



North Carolina Department of Public Safety

Adult Correction and Juvenile Justice

Roy Cooper, Governor
Erik A. Hooks, Secretary

Reuben Young, Interim Chief Deputy Secretary

MEMORANDUM

TO: Chairs of House Appropriations Committee on Justice and Public Safety
Chairs of Senate Appropriations Subcommittee on Justice and Public Safety
Chairs of the Joint Legislative Oversight Committee on Justice and Public Safety

FROM: Erik A. Hooks, Secretary *EAH*
Reuben Young, Interim Chief Deputy Secretary *Reuben F. Young*

RE: Medical Release Report

DATE: March 1, 2018

Pursuant to G.S. 143B-707.2(b), *The Department of Public Safety 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. (2013-360, s. 16C.11(d); 2013-363, s. 6.5.)*

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Post Release Supervision and Parole Commission

Medical Release Program Report

March 1, 2018

Willis J. Fowler
Chairman

Graham H. Atkinson
Commissioner

Eric A. Montgomery
Commissioner

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

I. INTRODUCTION

Legislation has been enacted directing the NC Department of Public Safety's Division of Adult Corrections-Prisons and the Post-Release Supervision and Parole Commission to provide for the medical release of no-risk inmates 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. Once the Department 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, he is to be referred to the Commission. In the event that these criteria are not met, the Department will so determine and the case **will not** be forwarded to the Commission.

The legislation clearly intends that a referral containing comprehensive information be provided to the Commission who has only 15-20 days to make an independent determination regarding the degree of risk an inmate poses. This time frame includes efforts to notify victims, consider their responses and to affect a release. The medical comprehensive information, as stated by legislative authority, will include medical information, psychosocial information and a risk assessment.

Therefore, the Commission will receive, in any referral, the following information:

Medical Information:

The Medical Release Plan will be forwarded from Division of Adult Corrections-Prisons section to the Commission Chairman after it has been referred and determined to have met the criteria for release by the Prisons Health Services staff. The Medical Release Plan will include:

1. A medical statement describing the offender's medical situation/prognosis/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 on a daily basis.
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 Community 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 staffs' 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 inmate's social skills, attitudes and sentiments in relating to interviewer.

Risk Assessment:

An assessment of the risk for violence and recidivism that the inmate poses to society. Factors to be considered in the assessment are medical condition, 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 Senate Bill 1480, Chapter 84-B of Chapter 15A of the General Statutes, the following information is a synopsis of activity generated by the Parole Commission and Prisons from 1/1/2017 through 12/31/2017.

Our statistics are as follows:

• Number of Inmates considered by Prisons	79
• Number of Inmates referred by Prisons to Parole Commission	24
• Number of Inmates considered by the Parole Commission	24

Action by the Parole Commission:

▪ Number Denied	7
▪ Number Released on Early Medical Release	15
▪ Pending Decision	0
▪ Deceased (Prior to Decision)	<u>2</u>
Total	24

The Parole Commission has implemented procedures that allow for the timely processing of all case referrals for Early Medical Release.

