

Compassionate Release Report Card • October 2022

# Connecticut

Overall Grade for Connecticut

Total Grade

**33** /100

Letter Grade

**F**

Program Grades

	Total Grade	Letter Grade
<b>Medical Parole</b>	<b>45/100</b>	<b>F</b>
<b>Compassionate Parole Release</b>	<b>17/100</b>	<b>F</b>
<b>Nursing Home Release</b>	<b>38/100</b>	<b>F</b>

Find all compassionate release resources on FAMM's site →

famm.org



# Medical Parole

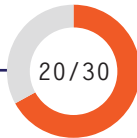
Total Grade

**45** /100

Letter Grade

**F**

## Eligibility Criteria



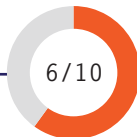
**8/10** Clearly set out with understandable and measurable standards.

**4/10** Generous or not unduly restrictive.

**8/10** No categorical exclusions/everyone is eligible for consideration.

**× Extra credit:** Terminal illness time-left-to-live provisions are reasonable and sufficiently long to permit the completion of the review and decision-making processes. **0**

## Procedures

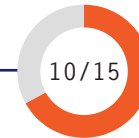


**0/5 UTD\*** Documentation and assessment are straightforward, lacking multiple or redundant reviews and authorizations.

**1/5** Time frames for completing review and/or decision-making exist and are designed to keep the process moving along.

**+ Extra credit:** Expedited time frames exist for terminal cases. **+5**

## Engaging the Process

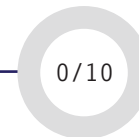


**5/5** Clinical and other staff can identify potentially eligible individuals and initiate the process.

**5/5** Incarcerated people, their loved ones, and advocates can initiate the process.

**0/5** Corrections staff have an affirmative duty to identify incarcerated people eligible for compassionate release and take the steps necessary to begin the process.

## Release Planning Support

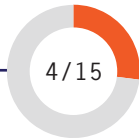


**0/5 UTD** Agencies provide comprehensive release planning.

**× Extra credit:** Release planning includes helping the incarcerated person apply for benefits prior to release, including housing, Medicaid, Medicare, and/or veterans benefits. **0**

**0/5 UTD** Release planning begins early in the process.

## Agency Policy Design

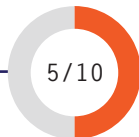


**2/5** Agency rules exist for all stages of identification, initiation, assessment, and decision-making.

**1/5** Agency rules are consistent with and/or complement the statute, are up to date, and internally consistent.

**1/5** Rules provide clear guidance to reviewers and decision-makers about steps to take and standards to apply.

## Data Collection and Public Reporting



**0/5 UTD** Agencies are obliged to gather, compile, and report release data to legislature.

**5/5** Reporting is made available to the public via annual reports or other means.

0/10

## Right to Counsel and Appeals

**0/5 UTD** Program allows counsel to represent people before decision-maker (i.e., parole board, commissioner, or court).

✘ **Extra credit:** Denials are appealable. **0**

**0/5 UTD** Individuals have the right to reapply should conditions change.

✘ **Extra credit:** Revocations are not used to return people to prison because their condition improves or goes into remission or because the individual outlives the prognosis. **0**

\* UTD stands for "Unable to Determine" and is graded zero. This is when there are no rules, guidelines, regulations, or other authority that FMM could find addressing the graded category. For example, if there are no published provisions for release planning or telling an agency how it is to evaluate an incarcerated person's eligibility, that results in a zero UTD grade.

## The Numbers

The Board of Pardons and Paroles reported the following statistics regarding people considered for Medical Parole.

**2019** The Board granted Medical Parole to five people.

**2020** The Board granted Medical Parole to five people and denied it to one person.

## High and Low Marks

### HIGH MARKS

- While Connecticut's Medical Parole program received a failing grade overall, FMM noted that the program directs the Board of Pardons and Paroles to act "in as expeditious a manner as possible" to decide Medical Parole applications. Given that the only people eligible for Medical Parole are those with a prognosis of six months or less to live, the program received **extra credit** for that provision.
- The Board **publicly reports** Medical Parole statistics.

### LOW MARKS

- **Overall**, the program **flunked** due to a near complete lack of regulations and policies to guide it. FMM could not find any Department of Correction rules whatsoever and only scant reference to the program in Board regulations.
- **Eligibility criteria** are unduly strict. People who are terminally ill are not eligible until within six months of death and must be so debilitated by their condition that they pose no danger if released.
- FMM also noted an inconsistency between what little guidance exists for **engaging the process**. The Medical Parole statute provides that an incarcerated individual, the individual's family, or the attorney can start the process by asking the Warden, Commissioner of the Department of Correction, or the Board to request a diagnosis. The Application for Medical Parole on the Board's website says the Board screens the application first to make an initial determination of eligibility before forwarding it to the facility medical staff for a medical diagnosis.
- The lack of **agency policy** and **procedures** governing the program led to failing grades in those categories. The silence also led to failing marks in **release planning support** and **right to counsel and appeals**. We simply could not determine what, if any, provisions the program makes for those important areas of support for people nearing the end of life who are seeking parole.

# Compassionate Parole Release

Total Grade

**17** /100

Letter Grade

**F**

## Eligibility Criteria

10/30

**4/10** Clearly set out with understandable and measurable standards.

**2/10** Generous or not unduly restrictive.

**4/10** No categorical exclusions/everyone is eligible for consideration.

× **Extra credit:** Terminal illness time-left-to-live provisions are reasonable and sufficiently long to permit the completion of the review and decision-making processes. **0**

## Procedures

0/10

**0/5 UTD** Documentation and assessment are straightforward, lacking multiple or redundant reviews and authorizations.

**0/5** Time frames for completing review and/or decision-making exist and are designed to keep the process moving along.

× **Extra credit:** Expedited time frames exist for terminal cases. **0**

## Engaging the Process

2/15

**0/5 UTD\*** Clinical and other staff can identify potentially eligible individuals and initiate the process.

**2/5** Incarcerated people, their loved ones, and advocates can initiate the process.

**0/5** Corrections staff have an affirmative duty to identify incarcerated people eligible for compassionate release and take the steps necessary to begin the process.

## Release Planning Support

0/10

**0/5** Agencies provide comprehensive release planning.

× **Extra credit:** Release planning includes helping the incarcerated person apply for benefits prior to release, including housing, Medicaid, Medicare, and/or veterans benefits. **0**

**0/5** Release planning begins early in the process.

## Agency Policy Design

0/15

**0/5** Agency rules exist for all stages of identification, initiation, assessment, and decision-making.

**0/5** Agency rules are consistent with and/or complement the statute, are up to date, and internally consistent.

**0/5** Rules provide clear guidance to reviewers and decision-makers about steps to take and standards to apply.

## Data Collection and Public Reporting

5/10

**0/5 UTD** Agencies are obliged to gather, compile, and report release data to legislature.

**5/5** Reporting is made available to the public via annual reports or other means.

0/10

## Right to Counsel and Appeals

**0/5 UTD** Program allows counsel to represent people before decision-maker (i.e., parole board, commissioner, or court).

✘ **Extra credit:** Denials are appealable. **0**

**0/5 UTD** Individuals have the right to reapply should conditions change.

✘ **Extra credit:** Revocations are not used to return people to prison because their condition improves or goes into remission or because the individual outlives the prognosis. **0**

\* UTD stands for "Unable to Determine" and is graded zero. This is when there are no rules, guidelines, regulations, or other authority that FMM could find addressing the graded category. For example, if there are no published provisions for release planning or telling an agency how it is to evaluate an incarcerated person's eligibility, that results in a zero UTD grade.

## The Numbers

**2019** The Board of Pardons and Paroles granted four individuals Compassionate Parole Release and denied two others.

**2020** The Board granted release to 26 individuals and denied six.

## High and Low Marks

### HIGH MARK

- The Board **publicly reports** Compassionate Parole Release statistics.

### LOW MARKS

- **Overall**, FMM **flunked** Connecticut's Compassionate Parole Release program due to its complete lack of publicly available policies or regulations. We could not determine what, if any, rules guide the Department of Correction and the Board of Pardons and Paroles in administering the program. The program appears to function because the Board reports a few annual releases, but it does so without any discernable regulations or policies.
- **Eligibility criteria** are poorly designed, narrow, and further restricted by numerous categorical exclusions. While people may be eligible if they are debilitated or incapacitated as a result of "advanced age" or a nonterminal condition, the program does not provide definitions or examples of its criteria, including for "advanced age." In addition, people are not eligible unless they have served a minimum of half of their total sentence. Given that a person must be so incapacitated that the individual is physically incapable of endangering society, that limitation of time served is unnecessary and cruel.
- The Compassionate Parole Release statute provides no information about the documentation and evaluation process. FMM flunked the program in the **agency policies** and **procedures** categories because none exist.
- The absence of rules means we could not find anything to describe standards that evaluators or decision-makers use to assess applicants, to explain whether **release planning** takes place, or to explain whether and how a person denied Compassionate Parole Release may **appeal** the denial or **reapply** should conditions change.

# Nursing Home Release

Total Grade

**38** /100

Letter Grade

**F**

## Eligibility Criteria

22/30

**8/10** Clearly set out with understandable and measurable standards.

**8/10** Generous or not unduly restrictive.

**6/10** No categorical exclusions/everyone is eligible for consideration.

✘ **Extra credit:** Terminal illness time-left-to-live provisions are reasonable and sufficiently long to permit the completion of the review and decision-making processes. **0**

## Procedures

5/10

**5/5** Documentation and assessment are straightforward, lacking multiple or redundant reviews and authorizations.

**0/5** Time frames for completing review and/or decision-making exist and are designed to keep the process moving along.

✘ **Extra credit:** Expedited time frames exist for terminal cases. **0**

## Engaging the Process

1/15

**1/5** Clinical and other staff can identify potentially eligible individuals and initiate the process.

**0/5** Incarcerated people, their loved ones, and advocates can initiate the process.

**0/5** Corrections staff have an affirmative duty to identify incarcerated people eligible for compassionate release and take the steps necessary to begin the process.

## Release Planning Support

2/10

**2/5** Agencies provide comprehensive release planning.

✘ **Extra credit:** Release planning includes helping the incarcerated person apply for benefits prior to release, including housing, Medicaid, Medicare, and/or veterans benefits. **0**

**0/5 UTD\*** Release planning begins early in the process.

## Agency Policy Design

8/15

**2/5** Agency rules exist for all stages of identification, initiation, assessment, and decision-making.

**5/5** Agency rules are consistent with and/or complement the statute, are up to date, and internally consistent.

**1/5** Rules provide clear guidance to reviewers and decision-makers about steps to take and standards to apply.

## Data Collection and Public Reporting

0/10

**0/5** Agencies are obliged to gather, compile, and report release data to legislature.

**0/5** Reporting is made available to the public via annual reports or other means.

0/10

## Right to Counsel and Appeals

**0/5 UTD** Program allows counsel to represent people before decision-maker (i.e., parole board, commissioner, or court).

✘ **Extra credit:** Denials are appealable. **0**

**0/5 UTD** Individuals have the right to reapply should conditions change.

✘ **Extra credit:** Revocations are not used to return people to prison because their condition improves or goes into remission or because the individual outlives the prognosis. **0**

\* UTD stands for "Unable to Determine" and is graded zero. This is when there are no rules, guidelines, regulations, or other authority that FAMM could find addressing the graded category. For example, if there are no published provisions for release planning or telling an agency how it is to evaluate an incarcerated person's eligibility, that results in a zero UTD grade.

## The Numbers

In response to FAMM's request for information, the Department of Correction reported:

**2019** One individual received Nursing Home Release, and one was denied.

**2020** No one was granted Nursing Home Release.

## High and Low Marks

### HIGH MARKS

- **Eligibility criteria** for Connecticut's Nursing Home Release program are relatively generous. People who are terminally ill or who are so incapacitated by a terminal condition that they require palliative or hospice care may receive Nursing Home Release. Categorical exclusions are limited.
- The Commissioner of the Department of Correction enjoys complete discretion to grant Nursing Home Release, and the Department conducts the identification, evaluation, and decision-making processes. Even though the rules governing the program are scant, FAMM expects that the documentation and assessment **procedures** are relatively straightforward, without multiple reviews.

### LOW MARKS

- **Overall**, there is very little publicly available information about Nursing Home Release, so it was hard for FAMM to grade the program in a number of categories, earning the program very poor grades in most categories.
- **Initiating the process** received a failing grade. It is entirely in the hands of the Commissioner, who with the Department Medical Director, selects individuals to assess for the program. No information exists about how that process proceeds, except that the Medical Director must complete a medical assessment of the selected individuals.
- The program fails **release planning support** due to the lack of policy. FAMM believes it occurs, because the program's goal is to release individuals to a nursing home to receive palliative or hospice care. That said, in response to FAMM's request for release data, the Department said that approving an individual for Nursing Home Release does not guarantee the person will be released, because the Department is unable to order a nursing home to admit an individual.