246</b>	<b>21%</b>
<b>Total</b>	<b>117,567</b>	<b>3,938</b>	<b>63,192</b>	<b>67,069</b>	<b>57%</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>9</sup>

In FY 2023-24, there were 40,559 inmates with assigned impairment grades, with 49 percent (19,715) of assigned impairments being among elderly offenders. Inmates aged 50 and older comprised 43 percent (12,673) of inmates with visual impairments, 59 percent (1,597) with hearing impairments, 65 percent (3,277) with physical impairments and 61 percent (2,168) with developmental impairments.

Inmates requiring special assistance or assistive devices are issued special passes to accommodate their needs. FDC issued 23,058 passes for special assistance and/or assistive devices in FY 2023-24, and 61 percent (14,012) 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 2023-2024 FDC Impairment Grade Assignments*

Impairment Grade Assignments				
Impairments	15-49	50+	Total Population	Percentage of Total Population Age 50+
Visual	16,564	12,673	29,237	43%
Hearing	1,107	1,597	2,704	59%
Physical	1,789	3,277	5,066	65%
Developmental	1,384	2,168	3,552	61%
<b>Total</b>	<b>20,844</b>	<b>19,715</b>	<b>40,559</b>	<b>49%</b>

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

Table 17. Summary of Fiscal Year 2023-2024 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	919	1,542	2,461	63%
Attendant Assigned	28	117	145	81%
Cane Pass	306	1,450	1,756	83%
Guide Assigned	4	10	14	71%
Hearing Aid Assigned	52	312	364	86%
Low Bunk Pass	7,314	8,878	16,192	55%
Prescribed Special Shoes	111	213	324	66%
Pusher Assigned	27	161	188	86%
Walker Pass	74	532	606	88%
Wheelchair Pass	211	797	1,008	79%
<b>Total</b>	<b>9,046</b>	<b>14,012</b>	<b>23,058</b>	<b>61%</b>

Inmates requiring special assistance or assistive devices are issued special passes to accommodate their needs. FDC issued 22,968 passes for special assistance and/or assistive devices in FY 2023-24, and 60 percent (13,937) of those passes were issued to elderly offenders.

# HOUSING ELDERLY OFFENDERS

In Florida, inmates are not housed solely based on age; therefore, elderly offenders are housed in most of FDC's major institutions. All inmates, including elderly offenders, who have significant limitations performing activities of daily living or have 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.

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 FDC's 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 committee reviews 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 many inmates in inpatient and enhanced outpatient mental health settings.

Currently, the facilities listed below serve relatively large populations of elderly inmates. Although inmate housing assignments are not solely based on age, housing some elderly inmates separate from the general population helps promote efficient use of medical resources and reduces the potential for predatory and abusive behavior by younger, more aggressive inmates.

- The Reception and Medical Center has a 120-bed licensed hospital onsite 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 inmates requiring palliative care.
- Zephyrhills Correctional Institution has two dorms specifically designed for elderly inmates as well as inmates with complex medical needs. These dorms currently have 159 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. This dorm currently has 87 beds designated for elderly female inmates age 59+.
  - South Florida Reception Center's 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 CI currently has designated housing available for 423 elderly male inmates age 50+.
  - Union Correctional Institution currently has designated housing available for 656 elderly male inmates age 50+.
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# RECOMMENDATIONS

Elderly offenders account for 29 percent of FDC's June 30, 2024, 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.
- Accounted for 57 percent of inmates of all chronic illness clinic encounters in FY 23-24.
- Represented 49 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, 2024, 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 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.