

Compassionate Release Report Card • October 2022

Oregon

Overall Grade for Oregon

Total Grade

22 /100

Letter Grade

F

Program Grades

Early Medical Release

Total Grade

22/100

Letter Grade

F

Find all compassionate release resources on FAMM's site →

[famm.org](https://www.famm.org)



Early Medical Release

Total Grade

22 /100

Letter Grade

F

Eligibility Criteria



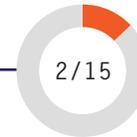
- 2/10** Clearly set out with understandable and measurable standards.
- 5/10** Generous or not unduly restrictive.
- 2/10** No categorical exclusions/everyone is eligible for consideration.
 - × **Extra credit:** Terminal illness time-left-to-live provisions are reasonable and sufficiently long to permit the completion of the review and decision-making processes. **0**

Procedures



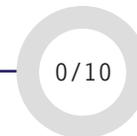
- 5/5** Documentation and assessment are straightforward, lacking multiple or redundant reviews and authorizations.
- 0/5** Time frames for completing review and/or decision-making exist and are designed to keep the process moving along.
 - × **Extra credit:** Expedited time frames exist for terminal cases. **0**

Engaging the Process



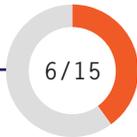
- 0/5** Clinical and other staff can identify potentially eligible individuals and initiate the process.
- 2/5** Incarcerated people, their loved ones, and advocates can initiate the process.
- 0/5** Corrections staff have an affirmative duty to identify incarcerated people eligible for compassionate release and take the steps necessary to begin the process.

Release Planning Support



- 0/5** 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



- 2/5** Agency rules exist for all stages of identification, initiation, assessment, and decision-making.
- 2/5** Agency rules are consistent with and/or complement the statute, are up to date, and internally consistent.
- 2/5** 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.
- 0/5** 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**

* 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

The Board of Parole does not make Early Medical Release data available to the public. The Board responded to FAMM's request for information by explaining that:

2019 Of the 27 people who were statutorily eligible for consideration, seven were released, six passed away before their case could be processed, one was denied, and three secured alternative release.

2020 Of the six eligible applicants, two were released outside the process, four were denied, and none was released.

High and Low Marks

HIGH MARKS

- None

LOW MARKS

- **Overall:** Oregon's Early Medical Release program **failed** in every grading category.
- **Eligibility criteria** for Early Medical Release scored very poorly. Key terms are ambiguous, including for the criterion "severe medical condition" and that for "elderly." The policy does not supply definitions, and without them, reviewers and decision-makers may be uncertain who meets the standards. Furthermore, Oregon categorically excludes a number of people from consideration for release due to serious illness, based on the offense of conviction or due to limitations on Early Medical Release placed by the court.
- It appears only the incarcerated person or others acting for them can **initiate the process**. They must do so by phoning or emailing the Board of Parole. No other information exists about the application process.
- Oregon also failed **policy design**. What agency policy exists is sparse and not especially thorough. FAMM could not glean what guidance reviewers and decision-makers follow in carrying out their jobs.

LOW MARKS (CONTINUED)

- Oregon flunked **procedures**. It appears the applicant is responsible for assembling all the documentation that must be included with the application. This includes, among other things, a medical report documenting the underlying condition, a recommendation from the superintendent of the prison, and a Department of Corrections-verified release plan including information about housing and how medical care is to be provided.
- According to an online information page on the Board of Parole website, it appears that the individual seeking Early Medical Release must construct a **release plan** and have it verified by Department staff. Oregon consequently flunks release planning. Securing medically appropriate housing, funding, and other resources is challenging for any incarcerated individual and certainly more so for people who suffer from a severe medical condition or who are incapacitated and elderly.