

# Alaska

Overall Grade for Alaska

Total Grade

**59**  
/100

Letter Grade

**F**

Program Grades

	Total Grade	Letter Grade
<b>Special Medical Parole</b>	<b>52/100</b>	<b>F</b>
<b>Geriatric Parole/ Discretionary Parole Based on Age</b>	<b>66/100</b>	<b>D</b>

# Special Medical Parole

Total Grade

# 52

 /100

Letter Grade

# F

## Eligibility Criteria



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

**6/10** Generous or not unduly restrictive.

**7/10** 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

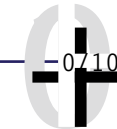


**1/5** Clinical and other staff can identify potentially eligible individuals and initiate the process.

**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** 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



**3/5** 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



**5/5** 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.

## Right to Counsel and Appeals



**3/5** Program allows counsel to represent people before decision-maker (i.e., parole board, commissioner, or court).

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

**5/5** 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**

## The Numbers

In response to a request from FAMM, the Department of Corrections stated that no one received a Special Medical Parole hearing in 2019 and 2020.

## High and Low Marks

### HIGH MARK

- **Right to counsel and appeals:** Counsel is permitted to represent an individual before the Parole Board but only if the individual is unable to be present at the hearing. Individuals denied Special Medical Parole have a right to appeal and seek reconsideration of denials.

### LOW MARKS

- Alaska's Special Medical Parole earned low grades for **eligibility criteria**. FAMM found the criteria unclear and unduly restrictive. For example, a person has a severe medical or cognitive disability if their condition is chronic, likely to prevent them from committing an offense, and incapacitating to the extent that incarceration does not impose additional restrictions. In addition, it must be reasonably probable that release will pose no threat of harm to the public and not diminish the seriousness of the individual's offense. We could not locate any guidance that evaluators could use to make these assessments. We gave the program some credit for the fact that it explicitly provides for Special Medical Parole for people with severe cognitive disabilities. It does not provide definitions or examples, however, for what constitutes a severe cognitive or, for that matter, serious medical disability.
- FAMM gave Alaska low marks for **policy design**. While the program has rules governing the stages in the Special Medical Parole process, they lack detail and standards. For example, the Commissioner of the Department of Corrections may apply on behalf of an incarcerated individual, but no rules mention how the Commissioner learns of the individual, much less puts together the application on the person's behalf. In addition, Department policy states that the incarcerated individual seeking Special Medical Parole has the burden of providing information in support of the application. There appear to be no rules ensuring that Department staff will help applicants who have difficulty applying for release; gathering the long list of documents necessary to support the application; or putting together the release plan that must be included in the Special Medical Parole application.
- That failure, combined with what appears to be minimal reentry planning overall, earned the state a failing grade for **release planning**.

# Geriatric Parole/ Discretionary Parole Based on Age

Total Grade

# 66

 /100

Letter Grade

# D

## Eligibility Criteria



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

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

**5/10** 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.

**1/5** 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



**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**

**0/5 UTD\*** 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.

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

## Data Collection and Public Reporting



**5/5** 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.

## Right to Counsel and Appeals



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

**+ Extra credit:** Denials are appealable. **+5**

**5/5** 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 Penalty

**-10** Despite some very good design features, Alaska's Geriatric Parole/Discretionary Parole Based on Age program benefited no one in 2019 and 2020.

\* 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 a request for information from FAMM, the Board of Parole responded that no one had a Geriatric Parole hearing in 2019, and only one person had a hearing in 2020. The Board denied that individual Geriatric Parole.

## High and Low Marks

### HIGH MARKS

- Geriatric Parole **eligibility requirements** are clear, straightforward, and not unduly restrictive, although the program bars from consideration several categories of individuals.
- The incarcerated individual is responsible for putting together a **release plan**, including a verified treatment plan, housing, and letters of reference. FAMM nonetheless gave the Geriatric Parole program a high grade in this area, including **extra credit**, because Institutional Probation Officers must assist the applicant with some release planning, including contacting state agencies and other organizations that can help meet the individual's postrelease needs. That said, the rules do not address the special needs of people released due to advanced age. When an individual earns parole, including Geriatric Parole, the person must be released to full-time employment, vocational or on-the-job training, an education or residential treatment program, or a verified detainer. FAMM could not find any mention of exceptions to those requirements for people released on Geriatric Parole.
- **Right to counsel and appeals:** The Board of Parole permits counsel to represent individuals in Discretionary Parole proceedings, including presumably Geriatric Parole. Individuals may seek reconsideration and/or appeal a denial via a process known as "special review."

### LOW MARKS

- FAMM gave the state a failing grade for **engaging the process** because, despite the ease with which the Department of Corrections could identify eligible individuals and begin the process on their behalf, it is up to incarcerated individuals to ask for and fill out a parole application.
- While the Geriatric Parole program received half marks for **policy design**, based on Board rules, the Department of Corrections has few rules governing its role. It appears to be limited to providing a parole progress report, helping the incarcerated individual contact state agencies so the person can draft the release plan, and providing some other reentry assistance. In addition, there are no Geriatric Parole rules; instead, the overall Discretionary Parole rules govern the process.