



Post-Release Supervision and Parole Commission

MEDICAL RELEASE PROGRAM REPORT

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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

Article 84B of Chapter 15A establishes a medical release program to provide for the medical release of no-risk inmates who are either permanently and totally disabled, terminally ill, or geriatric. Once the Department of Adult Correction (DAC) determines that the inmate is permanently and totally disabled, terminally ill, or geriatric, **and** is incapacitated to the extent that the inmate does not pose a public safety risk, and is not excluded by the statute, the offender is to be referred to the Commission. If these criteria are **not** met, the case **will not** be forwarded to the Commission.

The Commission has 15-20 days to make an independent determination regarding the degree of risk an inmate poses upon receiving a referral. The Commission will receive, in any referral, the following information:

Medical Information:

The Medical Release Plan will be forwarded to the Commission after it has been referred to and determined to have met the criteria for release by DAC. The Medical Release Plan includes:

1. A medical statement describing the offender's medical situation, prognosis, and incapacitation, signed by a medical professional. This includes a description of his/her capability to perform 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 on a daily basis.
2. The proposed treatment is recommended.
3. The proposed site for treatment and follow-up.
4. A Medical release of information signed by the offender or his/her legal guardian.
5. A statement from the proposed attending physician stating that he/she will provide the DCC supervision 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 assessments.
4. Family history to determine the 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 the offender sees their present medical condition and perceived incapacity.
10. Perception of current home/release plan.
11. General impression of inmate's social skills, attitudes, and sentiments in relating to the interviewer.

Risk Assessment:

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

Summary:

In compliance with G.S. 143B-1482, the following information is a synopsis of activity generated by the Parole Commission from 1/1/2024 through 12/31/2024:

- Number of Inmates referred by Prisons to Parole Commission 06
- Number of Inmates considered by the Parole Commission 06

Action by the Parole Commission

Number Denied	01
Number Released on Early Medical Release	04
Pending Decision	00
Deceased (Prior to Decision)	00
Number Released on Reinstate/ Terminate	<u>01</u>
Total	06

The Parole Commission has implemented procedures that allow for the timely processing of all case referrals for Early Medical Release. Registered victims/interested parties are notified during the Early Medical investigation process to allow input.

New eligibility criteria for Early Medical Release are also in effect. Session Law 2023-134 expanded the medical release eligibility criteria for inmates by lowering the age of geriatric from 65 years of age or older to 55 years of age or older, by allowing consideration of terminally ill persons with conditions likely to produce death within nine months instead of six months, and by re-defining public safety risk for the individuals being considered from “does not pose a public safety risk” to “no risk or low risk” to public safety.

**The offender who was originally recommended for Early Medical Release made an unexpected recovery and is serving out the remainder of their sentence. **