

# Minnesota

Overall Grade for Minnesota

Total Grade

**82** /100

Letter Grade

**B-**

Program Grades

**Conditional Medical Release**

Total Grade

**82/100**

Letter Grade

**B-**

# Conditional Medical Release

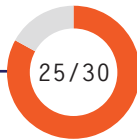
Total Grade

82 /100

Letter Grade

B-

## Eligibility Criteria



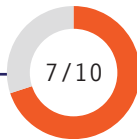
**5/10** Clearly set out with understandable and measurable standards.

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

**10/10** 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

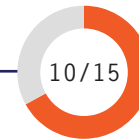


**5/5** Documentation and assessment are straightforward, lacking multiple or redundant reviews and authorizations.

**2/5** 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

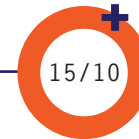


**5/5** Clinical and other staff can identify potentially eligible individuals and initiate the process.

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

**5/5** 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

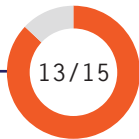


**5/5** Agencies provide comprehensive release planning.

+ **Extra credit:** Release planning includes helping the incarcerated person apply for benefits prior to release, including housing, Medicaid, Medicare, and/or veterans benefits. **+5**

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

## Agency Policy Design

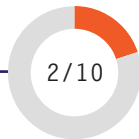


**5/5** Agency rules exist for all stages of identification, initiation, assessment, and decision-making.

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

**3/5** Rules provide clear guidance to reviewers and decision-makers about steps to take and standards to apply.

## Data Collection and Public Reporting



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

**2/5** Reporting is made available to the public via annual reports or other means.

0/10

## Right to Counsel and Appeals

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

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

**0/5** 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**



## Overall Extra Credit

**+10** The Minnesota Department of Corrections responded to the threat that COVID-19 posed to incarcerated people with the COVID-19 Conditional Medical Release program. It invited people to apply rather than wait to be identified, as is the case with traditional Conditional Medical Release. It was one of the few states that used, with some alterations, its existing compassionate release framework to address the pandemic-induced health crisis in its prisons.

## The Numbers

The Department of Corrections reported it supervised nine individuals on Conditional Medical Release in 2019 and 18 in 2020. Also, the Department reported that it released 157 people under the COVID-19 Conditional Medical Release program in 2020 and 2021.

## High and Low Marks

### HIGH MARKS

- **Eligibility criteria:** Everyone is eligible for Conditional Medical Release (CMR), without regard to offense of conviction, time served, or other categories.
- Corrections Health Services Administrators must evaluate the incarcerated population monthly to identify CMR candidates and **initiate the process**. In addition, facility medical staff must notify the Administrator if they suspect an individual meets the criteria.
- The program publishes an admirably detailed and clear set of rules governing the Department of Corrections' **policies** and **procedures**. The rules identify and assign roles to staff members and lay out steps they need to follow and – in most cases – standards to which they must adhere. While there appear to be many steps, FAMM feels that the attention to detail is, on balance, a positive feature and not one that weighs down an application's progress.
- We are very impressed by, and the program received **extra credit** for, the thoroughness of **release planning support**. It starts early, includes the incarcerated individual if the person is able to participate, and involves staff in making sure the individual has a safe placement that meets medical and housing needs as well as financial support to pay for the care. That includes applying for public assistance prior to release.
- As mentioned above, the state earned **extra credit** for its use of an adjusted CMR to address the threat of COVID-19 to medically vulnerable incarcerated people.

### LOW MARKS

- FAMM could not give Minnesota's CMR program full marks for **eligibility criteria** because it does not define the grave illness standard beyond a statement that an individual is eligible if the grave illness results in medical needs that would be better met by "specialized" services in the community. We fear that does not give evaluators enough guidance.
- Similarly, there is a step in the assessment **procedure** that appears to lack any standards. The Deputy Commissioner of Facility Services reviews the Health Services' verification of the individual's medical condition and decides whether to proceed with the process. No standards or guidance exist for that important, early step.