




Roy Cooper, Governor

Todd Ishee, Secretary

MEMORANDUM

TO: Chairs, Joint Legislative Oversight Committee on Justice and Public Safety
 Chairs, House Appropriations Committee on Justice and Public Safety
 Chairs, Senate Appropriations Committee on Justice and Public Safety

FROM: Todd E. Ishee, Secretary 

RE: Medical Release Program Report

DATE: May 2, 2024

§ 143B-1482 Medical release program report

(b) The Department of Adult Correction and the Post-Release Supervision and Parole Commission shall report by March 1 of each year to the Chairs of the House of Representatives Appropriations Subcommittee on Justice and Public Safety, to the Chairs of the Senate Appropriations Committee on Justice and Public Safety, and to the Chairs of the Joint Legislative Oversight Committee on Justice and Public Safety on the number of inmates proposed for release, considered for release, and granted release under Article 84B of Chapter 15A of the General Statutes, providing for the medical release of inmates who are either permanently and totally disabled, terminally ill, or geriatric.

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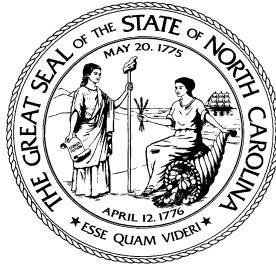
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Post Release Supervision and Parole Commission

MEDICAL RELEASE PROGRAM REPORT

Darren Jackson
Chairman

Haley E. Phillips
Commissioner

Graham H. Atkinson
Commissioner

Gregory Moss Jr.
Commissioner

NORTH CAROLINA POST-RELEASE SUPERVISION AND PAROLE COMMISSION ANNUAL MEDICAL RELEASE REPORT

I. INTRODUCTION

Legislation directs the Department of Adult Correction and the Post-Release Supervision and Parole Commission to provide for the medical release of low-to no-risk offenders who are either permanently and totally disabled, terminally ill, or geriatric. The legislation envisions each case being carefully and comprehensively evaluated by the Department as well as the Commission. The Department refers offenders to the Commission who have been determined to be permanently and totally disabled, terminally ill, or geriatric, and incapacitated to the extent that the offender poses either no risk or low risk to public safety; and is not excluded by the statute.

Legislation requires the Department to provide a referral to the Commission; the Commission has 20 days to make an independent determination regarding the degree of risk an offender poses. This time frame includes efforts to notify victims, consider their responses and to affect a release. The referral, as stated by legislative authority, will include medical information, psychosocial information, and a risk assessment.

The Medical Release Plan will be forwarded from the Department to the Commission Administrator after it has been referred and determined to have met the criteria for release by the Department staff. The Medical Release Plan will include:

Medical Information:

1. A medical statement describing the offender's medical situation, prognosis, and incapacitation signed by a medical professional. This will include a description of his/her capability of performing specific acts such as ambulating, driving, and functioning relatively independently throughout the day and the degree of medical oversight and care that would be required daily.
2. The proposed treatment recommended.
3. The proposed site for the treatment and follow-up.
4. A medical release of information will be signed by the offender or his/her legal guardian.
5. A statement from the proposed attending physician stating that he/she will provide the probation/parole officer with an assessment of the offender's physical condition and prognosis. The first assessment will be 30 days after an offender is placed on Medical Release and thereafter every 6 months.

6. A statement on how the medical program will be financed.
7. A medical professional will confirm that the offender's condition was not present at the time of sentencing, or he/she has deteriorated to make him/her now eligible for medical release.

Psychosocial Information:

1. The offender's version of the crime.
2. The offender's version of his previous crimes.
3. A detailed summary of his prison adjustment including in-depth assessments of infractions; providing information such as the role played in assaultive infractions; description of sexual infractions; role and intensity of defiant and nonconforming sentiments. Program participation, work history in prison and staff's assessments.
4. Family history to determine degree of antisocial sentiments in the family.
5. Marital history, including reasons for separation/divorce.
6. Work history, e.g., last employment, most lengthy employment, reasons for leaving etc.
7. Alcohol/drug history including any rehabilitation/treatment in the community as well as in prison.
8. Mental health history including diagnoses and treatment.
9. Medical history and how he sees present medical condition and perceived incapacity.
10. Perception of current home/release plan.
11. General impression of offender's social skills, attitudes, and sentiments in relating to interviewer.

Risk Assessment:

1. An assessment of the risk for violence and recidivism that the offender poses to society. Factors to be considered in the assessment are medical condition, severity of the offense for which the offender is incarcerated, the offender's prison record, and the release plan. This assessment should be provided by a forensic/correctional psychologist.

Summary:

Pursuant to G.S. 143B-1482, the following information is a synopsis of activity generated by the Parole Commission from 1/1/2023 through 12/31/2023.

Our statistics are as follows:

- Number of offenders referred by Institutions to Parole Commission 08
- Number of offenders considered by the Parole Commission 08

Action by the Parole Commission

- Number Denied 01
- Number Released on Early Medical Release 03
- Pending Decision 00
- Deceased (Prior to Decision) 04
- Total 08