

Alaska Politics and Public Policy

**The Dynamics of Beliefs, Institutions,
Personalities, and Power**

EDITED BY

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WITH

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★ CHAPTER 27 ★

Social Services and Corrections: Intergovernmental, Public and Private Policy Making, and Power Dynamics

Patrick M. Cunningham

Social services and corrections issues and policies are perennial items on the policy agenda throughout the United States, including Alaska. This is for two major and related reasons. First, they take a large chunk of national and state budgets. Across the fifty states, social services and corrections combined account for between one-quarter and one-third of the annual operating budget, depending on the state. This places social services on a par with education as one of the two major expenditures of state government. In most states, social services are the number one expenditure. In fact, social services, including corrections, have been the major state expenditures in Alaska since the early 2000s.¹ Second, these issues and policies stir the cauldron of political and ideological conflict. Witness, for instance, the very heated and drawn-out debate in Congress over President Obama's proposal for health care in 2009–2010 and the negative reaction to the law in over half the states.

Social services politics and policy in Alaska involve five aspects. First is the way that these services are delivered. This is an intergovernmental and pluralistic approach involving state, federal, private for-profit, private nonprofit, and Alaska Native agencies and organizations. Second, the general political atmosphere of social services in Alaska is ideologically conservative. Third, in terms of client groups served by social services, there is a particular power dynamic that is distinct from other state services like education and transportation. Because social services client groups, particularly the poor, prisoners, and victims of domestic violence and child abuse, have little political influence, they need a political surrogate or policy entrepreneur to take on their cause. Sometimes someone or a political institution takes up their cause, but often not. Fourth, the first three aspects, in large part, result from a fragmented policy-making process in social services.

Fifth, all four aspects have so far precluded what, from a professional perspective, is the best policy approach to social services. This approach is that health, crime and corrections, and interpersonal violence issues are often interrelated in terms of causes and consequences. Developing effective policies to deal with them requires treating them as an integrated whole and being mindful of the negative effects of legislating in one area only. A holistic approach will see more results in alleviating these problems rather than an ad hoc, fragmented approach of treating each separately.

In terms of the chapter's structure, we first provide some background on social services and their politics in Alaska. Then we examine health policy, followed by consideration of corrections and interpersonal violence policy. Next we provide insights into the past and present role of politics in Alaska as it affects social services and related programs. The conclusion looks at likely future directions in social services policy in light of past patterns and experiences.

1. A SOCIAL SERVICES PRIMER: TERMINOLOGY, PROGRAMS AND THEIR IMPLEMENTATION, AND ALASKA'S SOCIAL SERVICES POLITICAL ENVIRONMENT

Making sense of the wide range of social services and related programs in the United States and in Alaska is challenging. So in this section we provide some essential background.

Terms and Concepts

Underlying the idea of social services programs is the concept of “welfare.” In everyday speech, the word *welfare* is used as a generic term for public assistance, as in “they are on welfare.” As a policy goal and as used in this chapter, *welfare* refers to the promotion of the well-being of individuals, communities, and society as a whole, in order to ensure security and stability in the physical, emotional, and financial aspects of life. The term *social services* does not usually include all public programs that promote such welfare, however. Education (both K–12 and postsecondary), transportation, retirement systems (such as federal social security paid to qualified senior citizens), unemployment benefits, and corrections, are not usually included in the definition of this term.

Although *social services* has no watertight definition, it is usually confined to programs promoting the well-being of five types of special needs or at-risk individuals and families: (1) those with low incomes that prevent them from affording basic services, such as health care; (2) those with particular needs because of age or physical or mental disability; (3) women and children at risk because of adverse domestic circumstances, such as violence and child abuse; (4) individuals at risk because of alcohol or drug abuse, or an adverse mental condition (often collectively referred to as behavioral health issues);

and (5) youth at risk, which may involve foster care and substance abuse counseling. Our use of *social services* in this chapter embraces these five categories (note, however, that given space limitations we do not cover all five in detail). In many cases, individuals and families fall under two or more of these categories. For instance, poverty and substance abuse can lead to domestic violence. This interconnection is one reason why we argue that policies addressing these problems require integration to be effective.

The term *corrections* in this chapter refers to the range of policies, laws, and regulations that apply to processing individuals convicted of crimes. This includes classifying crimes, understanding the reasons for crime, and sentencing resulting in probation or incarceration. Although corrections policy and administration are not usually included under social services, there is often an overlap between the two. Poverty, domestic violence, child abuse, substance abuse, and mental illness are often associated with crime. Social services programs can be valuable in preventing crime or aiding former inmates to integrate successfully back into society. This is another reason why, ideally and practically, social services and corrections need an integrated policy approach and why we consider them together in this chapter.

Social Services Programs, Their Development and Delivery

The average American and Alaskan may well ask why there are so many social programs, and why so many of them overlap. Why would anyone create such a complex and patchwork system in which several different programs target the same at-risk or needy populations?

The situation is largely the product of two political and governmental circumstances. One is the nature of the American political system, involving federal, state, and local governments, private nonprofit and for-profit organizations, and various combinations of funding and service delivery for programs that often overlap. In fact, the politics, funding, and delivery of social services and related programs provide a textbook case of intergovernmental relations (IGR) as explained in Chapter 10. Second is the incremental nature of policy making in the United States, both at the federal and state levels. Because of the separation of powers system, the power bases in Congress and in state legislatures are pitted against the power centers in the federal and state executive branches, and are sometimes influenced by federal and state court decisions.

In combination, these two factors tend to undermine programmatic public policy making—integrated, streamlined programs—of the type that more or less exist in parliamentary and unitary political systems like Germany, Norway, and the United Kingdom. The upshot is incremental, ad hoc solutions to problems, resulting in complex and patchwork services and programs, with variations from state to state, county to county, and city to city across America.

State and Federal Social Service Programs

From the nation's infancy, states have provided some form of assistance for needy and vulnerable citizens in an attempt to ensure safety and well-being. The laissez-faire philosophy that became dominant soon after the nation's founding resulted in a small financial commitment by government and meager programs. Assistance for the needy came primarily from churches and other religious organizations, charities, private agencies, socially responsible businesses, and family members. Then the Progressive reform era of the early 1900s resulted in changes in political, economic, and social institutions favorably assisting the needy and vulnerable. Workers' compensation insurance to protect those injured on the job, the creation of maternal and child health programs to reduce mother and infant mortality, and widows' pensions became common in many states. Other reforms assisted and protected the working poor.

Those programs proved woefully inadequate, however, when the Great Depression of the 1930s struck and tens of millions of Americans sank into poverty in the absence of an extensive public social safety net. As a consequence, for the first time at the federal level a public commitment was made to aid the needy and the vulnerable. President Franklin D. Roosevelt's New Deal response to protecting the public from another Great Depression resulted in the passing of the Social Security Act of 1935. The intent of the act was to create a safety net for the vulnerable. This was followed by a host of social services programs enacted during the War on Poverty and Great Society period of President Lyndon Johnson's administration (1963–1969). The federal government's role in funding social programs underwent a major expansion, and the states expanded their social services programs considerably. This expansion was a product of increasing awareness and the need to deal with personal and social concerns, such as poverty, domestic violence, child abuse, and substance abuse. These problems had either not been recognized or were ignored until the post–World War II period and the growth of the middle class.

Today, the federal government and all states have a cabinet level agency dealing with social services and related programs. In Alaska, this is the Department of Health and Social Services (DHSS), not to be confused with the federal Department of Health and Human Services (HHS). Most states have a department of corrections, as does Alaska. Thus, since the 1960s, the institutional and political circumstances explained here regarding IGR, incrementalism, and specific factors in individual states, have produced a unique mix of social services programs.²

As of 2016, the federal government and the states provided medical and cash assistance to the needy through five major public assistance programs:

1. **Temporary Assistance for Needy Families (TANF):** This originated with President Clinton's "changing welfare as we know it," included in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

2. **Supplemental Security Income (SSI):** Administered by the federal Social Security Administration, SSI is cash assistance provided to the blind, poor older adults, and persons with disabilities who meet certain income and health criteria.
3. **Adult Public Assistance:** A state program supplementing SSI that provides cash assistance to needy aged, blind, and disabled Alaskans to help them remain independent.
4. **General Assistance:** Sometimes referred to as **General Relief**, this state program provides cash assistance for low-income adults who do not qualify for any other cash assistance programs.
5. **Medicaid:** A joint federal and state program providing health care coverage to recipients of the eligibility-based programs (TANF and SSI) and low-income families.

Of the five, Medicaid is the major federal transfer payment to the states for health care. It is also one of the major outlays of all states, accounting for about 20 percent of spending.³ Other social services provided by states include child welfare, senior and disability services, behavioral health, and juvenile and adult criminal justice.

States also contract with private for-profit and nonprofit entities to deliver some social services and often provide grants to these organizations to aid in service provision. These include youth services, services for the disabled, behavioral health, and corrections. Because government resources are limited, contracts with, and grants to, private entities are an efficient way to deliver services. In other cases, contracting out is the result of conservative ideology, which often favors reducing the size of government by transferring functions to the private sector.⁴

Particular Features of Social Services Delivery in Alaska

The delivery of social services in Alaska has some unique features. One is the provision of services to Alaska Natives. Because of the unique relationship between Native Americans and the federal government established in the U.S. Constitution, the federal government is responsible for the delivery of health and social services to Alaska Natives. The federal Indian Health Service (IHS), which is part of HHS, has a major presence in the state. However, particularly since the Alaska Native Claims Settlement Act (ANCSA) of 1971, the federal government has gradually transferred the provision of health and social services to Alaska Native private nonprofit associations.

Another unique Alaska feature is that, even in the larger urban areas, social services provision comes primarily from the state. Similarly, the corrections system is a centralized, unified system. It is entirely a state function—there are no city or locally run prisons, though a number of municipalities operate jails for short-term holding following an arrest or for short jail sentences. Furthermore, although not unique to Alaska, there are

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an unusually high number of private voluntary organizations providing essential services to such groups as victims of domestic violence, the homeless, disabled, immigrants, and refugees.

The involvement of various levels and agencies of government, the for-profit and non-profit organizations (including Alaska Native associations), and private volunteer groups, means that a pluralistic mix of private and public services is an overriding feature of social services delivery in Alaska. This mix has both strengths and weaknesses in serving clients and consumers.

Alaska's Political Environment and Social Services Issues and Policies: An Overview

Given the IGR aspect of social services policy making and the major role of federal funding for the most expensive programs, particularly Medicaid, the state is not the only determiner of the types of programs that are developed and how they are delivered. Nevertheless, like all states, Alaska has significant influence in shaping social services and corrections. So what factors determine the political environment of these policy areas in Alaska?

With regard to the ideological differences alluded to earlier, the environment in Alaska is reflective of what exists across the nation. Generally, liberals view social services as essential activities of government to improve the functioning of disadvantaged groups and as an investment in promoting human capital. In contrast, many conservatives view these programs as giving benefits to nonproductive members of society who are a drain on government resources, at the expense of society's productive members. The ideological division that existed over corrections up until very recently is a little different. It consisted of liberals and progressives favoring shorter prison and probationary terms and providing rehabilitation, while conservatives favored longer prison and probationary terms and viewed prison mainly as retribution. Details about recent developments that are tending to blur this division are provided below toward the end of Section 3.

Some social services policies are distributive and give certain groups a defined benefit, such as for the disabled, and do not appear to deprive the rest of society of resources (though they do in reality by increasing taxes). However, many social services policies are redistributive: these clearly use tax dollars from most citizens to provide needed social services to a relatively small number of citizens. Redistributive policies, often lauded by liberals but decried by conservatives, exacerbate ideological divisions and the conflict in social services policy making.

The twelve characteristics of Alaska politics set out in Chapter 2 provide a useful framework for understanding the factors that influence social services and corrections policy in Alaska. All twelve have some effect on these policy areas, but six are especially

influential. Two are the all-pervasive importance of government and the significant role of external economic and political forces, including the role and influence of the federal government. Two others are the political culture of pragmatic dependent individualism coupled with a strong strain of self-proclaimed fiscal conservatism. Political pragmatism has been partly responsible for ad hoc “quick fixes” or placating legislation, with little attempt to integrate policies across interrelated needs of social services areas. Consequently, major problems persist.

The other two characteristics are the prominence of Alaska Natives in state politics together with regionalism and conflicts between urban and rural-bush areas. The impact of Alaska’s physical, social, and economic geography contributes to conflict between urban and rural-bush areas and poses challenges for the amelioration of social and public safety problems. Public safety issues in particular affect Alaska’s Native population, and their health and social welfare system has the potential to be a major force in developing and implementing solutions.

Applying these characteristics and other factors enables us to explore the interrelated issues and Alaska’s response to meeting the social services and public safety needs of its population. In this regard we consider two major questions: (1) How has the state’s political and governmental system, and particularly its policy process, performed or been lacking in meeting these needs in the past? and (2) Does the state possess the political and governmental capacity to meet the current and likely future challenges in social services and related areas of public need? We return to these questions after looking specifically at issues and responses to concerns about Alaska’s present health care system, issues facing the state concerning corrections, and interpersonal violence policies.

2. THE HEALTH CARE SYSTEM IN ALASKA: ONGOING CHALLENGES

To understand the state of health care and the issues of health policy in Alaska it is useful to place it in a national context. So first we provide an overview of the state of health care in the United States in general and some recent history of policy developments.

Characteristics of America’s Health Care System and Recent Developments

The United States is the only major industrialized country that does not provide health coverage for all its citizens. In 2011, for instance, 48.6 million Americans or 15.7 percent had no health insurance. This was up from 46 million in 2006.⁵ Outside the United States most developed countries use a so-called single-payer system to fund medical care. In this system there is a single insurance account run by the national government but sometimes run by state or provincial governments, as in Canada. Under a single-payer system,

universal health care (sometimes referred to as national health care) for an entire population can be financed from a pool to which several parties—employees, employers, and the government—have contributed.

In contrast, funding in the United States is from a combination of public and private sources. The U.S. system has been plagued with problems, notably eroding coverage, with public and private insurance programs paying for less and less, rising costs, and cost shifting from public funding to practitioners and hospitals, and from employers to employees.⁶ Strong evidence exists that the American health care system does not perform as well as other industrialized countries, yet spending per capita in the United States on health care far exceeds costs in any other developed country. In 2011, for instance, this was \$8,508 per capita, 44 percent higher than the second-ranked country, Norway, at \$5,669, and more than double that of the United Kingdom, at \$3,405, ranked fifteenth.⁷

A combination of ideological and fiscal concerns has shaped the American health care system. The primary debates are over whether health care should be a right or a privilege, and how the system should be run. Conservatives believe that access is a privilege earned through workforce participation and provided in the private marketplace as part of the capitalist economic system. In their view, government regulation will create inefficiencies, substandard services, and higher prices. Conservatives often derisively condemn single-payer systems as “socialized medicine.” In contrast, liberals view health care as a right that has no place in a market context where decisions are primarily made on an economic basis. Liberals also argue that service should replace the profit motive.

Health Care from the Truman Presidency to the Obama Administration

President Harry S. Truman (1945–1953) was the first president to propose major health care reforms along the lines of comprehensive coverage for all Americans. But in a time of the rise of the Soviet Union and a paranoid fear of the so-called red peril, these proposals met with cries of “socialism” and went nowhere politically. Limited coverage for the elderly occurred with the enactment of Medicare in 1965, and with Medicaid for the needy in the same year. President Jimmy Carter (1977–1981) was sympathetic to universal health care but did not see the time as right for passage.

In 1993, President Bill Clinton introduced the Health Security Act to move health care toward national health insurance for everyone. At the time, opposition from powerful groups, mainly doctors, insurance companies, and the pharmaceutical industry, was overwhelming and killed the legislation. From an incremental policy perspective, the Clinton administration scored a success when Congress enacted the State Children's Health Insurance Program (S-CHIP) in 1997. This created a federal-state partnership to expand health coverage to uninsured children and pregnant women not eligible for Medicaid or not covered by private insurance.

Lack of major health care reforms during the Clinton and George W. Bush years made several states realize that they could not wait for federal action. In 2003 Maine enacted a voluntary subsidized health insurance plan aimed at small business owners and low-income individuals, with a goal of universal coverage by 2009. Massachusetts followed in 2006 with a goal to provide health care to their uninsured residents within three years. Vermont was next in subsidizing health insurance costs for low-income families and individuals. Illinois, Oregon, and Hawaii also made major strides in coverage for their citizens. Then in 2008, presidential candidate Barack Obama ran on a ticket of reforming health care to cover all Americans.

The Patient Protection and Affordable Care Act of 2010

After intense partisan conflict and considerable watering down of the original proposal, President Obama signed this legislation on March 23, 2010. The act is the most significant federal social welfare legislation in half a century and the most extensive health care policy in U.S. history. Opponents of the act dubbed it “Obamacare,” and this name has come to be used to describe its provisions by its foes and supporters alike (including occasionally Obama himself). It is also referred to in shorthand as the Affordable Care Act (ACA).

The major intention of ACA is to make health insurance affordable for all Americans by requiring everyone to participate in the system and avoid shifting costs. As a result, the nonpartisan Congressional Budget Office estimates that the number of working-age parents and their children who currently have no health insurance will decline by 32 million and coverage will extend to 94 percent of U.S. residents. The remaining 6 percent are mainly those residents who are undocumented immigrants. Some individuals will receive subsidies to help pay for coverage, and small businesses will receive tax credits to assist with coverage for their employees. Several provisions of the law went into effect following signing of the act. Others were phased in, with the entire act implemented in 2016. Despite the claims by opponents of the ACA, it is far from a “government takeover” because medical insurance remains mostly private.

ACA emphasizes prevention and wellness. Insurance companies will no longer be allowed to exclude a person because of a preexisting condition, to cap coverage annually, or to impose lifetime limits on benefits. People with existing health insurance through employment can expect to see lower costs, improved care, and better protection from arbitrary decisions made by the insurance industry. For the more than forty-five million Americans who receive Medicare, the benefits will include decreases in the cost of medication, expansion of primary care, new assistance for the acutely disabled, and protection from senior citizen abuse. Young adults under the age of twenty-six will benefit by being able to remain on their parents’ insurance policies if they have no insurance coverage of their own.

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One controversial provision of the act is the requirement that everyone was required to have health insurance by 2015 or pay a tax penalty. To facilitate purchase of coverage by individuals, each state was encouraged to set up a health insurance exchange to enable individuals to purchase state-regulated insurance plans that are approved by the federal government for subsidies. If a state chose not to set up an exchange the federal government would administer the exchange for the state. Over half the states have not set up an exchange, one of which is Alaska. In July 2012, soon after the mandatory purchase provision of ACA had been upheld by the U.S. Supreme Court, Governor Parnell opted out of setting up an exchange for Alaska and left it to the federal government.⁸ Opponents got a boost to justify their criticism of ACA when the federal government seriously botched the launching of its health insurance exchange in October 2013. But by early 2014 this problem was largely rectified.

Soon after its enactment, two aspects of the ACA were challenged on constitutional grounds by twenty-seven states (including Alaska) and the National Federation of Independent Business. In June 2012 a narrow 5 to 4 majority of the U.S. Supreme Court upheld the requirement that individuals must purchase insurance. In the same case, seven justices ruled that Congress could not constitutionally coerce states into expanding Medicaid coverage, thus making Medicaid expansion entirely optional by the states. Then, in June 2015 the U.S. Supreme Court decided a second major challenge to ACA. In that case, the challengers argued that certain language in the ACA prohibited giving premium subsidies to people who purchased insurance on the federal exchange rather than a state exchange. The Court, in another 5 to 4 decision, rejected the challenge, reasoning that if subsidies were not available for federal exchange insurance, the private insurance market in federal exchange states would be destabilized. This, the Court went on to argue, was an outcome contrary to one of the key purposes that Congress sought to achieve through the act—the provision of affordable insurance.⁹

Alaska's Recent Health Care Policy History

Alaska's record in recent health policy is mixed regarding meeting the needs of its citizens.¹⁰ This can be seen in three key aspects of health policy: attempts to increase coverage and access, the way that the ACA may affect the state, and behavioral health developments.

Coverage and Access

In 1994 Senator Jim Duncan, a Democrat from Juneau, introduced legislation to create a single-payer health system, which would monitor claims and costs in an effort to establish universal coverage. It drew the opposition of health insurance companies and others invested in maintaining the status quo, and did not move through the conservative-dominated legislature. More successful was Governor Knowles's efforts in 1999 to

Anchorage's Project Access Funding Partners

MAJOR DONORS	COMMUNITY PARTNERS
<ul style="list-style-type: none"> • Alaska Department of Health and Social Services—DHSS • Alaska Mental Health Trust Authority • Denali Commission • Municipality of Anchorage • Premera Blue Cross Blue Shield of Alaska • Providence Health Systems of Alaska • Rasmuson Foundation • The Carr Foundation • United Way of Anchorage 	<ul style="list-style-type: none"> • Alaska Emergency Medicine Associates • Alaska Health Fair • Alaska Primary Care Association • Anchorage Access to Health Care Coalition • Anchorage Neighborhood Health Center • Carrs/Safeway Pharmacy • Christian Health Associates • Foraker Group • Orthopedic Research Clinic of Alaska • The Wilson Agency (employee benefit consultants)

Source: Developed by the author.

establish Alaska's version of the S-CHIP program, called Denali KidCare. The federal government paid 72 cents for every dollar spent for the program, and a grant of \$1 million dollars from a major national charitable organization, the Robert Wood Johnson Foundation, facilitated the enrollment of eligible children in the program. This is a good example of a public-private partnership in the provision of social services.¹¹

The previous year, at the local level, the Municipality of Anchorage Health and Human Services Commission sponsored a conference on Access to Medical Care for the Underserved. From this meeting the Anchorage Access to Health Care Coalition emerged. The Coalition evolved into Anchorage Project Access, which began operating in December 2005. The project provides free health care to uninsured individuals with income of less than 200 percent of the federal poverty level for Alaska. Over 350 health-care providers donate their services. Funding comes from state government, private non-profit foundations, and private for-profit businesses. The project is another good example of how public-private cooperation can work to provide needed social services, and it is significant, given that Anchorage accounts for over 40 percent of the state's population. Box 27.1 lists the major donors and community partners in this program.

In 2007, newly elected Governor Sarah Palin created the Alaska Health Care Strategies Planning Council. The Council defined health care as the prevention, treatment, and management of illness, preserving mental and physical health, and dealing with chemical dependency. It submitted its report in December of that year, recommending to the governor and the legislature ways to effectively provide access to quality health care and

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to help reduce health care costs for Alaskans. Another recommendation was to set up a permanent body to advise on health matters. This was done in 2010 when the Alaska Health Care Commission (AHCC) was established by the legislature. Its long-term goal is to make Alaskans the healthiest people in the nation, with access to the highest quality, most affordable health care by 2025. But the fall in oil prices necessitating budget cuts in the 2014 legislative session rendered the Commission inoperative.¹²

The legislature elected in 2006 reflected a change of focus, with an increase in elected Democrats and more moderate Republicans. In the Senate, nine Democrats and six Republicans formed the Bipartisan Working Group (BWG). Besides creation of the AHCC, two senate bills were introduced. One was a measure to increase the number of children eligible for Denali KidCare, the other to provide health care coverage for all Alaskans. Only the Denali KidCare bill passed, which was a step toward providing health care to the several thousand children in the state not covered by health insurance.

Alaska and ACA: Some Likely Effects

Based on the 2010 census, in Alaska approximately 17,000 children (9 percent of the total) and 94,000 adults (18 percent) were without health insurance.¹³ ACA will expand coverage for these groups. After a slow start in the number of Alaskans signed up by the entity set up to administer the ACA in the state, Enroll Alaska, the numbers began to pick up by early 2015. A 2014 DHSS report showed, however, that about 12,000 Alaskans do not have reliable access to health care, particularly specialty care and mental health services.¹⁴ These are mostly low-income Alaskans, some of whom do not qualify for subsidies under the ACA. But there are other reasons, which stem from problems with Alaska's health care delivery system, particularly an inadequate number of health care providers throughout the state. Moreover, ACA may pose challenges for some providers in the state.

In addition, a 2011 report predicted that by 2019 health care costs would increase 2.3 percent because of ACA.¹⁵ As a result, providers may be inclined to limit their practice to patients who have private insurance with higher payment rates than those allowed under Medicaid and Medicare. Alaska also has a large population (18 percent) who are covered by the Department of Defense, the Veterans Administration, and the Indian Health Service and who are not affected by ACA. Generally, because Alaska has a small, less competitive health care market, a continuation of higher fees and access problems are very likely.

Behavioral Health Developments

A prominent part of Alaska's health care history since statehood has been the fight over funding mental health care. It resulted from the particular circumstances of how mental

health was dealt with under the Territory of Alaska and how the federal government chose to transfer the authority and funding to the Territory in 1956. Box 27.2 explains the development and authority of an entity unique to Alaska, the Alaska Mental Health Trust Authority, and its role in funding mental health services. One of the areas in which the authority has gotten involved is funding of mental health programs for young people.

In the early years of statehood, children and young adults with serious mental conditions were usually sent to facilities out of state. In 1985 the state created the Alaska Youth Initiative to provide individualized community-based mental health services for severely emotionally disturbed children who were at risk for institutionalization. In its early years the program was successful in returning to Alaska almost all youths with complex needs who had been placed out of state. But, in 2004, this program was discontinued. Complications in implementation arose from lack of provider training, conflict over coordination at the state level, and difficulty in individualizing programs. The cost of the program in its last year was \$2.4 million. In part, these problems and its limited funding undermined the program's ability to keep in-state or bring home the increasing number of children with mental illness. The number of children placed in out-of-state mental health residential facilities grew from 83 in 1998 to 749 by fiscal year 2004. The cost to the state in Medicaid dollars was \$38 million.¹⁶ In an attempt to deal with the negative consequences of placing children out of state, in 2005–2006 the Alaska legislature and the Mental Health Trust Authority provided funding to create a “Bring the Children Home” initiative. Box 27.3 explains how the program is funded and what it will take to make it a successful state policy for at risk youth.

Turning to the administration of the state's behavioral health services, in 2003 the Murkowski administration undertook a major reorganization of DHSS. The Division of Alcoholism and Drug Abuse was combined with the Division of Mental Health to form a new Division of Behavioral Health. By focusing upon behavioral health, many people with both mental health and chemical dependency disorders who previously tended not to be identified administratively are now visible as a category needing services. This change did, however, pose challenges for providers who previously specialized in either mental health or substance abuse. The division has offered opportunities for both groups to develop competencies to treat clients with combined diagnoses of mental illness and substance abuse disorders.¹⁷

The state's major psychiatric facility is the Alaska Psychiatric Institute (API), located in Anchorage. It is run by DHSS. As of 2015, it had eighty beds and averaged about 1,250 admissions a year. API is the only inpatient psychiatric facility in the state.¹⁸ The state is desperately in need of another psychiatric hospital and other mental health facilities.

The Alaska Mental Health Trust Authority

Before statehood in 1959, very few mental health services were available in Alaska, and the federal government was responsible for these services. Those requiring hospitalization were sent to Morningside Hospital in Portland, Oregon. Then, in 1956, Congress passed the Alaska Mental Health Enabling Act, transferring responsibility for mental health services from the federal government to the Territory and creating a Mental Health Trust. A million acres of federal lands, which the Territory was to select, were provided as a revenue source to fund a comprehensive mental health program.

After statehood, however, the state government did not honor its trust responsibilities. Beginning in 1978, under pressure from powerful interests, the legislature transferred much of this prime land to individuals and municipalities and created wildlife areas, forests, and state parks. By 1982, only 350,000 of the original million acres remained in the Mental Health Trust. In an effort to redress the misuse of these lands, a lawsuit was filed in the Alaska Superior Court in 1982. It was filed by Alaska resident Vern Weiss, on behalf of his son, who required mental health services not available in the state. This evolved into a class action suit, involving other individuals and the Alaska Mental Health Association. The suit claimed that the state had not fulfilled its obligation as a trustee of the land when it removed federal grant lands from the trust.

In 1985, the Alaska Supreme Court held that the legislation transferring mental health lands out of the Trust violated the obligations placed on the state under the 1956 federal act. The court ordered the trust reconstituted, and the state was ordered to pay fair market value, with interest, for all lands conveyed from the trust. In 1986, the legislature established the Interim Mental Health Trust Commission. What followed was eight years of wrangling over fair market value and what groups should be eligible for funds from the trust, among other conflicts, involving the state, developers, environmentalists, mental health interest groups, and the state Supreme Court as the final arbiter. Eventually the Hickel administration sponsored legisla-

tion that constituted the final settlement, approved by the Alaska Supreme Court in 1994. The settlement consisted of the following:

- Creation of the Alaska Mental Health Trust Authority with the right to spend trust income without the approval of the legislature and the authority to provide recommendations to the governor and legislature regarding appropriations from other state revenue sources toward creating Alaska's Integrated Comprehensive Mental Health Program.
- Approximately one million acres of state land would go into the trust. Original trust land would constitute 500,000 acres and the rest would be replacement land.
- The state would give the trust \$200 million in cash.
- Four state boards—the Alaska Mental Health Board, the Advisory Board on Alcohol and Drug Abuse, the Governor's Council on Disabilities and Special Education, and the Alaska Commission on Aging—would represent their specific beneficiary groups and make recommendations to the trust.
- The Alaska Mental Health Trust Authority would be managed by an independent Board of Trustees appointed by the governor and confirmed by the legislature.

The Board of Trustees has formed a partnership with the Alaska Permanent Fund Corporation and the Department of Revenue, Treasury Division, to manage the cash assets of the trust, and with the Trust Land Office of the Department of Natural Resources to manage the Trust's land assets. Programs are being developed for the beneficiaries of the trust, including those with mental illness, developmental disabilities, chronic alcoholism, and Alzheimer's disease and related disorders, as well as traumatic head injury resulting in permanent brain damage. The trust has formed additional partnerships with government, Alaska Native tribal groups, private for-profit providers, and nonprofit providers.

Source: Developed by the author with reference, in part, to the Mental Health Lands Trust website at: <http://www.mhtrust.org/>.

The “Bring the Children Home” Initiative

The “Bring the Children Home” initiative is another good example of a public-private health care partnership. Planning grants are provided to private nonprofit, private for-profit, and Alaska Native providers for new residential facilities. Other grants have been awarded to similar groups for developing community-based services. A broad range of stakeholders serving children must be part of the system to make it work. Furthermore, if children are transferred from an out-of-state institution to an in-state facility without available community-based services, the state will replicate the problems of the Department of Corrections, which houses many adults in the state with mental health and substance abuse disorders.

A partnership was developed between the University of Alaska, the Alaska Mental Health Trust Authority, and the Alaska DHSS Division of Behavioral Health to increase the supply of behavioral health workers throughout the state. The state is also working with Alaska Native health corporations to increase their behavioral health services for children. This will benefit the state when Medicaid-eligible Native children receive services from Native corporations, as the federal government pays 100 percent of the cost rather than a percentage when state Medicaid is used.

Source: Developed by the author.

This is, in part, because many crimes are committed by individuals with mental illness, more often than not a condition that is treatable. Most such offenders end up in prison, and many receive no treatment services. As a result, as across the nation, Alaska’s prisons have a large number of inmates with behavioral issues. This serves neither the individuals concerned nor the state. Apart from the humanitarian aspect of the problem, it increases costs to the state, as we will see later.

Ongoing Challenges and Problems in Alaska’s Health Care Delivery

With the enactment of the ACA, medical insurance coverage of Alaskans may be less of an issue in the future, though this remains to be seen, as coverage has been a continuing concern since statehood. As briefly explained below, early indications are that the ACA poses problems for some Alaskans. Besides coverage, there are other ongoing problems, particularly issues resulting from human and physical geography, costs (including the cost of Medicaid), and provider shortages.

Geographical and Diversity Challenges

Alaska’s small population, estimated to be 737,000 in 2015, inhibits taking advantage of economies of scale in many endeavors, including health care. In addition, the ethnic and social diversity of its people spread over hundreds of thousands of square miles, with

TABLE 27.1

How Much Higher are Medical Costs in Alaska?

TYPE OF SERVICE	PERCENT HIGHER THAN U.S. AVERAGE
Visit to a doctor	35
Hospital cost per inpatient day	56
Medical and surgical	27
Prescription drugs	49
Overall costs	41

Sources: Ingenix, 2011 National Fee Analyzer; Ingenix Almanac of Hospital Financial Operating Indicators, at www.iser.uaa.alaska.edu/Publications/RevisedHealthcare.pdf.

wide discrepancy in income levels, presents the state with critical challenges in providing medical care. Geography creates problems of access, increases costs, and makes it difficult to recruit health care providers. Some basic health care services are available in rural-bush Alaska, but when the need for specialized services arises, travel to hub rural-bush communities, such as Bethel or Barrow, or one of the three major urban areas in Alaska may be necessary. Some treatments may require traveling out of state for many urban residents as well as rural-bush Alaskans.

Alaska Health Care Costs

Table 27.1 shows that in 2011 overall health care costs in Alaska were 41 percent higher than the national average and as much as 56 percent higher for hospital stays. A research summary published by the University of Alaska Anchorage's Institute of Social and Economic Research (ISER) in August 2011 noted that in 2010 health care spending in Alaska totaled \$7.5 billion, or \$10,563 per Alaska resident, compared with a national average of \$7,960 per person. Health care spending in Alaska tripled from 1990 to 2010, and from 2005 to 2010 it increased 40 percent.¹⁹ In 2012 the average annual growth of health care spending for Alaska was 8.4 percent. Only Nevada had a higher growth rate at 9.2 percent. The U.S. average growth rate was 6.5 percent.²⁰ Whether or not ACA can help to slow down this steady increase and lower Alaska medical costs overall remains to be seen.

Early indications are that ACA may pose problems for some Alaskans, particularly in obtaining affordable medical insurance. This, however, is less due to the ACA and more to particular circumstances in Alaska. The state's medical insurance market is so small that it cannot take advantage of economies of scale. For this reason there were only two medical insurance providers in the state as of 2015 but one pulled out of the state in 2016,

leaving just one carrier. Added to this is the high cost of health care in the state. Together this means that the insurance carriers are forced to charge very high premiums to some Alaskans. The individuals most affected include those who do not qualify for premium subsidies because their income is too high and some who are self-employed. They can pay up to \$40,000 a year for premiums for a family of five. Given this, many may take the risk of going uninsured.²¹ This is an issue that requires addressing, though short of the state subsidizing the premiums of such individuals, there is likely not much it can do.

Medicaid in Alaska

Medicaid is a federal entitlement program that provides health care primarily to lower-income people who meet certain criteria. It is funded largely by the federal government, but administered by the states. The states must contribute some funds, a so-called federal fund match, in order to receive the federal monies. Even though Alaska provides only a small percentage match, as noted earlier, Medicaid is a major expense, and its increasing costs are of concern to state officials.

Furthermore, funding for the Indian Health Service (IHS) in Alaska has been flat since the early 2000s and is falling behind due to the population growth of Alaska Natives. As a result, many Natives now receive Medicaid. In fact, 45,000 out of the total Alaska Native population of over 120,000 received Medicaid as of 2014. IHS is the primary payer if the recipient receives services in a tribal health facility, at no cost to the state. However, if a recipient uses a non-IHS facility, the state must contribute to the Medicaid payment. Encouraging Alaska Natives to use IHS facilities can save the state between \$80 and \$100 million a year. An improvement in Alaska tribal health care may be a key to controlling the mounting costs of Alaska's Medicaid program.²²

It is important for the state to maintain its Medicaid federal match, or many health services for specialized groups will cease. All of the nonprofit mental health clinics and substance abuse agencies, plus agencies serving senior citizens and the developmentally disabled, rely heavily on Medicaid reimbursement. For many nonprofits, close to 80 percent of their income is from Medicaid. A provision of ACA provided full federal funding until 2016 for the states to expand Medicaid, after which the state would be required to pay a 10 percent match. This would cover another estimated 40,000 Alaskans.

In November 2013, Governor Parnell indicated that he would not accept this expansion for Alaska. However, Governor Walker made expanding Medicaid a central part of his 2014 campaign and moved on the issue immediately upon taking office by appointing a Medicaid Expansion Project Director in DHSS. His attempts to work with the conservative Republican legislature to expand Medicaid bogged down during the legislative session of 2015, however. This was partly due to ideological clashes between Walker and legislative leaders as well as a financial challenge in the face of significant budget shortfalls

expected for FY 16, FY 17, and most likely beyond. Nevertheless, Walker moved in the summer of 2015 to expand Medicaid by executive action.²³

Major Health Care Provider Shortages

Health care is an important part of the Alaska workforce. In 2011, for instance, there were 23,740 health care workers, 7.6 percent of the total workforce in the state.²⁴ Estimates are that the health care industry in Alaska will lead the state's job growth at least until 2020, with about thirteen thousand more jobs to be added to the workforce.²⁵ While this growth may help somewhat, it is unlikely to overcome the major problems in state provider shortages. Alaska has, in fact, long suffered major shortages in its health care provider workforce.

According to the Alaska Federal Healthcare Partnership, a federal-state voluntary organization to improve access to health care in the state:

Alaska ranks nearly last in the nation in terms of the number of providers compared to the number of patients. To complicate matters almost all doctors and virtually all specialty care is limited to Anchorage and Fairbanks.²⁶

Comprehensive surveys conducted in 2006, 2007, and 2009 confirm this. The figures for the 2009 survey are set out in Table 27.2. The 2007 survey estimated a need for an additional 3,500 providers. As can be seen, the 2009 report showed that this shortage had abated somewhat but was still acute.²⁷ It is likely that the shortage will continue for the foreseeable future.

In both urban and rural-bush areas in Alaska, one aspect of this shortage is that many providers, particularly doctors, will not accept Medicare patients because the reimbursement they receive is low compared with private insurance. In rural-bush areas, it is difficult to attract trained providers, and those who work in an itinerant capacity often stay a short time and are more costly to employers over the long term. Up to 16 percent of rural-bush physician positions in Alaska were vacant in 2004. In 2006, Alaska had a shortage of 375 physicians.

In response to this shortage, the legislature passed a bill, signed by Governor Palin in March of 2007, doubling the number of Alaska medical students who are provided with support in securing their degrees, provided they return to Alaska and practice medicine for a certain period. This move helped compensate somewhat for a 1995 move by the legislature cutting funding for WAMI (Washington Alaska Montana and Idaho; now WWAMI—Washington, Wyoming, Alaska, Montana, and Idaho), a University of Washington Medical School program that allows students from the participating states to

TABLE 27.2

Alaska's Health Care Provider Shortage

TYPE OF PROVIDER	NUMBER OF VACANCIES	PERCENT VACANCY RATE	AVERAGE VACANCY PERIOD
Physicians	99	10.2	18 months
Registered nurses	322	10.1	Two years
Behavioral health	395	10.1	17 months
Allied health	266	5.5	11 months
Dentists	15	2.6	19 months
Pharmacists	37	8.5	15 months
Therapists (physical, occupational, speech)	53	10 to 28	Two years
Other providers	663		
Total	1850		

Source: 2009 Alaska Health Workforce Vacancy Study, Alaska Center for Rural Health, December 2009, at <http://www.uaa.alaska.edu/acrh-ahec/projects/upload/2009workforce09.pdf>.

receive tuition subsidies from their states. The intent of Alaska's participation in WWAMI is to increase the number of physicians practicing in Alaska. With the downturn in state revenues following the summer of 2014, to save money some Alaska Republicans advocated dropping out of the WWAMI program. This would seriously aggravate Alaska's health provider shortage, especially of doctors. But the program may well be on the revenue chopping block if Alaska's revenues picture does not improve.²⁸

Dealing with State Health Issues: The Need for Integration with Corrections and Interpersonal Violence Policies

How should the state tackle these challenges regarding health? Some, such as provider shortages, to the extent that the state has any control over them, are largely health issues. Several other health issues, however, including mental health and substance abuse, which are often associated with crime, require a systematic and integrated policy approach. This is because it is clear from a host of studies that poverty (often accompanied by unemployment or underemployment and low levels of education), crime, interpersonal violence, and certain types of mental illness are interconnected—one condition often leads to one or more of the others.²⁹

The need for integration will become clearer in considering two other policy areas in the following sections and the extent to which an integrated approach is or is not taking place. Then, in analyzing and evaluating social services politics and policy in general, we consider the overall contemporary status of the holistic approach and its future prospects.

3. CORRECTIONS: OLD POLICIES, NEW REALITIES, AND PRAGMATIC CHANGES

Prisons, in terms of their economic impact, are one of America's last surviving and thriving industries. However, there is a significant public policy issue in corrections across the United States and in Alaska: a pending budget crisis as the cost of housing the increasing number of inmates has soared and gobbled up more and more of state and federal budgets. Ironically, the cost and the number of inmates have risen despite clear evidence that crime rates have actually fallen since the 1990s, as documented by such organizations as the Sentencing Project.³⁰ This irony has raised concerns among many politicians and the public and has been the subject of many media stories. For instance, the international news magazine *The Economist* devoted a special report on the situation in July 2013. It is particularly noteworthy that even this conservative publication called for major reforms on both financial and humanitarian grounds.³¹

This section explains the essence of this corrections public policy irony and the attempts to deal with it. Again, it is useful to first place Alaska in a national context. It will also be useful to review Box 27.4, which explains key terms used in corrections and also identifies some problems in obtaining up-to-date and reliable statistics.

Crime and Corrections across the United States Today

The U.S. criminal justice system manifests eight particular characteristics: (1) a high per capita incarceration rate; (2) a disproportionate number of prisoners who are minorities; (3) a major increase in the prison population since the late 1970s, including the mentally ill; (4) high rates of recidivism; (5) prison overcrowding; (6) rapidly increasing costs; (7) using prisoners for prison industries; and (8) a piecemeal, ad hoc policy process driven by politics.³²

U.S. Incarceration, Imprisonment, Recidivism Statistics and a Warehouse for the Mentally Ill

The United States can be described as the “lock-up capital of the world,” incarcerating per capita more inmates than any other country. In 2010, over 7.1 million people across the nation were under correctional supervision of some form (including probation and parole), and 2.4 million of them were in jails and prisons. Table 27.3 (on page 1025) sets out the imprisonment rate for selected states in 2005, 2010, and 2013 and the national incarceration rates for 2005, the last year for which fifty-state statistics are available. There is, however, a national incarceration rate available for 2010 and 2013. At 731 and 716 per 100,000 in 2010 and 2013 respectively, this was the highest in the world as was the rate of 738 in 2005.³³ In 2013, according to the International Center for Prison Studies, the rate for England was 148 per 100,000, for France 98, and Japan 51. The median rate for Southern Europe was 115, and the median rate was 187 for Central and Eastern Europe.³⁴

Corrections Terms and Some Statistical Issues

IMPRISONMENT RATES VERSUS INCARCERATION RATES

These terms are often used interchangeably but they are different.

According to the U.S. Bureau of Justice Statistics (BJS), the *incarceration rate* counts all those in custody per 100,000 of the population. In contrast, the *imprisonment rate* counts inmates sentenced for one year or more to prison per 100,000.

The two rates are calculated differently. The incarceration rate is more inclusive as it counts all those in custody at any one time whether sentenced or not. Thus, the incarcerated population includes the number of prisoners confined in jail, which may include overnight detentions and persons held in halfway houses, camps, hospitals, and so on. As for the imprisoned population, this number is restricted to sentenced prisoners who are housed in prison facilities under the supervision of state or federal correctional authorities.

Consequently, the incarceration rate is a much higher figure than the imprisonment rate. It was over 70 percent higher nationally in 2005, as Table 27.3 shows, with an incarceration rate of 736 per 100,000 of population compared to an imprisonment rate of 491. However, while the BJS calculates the imprisonment rate every year (usually available after a time lag of about six months), it calculates the incarceration rate only once every five years or at longer intervals. The reasons are the BJS's shortage of staff and funding and the lack of interest in the incarceration rate on the part of the states (and state legislatures), who care more about the imprisonment count than custody count. The latest incarceration count was conducted state by state in 2005, but there are national estimates for 2010.

In this and other aspects of corrections, this chapter uses statistics from the BJS, the Alaska Department of Corrections, and private sources. Minor variations in statistics between sources do not detract from the points regarding the issues the nation, the states, and Alaska currently face and will face in the near future in corrections policy.

PRESUMPTIVE AND MANDATORY PRISON SENTENCES

Presumptive and *mandatory* sentences are related but have slightly different meanings. Both relate to state statutes requiring a certain prison sentence, often based on the recommendations of a state commission set up to review prison sentencing. Under *presumptive* sentencing, the statutes call for either a sentence within a statutory minimum-maximum range or the imposition of a specified sentence for more serious or repeat offenders. For example, some states like California have a "three strikes and you're out" provision that sentences a felon convicted of three crimes to life in prison. Some of the most serious offenses, such as murder, rape, and kidnapping, have *mandatory* minimum sentences which fall outside of presumptive sentencing rules.

Presumptive and mandatory sentencing systems give judges less discretion in sentencing when there are extenuating or other circumstances that might warrant a shorter sentence, perhaps combined with other forms of punishment, such as community service.

THE REHABILITATION VERSUS THE RETRIBUTION-DETERRENCE PRISON MODEL

These are two contrasting approaches for those convicted of crimes. While both perspectives view prison as a punishment, they place different emphases on the role of prisons and the length of sentences.

The rehabilitation model sees a major purpose of prison as helping prisoners deal with the reasons for their crimes and to receive aid to function well in society on release and not return to prison. This includes reasonable living and recreational facilities, services for mental health and other counseling, education opportunities (perhaps learning a trade or other skill), and work-release opportunities. Rehabilitation advocates generally favor shorter sentences, support alternatives to prison for lesser crimes, and oppose the death penalty.

In contrast, those advocating the retribution-deterrence model see prison primarily for punishment and long prison sentences as both a form of retribution for society and a deterrent to committing crimes. Generally, they favor “no frills” living and minimal recreational facilities in prisons and only minimal services to help prisoners function in society once released. Retribution advocates also tend to support longer sentences for repeat offenders, and generally support the death penalty.

RECIDIVISM AND REPEAT OFFENDERS

Recidivism is the tendency to commit one or more additional criminal offenses after being released from jail or prison for a first offense. The recidivism rate is defined as the percentage of those released from prison who are rearrested, reconvicted, or returned to prison within three years. So recidivism rates are technically based on prison

releases three years earlier. For example, those for 2015 were based on 2012 releases.

In an attempt to reduce the number of repeat or habitual offenses, both the federal government and the states have enacted what they hoped would be deterrent laws. For instance, Washington State imposes a minimum sentence of ten years imprisonment for a second felony, third misdemeanor, or third petty larceny. In addition, life in prison is imposed for conviction of a third felony, fifth misdemeanor, or a fifth petty larceny.

Various organizations keep statistics on recidivism rates, including the federal and state governments and nonprofit organizations, such as the Pew Charitable Trusts and Released and Restored. The figures for individual states can vary, sometimes widely, depending on the periods under review and which aspects of recidivism are chosen. For political reasons, states often put their recidivism rates in the best possible light.

Source: Developed by the author.

Moreover, the disproportionate number of minorities in U.S. prisons is a long-term and consistent phenomenon.³⁵ In 2013, non-Hispanic African Americans, at 37 percent, made up the largest portion of male inmates, compared to non-Hispanic whites at 32 percent, Hispanics at 22 percent, and all others at 9 percent. As of December 2013 there were 1,412,745 men and 104,134 women in state and federal prisons, which put the imprisonment rate for men at 904 and 65 for women per 100,000 of population. Furthermore, the rate varied starkly with race and gender. While the imprisonment rate per 100,000 for males was 466 for whites, it was 1,134 for Hispanics and 2,805 for African Americans—over three times the national average. The figures for women were 65 per 100,000, with whites at 51, Hispanics at 66, and African American women at 113—nearly twice the national average for women.

The disproportionate number of imprisoned African Americans becomes even starker when one considers that in 2013 non-Hispanic African Americans accounted for 37 percent of the total prison population, but in that year they made up only 13.2 percent

TABLE 27.3

Imprisonment and Incarceration Rates for 2005, 2010, and 2013
(Totals, Rates per 100,000, and Ranking among the Fifty States)

State	INCARCERATION AND IMPRISONMENT RATES FOR 2005					IMPRISONMENT RATES FOR					
	Sentenced Inmates	Total Incarcerated	Imprisonment Rate and National Ranking	Incarceration Rate and National Ranking	Total	2010			2013		
						Sentenced Inmates	Imprisonment Rate and National Ranking	Incarceration Rate and National Ranking	Sentenced Inmates	Imprisonment Rate and National Ranking	Sentenced Inmates
Alaska	2,781	4,678	414 - 22	705 - 19		2,429	340 - 34		2,682	364 - 28	
California	168,982	246,317	466 - 16	682 - 21		164,213	439 - 20		135,981	353 - 31	
Kansas	9,068	15,972	330 - 35	582 - 30		9,051	317 - 36		9,506	328 - 34	
Louisiana	36,083	51,458	797 - 1	1,138 - 1		39,444	867 - 1		39,298	847 - 1	
New York	62,743	92,769	326 - 36	482 - 37		56,461	288 - 39		53,428	271 - 37	
Missouri	30,803	41,461	529 - 7	715 - 18		30,614	508 - 9		31,537	521 - 10	
Montana	3,509	4,923	373 - 28	526 - 35		3,716	378 - 27		3,642	357 - 29	
Texas	159,255	223,195	691 - 2	976 - 3		164,652	648 - 4		160,295	602 - 5	
Vermont	1,542	1,975	247 - 43	317 - 47		1,649	265 - 42		1,575	242 - 42	
Wyoming	2,047	3,515	400 - 23	690 - 20		2,112	385 - 26		2,310	395 - 21	
National Average	N/A	N/A	491 - N/A	738 - N/A		N/A	497		N/A	478	

* This table excludes Nevada, as the Bureau of Justice Statistics provided no 2013 imprisonment data for the state.

Sources: Developed by the author from the U.S. Bureau of Justice Statistics: Prison and Jail Inmates 2005. Retrieved December 29, 2011, at <http://bjs.ojp.usdoj.gov/content/pub/pdf/pjim05.pdf>; Prisoners in 2010. Retrieved December 21, 2011 at: <http://bjs.ojp.usdoj.gov/content/pub/pdf/p10.pdf>; and the U.S. Bureau of Justice Statistics, Prison and Jail Inmates and Midyear 2005. Retrieved December 29, 2014 at: <http://bjs.ojp.usdoj.gov/content/pub/pdf/pjim05.pdf>.

ALASKA POLITICS AND PUBLIC POLICY

of the U.S. population. African American male and female inmates had higher imprisonment rates across all age groups. Less stark, but still disproportional, was that in 2013 Hispanics (including Latinos and mixed race Hispanics) were 21.9 percent of the total jail and prison population compared with 17.1 percent of the national population.

The United States also has the highest recidivism rates in the Western world. A 2011 report showed that U.S. national recidivism rates have stayed consistent since the late 1990s. They were 45.4 percent from 1999 to 2002, but down slightly at 43.4 percent from 2004 to 2007. In the latter period, Minnesota had the highest rate at 61.2 followed by California with 57.8. Oregon had the lowest at 22.8 followed by Wyoming at 24.8. Alaska, at 50.4 percent, had the sixth highest rate in the nation.³⁶ The U.S. average contrasts with other countries over the period since 2000. Norway had the lowest recidivism rate of 20 percent, Canada's and Sweden's was 35 percent, and Japan's was just under 39 percent.³⁷

Finally, American prisons have become a warehouse for the mentally ill. It is estimated that over half a million mentally ill Americans who are arrested or convicted of crimes are put in prisons or jails each year instead of being placed in psychiatric hospitals. Most cases are treatable, but treatment is rarely available. Consequently, prisons are facing an increasing demand for mental health treatment services.³⁸

Explaining It All

How can all this be explained, given falling crime rates?

The major reason for high incarceration rates is most likely the hardening attitude to crime that occurred in the 1970s and worked its way into public policy in several ways. At that time there was rising juvenile and other crime, partly fueled by the rise of the drug culture. For good reason, crime gets the public very agitated, becoming a high-profile issue, and thus a high-priority political issue for many politicians. Elected officials could have approached the problem through continuation of the rehabilitation model that was largely in place at the time. However, conservative ideology took over the criminal justice system, and the rehabilitation approach was replaced with a retribution-deterrence model.

A major foundation and justification for this changing attitude was a 1974 article published by sociologist Robert Martinson titled, "What Works?" The article discredited the idea that rehabilitation of prison inmates is ever possible. In Martinson's words, "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism."³⁹

This idea appealed to both liberals and conservatives for different reasons. To liberals, it pointed out the injustice surrounding indeterminate, lengthy sentencing, and forced treatment. To conservatives, anything that promoted retribution was fine. If nothing worked, then it would be easier to convince an already frightened public that longer

sentences and capital punishment were necessary for their safety. So “nothing works” became the slogan of criminal justice policy.

Also from the late 1970s onward, conservatives got the political upper hand in most states, and so the retribution model took deep root. Policies that resulted were the reintroduction of the death penalty in many states, increased sentences (including mandatory sentences for certain crimes), a substantial increase in parole and probation revocations, and a general increase in prison admissions. In this regard, a report from the Sentencing Project stated that since the inception of the War on Drugs, “longer prison terms have fueled the prison population expansion.” The report further connected this increase with fewer parole releases and the “three strikes” laws (mandating life in prison on the third offense), which have resulted in 1 in 11 inmates being imprisoned for life.⁴⁰ As a consequence, the mission of criminal justice moved from transformative to managerial. This philosophy remains in force to this day, though it may be about to change.

As to an explanation for the high percentage of incarcerated minorities and the high rates of recidivism, space does not permit an in-depth consideration of either. However, the high percentage of minorities in prison is likely due to a combination of poverty (a major incentive for crime), illegal substance abuse and distribution, domestic violence, and racial profiling. High recidivism is more than likely associated with the policy of prison as retribution over rehabilitation. Many inmates are not prepared for life on the outside when they are released. By contrast, Norway’s liberal rehabilitation prison philosophy results in low rates of recidivism.

The reasons for using prisons as warehouses for the mentally ill are complex. Money is part of the reason, with more political pressure to fund prisons, education, and transportation than psychiatric hospitals. Another element is less discretion on the part of judges to order mental treatment as opposed to prison, due to mandatory sentencing rules. In addition, conservative control of many state governments since the 1980s has placed less emphasis on treatment and more on punishment.

The Consequences and Some Tentative Policy Approaches

Increased incarceration and tougher treatment of offenders has led to the twin problems of prison overcrowding and skyrocketing corrections budgets across the nation. Both prison overcrowding and increased costs result largely from the phenomenal increase in the U.S. prison population due to the “get tough on crime” movement. This explosion in the prison population was accompanied by skyrocketing state budgets for prisons after 1980. Adjusted for inflation in 2010 prices, these budgets increased from \$3 to \$16 billion from 1980 to 1994 and had reached \$39 billion by 2010, an increase of 1,300 percent in just over thirty years.⁴¹ Many states, including perhaps the most high-profile case of California, are under court orders to reduce prison overcrowding.⁴² From two inmates

to a cell in the 1970s, many prisons have three or four. Dining rooms and other facilities are stretched to the point of bordering on inhumane treatment, if unintentionally. Part of the overcrowding problem is due to high recidivism rates in the absence of an attempt to rehabilitate many prisoners and using prisons as warehouses for the mentally ill.

Skyrocketing costs and legal problems with overcrowding have set off political alarm bells among the public and have started to soften attitudes favoring long prison sentences. According to the Pew Research Center, in 2012, 48 percent of the public surveyed supported reducing funding for state prisons. The report concluded that, judging by recidivism rates, the present criminal justice system was not working and badly needed reforming.⁴³ These attitudes have been reinforced by prominent public figures calling for reform. At the 2013 American Bar Association annual conference in San Francisco, for example, both former U.S. Attorney General Eric Holder and former U.S. Senator Hillary Clinton made speeches calling for a serious rethinking of the “get tough on crime” policies of a generation ago.⁴⁴ Then in April 2014, the U.S. Justice Department issued details of a plan to consider clemency for thousands of people who are imprisoned on nonviolent drug charges and who had also served at least ten years of their sentences. And in March 2015 a bipartisan group emerged in Congress to reform prison sentences.⁴⁵ In line with its new policy, the U.S. Justice Department released 6,000 federal prisoners in October 2015. This was the single largest prisoner release in U.S. history.⁴⁶

At the state level, pressures from the public, as well as budgetary concerns, are forcing conservatives from Florida to California to subordinate ideology to practical considerations and reconsider corrections policy. Two ways that states have tried to offset costs is by using private prisons and prison industries. There are several private prison companies in the United States, such as the Corrections Corporation of America (CCA), which is the largest. Private prisons appeal to many states as a way to deal with overcrowding when they cannot afford or do not wish to build and maintain new prisons. Corporations like CCA have seen their profits mushroom over the past several decades as the prison population has steadily climbed. The use of private prisons aligns with the conservative philosophy of utilizing the free enterprise system as much as possible, though in the long run, it may not reduce corrections costs.⁴⁷ Liberals argue that private prisons place profit above the welfare of the prisoners and reduce public accountability, which does not serve the interests of the inmates or society in the long run.

As to prison industries, since the early 1990s, federal and state prisons have partnered with private companies to make, sell, and provide everything from furniture to auto parts to call center services. In 2009, the last year for which comprehensive national figures are available, approximately 100,000 inmates were employed in prison industries, and the annual sales of goods and services reached \$2.4 billion.⁴⁸ This is a small fraction

of the cost of prisons and incarceration facilities, and these facilities will likely never be self-supporting. However, in many cases, working in a prison industry provides inmates with work experience that may help them when they are released and thus reduce recidivism rates.

The fragmented and incremental policy-making process, the dominance of conservative approaches to corrections in recent years, and the power of certain interests, particularly prison guards and economic development interests, means that there is virtually no systematic planning in corrections policy. In addition, little attempt is made to integrate corrections policy with other social services programs, such as those for mental health and interpersonal violence. Political ideology tends to dominate in corrections policy making. As we will see below, it often takes the courts or a policy entrepreneur to defend or push the political cause of inmates.

Crime and Corrections in Alaska: Administration and Variations on National Trends Past and Present

In several ways Alaska's corrections system reflects national trends, though, as might be expected, with particular Alaska elements. Before looking at how these trends play out in the state, we briefly describe the administrative organization of corrections in Alaska. The nature of this organization throws light on many issues that have occurred and the policies developed to deal with them, as well as likely future directions in corrections policy.⁴⁹

Before statehood in 1959, all aspects of criminal justice in Alaska, including corrections, were run by the federal government. For a quarter of a century after statehood, corrections were administered by the DHSS. Then, in 1983, Governor Bill Sheffield created a Department of Corrections (DOC) with its own commissioner and budget. Unlike most states, but similar to Connecticut, Delaware, Hawaii, Rhode Island, and Vermont, Alaska has a unified corrections system with all prison facilities administered by the state but with some local jails for short-term incarcerations.

Crime, Incarceration Rates, and Recidivism in Alaska

In recent years, a rather puzzling picture has emerged as far as crime in Alaska is concerned. According to Table 27.3 (on page 1025), using the imprisonment rate between 2005 and 2013, the crime rate in Alaska decreased from 414 to 364 per 100,000 population and was as low as 340. Also, Alaska's crime rate among the states dropped from 22 to 28 in rank from 2005 to 2013 and was in the bottom third of the states at 34 in 2010. On the other hand, according to Table 27.4, during the same eight-year period, Alaska had by far the highest rate of violent crimes. As in the nation, however, the evidence clearly suggests that since the mid-1980s there has been a decrease in the crime rate in Alaska. Adjusting for population increases, a 2009 research report by the University of Alaska

TABLE 27.4

The Rate of Violent Crimes and Rape in Selected States for 2005, 2010, and 2013

(Number of Crimes per 100,000 of State Population)

State	VIOLENT CRIME			RAPE		
	2005	2010	2013	2005	2010	2013
Alaska	631.9	638.8	640.4	81.1	75.0	87.6
California	526.3	440.6	402.1	26.0	22.4	19.5
Kansas	387.4	369.1	339.9	38.4	45.0	38.9
Louisiana	594.4	549.0	518.5	31.4	27.2	26.9
Missouri	525.4	455.0	433.4	28.0	23.9	26.5
Montana	281.5	272.2	252.9	32.2	32.4	28.3
New York	445.8	392.1	393.7	18.9	14.3	13.1
Texas	529.7	450.3	408.3	37.2	30.3	28.4
Vermont	119.7	130.2	121.1	23.3	21.1	14.5
Wyoming	230.1	195.9	205.1	24.0	29.1	24.7
National Average	469.2	403.6	367.9	31.7	27.5	25.1

* The figures shown in this column for the offense of rape were estimated using the legacy Uniform Crime Reports (UCR) definition of rape.

Source: Developed by the author from the Federal Bureau of Investigation (FBI UCR), Crime in the United States in 2005, 2010 and 2013, by State, at <https://www2.fbi.gov/ucr/05cius/>; <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/tables/10tbl05.xls>; and http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/5tabledatadecpdf/table_5_crime_in_the_united_states_by_state_2013.xls.

estimated this drop to be about 30 percent.⁵⁰ Yet, as in the rest of the nation, over these years the number of those incarcerated in Alaska has increased markedly despite the decrease in crime.

The incarceration rate increased 700 percent in the twenty years from 1977 to 1997, while the state population increased just over 50 percent. Twelve years later, in 2009, Alaska was one of the top eight states in per capita prison population.⁵¹ Likely there was an increase in crime because of the mass influx in the mid-1970s of people who arrived to build the oil pipeline. But the major reason for the increase in the prison population was the passage of presumptive sentencing in 1978, which took effect on January 1, 1980.⁵² This Alaska “get-tough-on-crime” attitude reflected the national trend. Like that trend, it had ripple effects and consequences that are ongoing.

The total number of Alaska prisoners in the custody of DOC held both inside and outside the state increased from around 600 in 1977 to about 4,300 in 1997, rising to 4,734 in 2011 and 5,013 in 2013.⁵³ Alarmingly, however, according to the study by the University of Alaska Anchorage (UAA) Justice Center, based on DOC data, the number of inmates is projected to be 10,500 by 2030.⁵⁴ As Table 27.3 shows, Alaska's imprisonment rate from 2005 to 2013 was close to that of Wyoming, a state with a similar population and economy. Both states also had similar incarceration rates in 2005. Alaska, with 705 per 100,000, ranked nineteenth in the nation, with Wyoming at 690 ranking number twenty. For reasons explained in Box 27.4, there are no national rankings for incarceration rates since 2005.

Another report by the UAA Justice Center found an interesting contrast between men and women prisoners in Alaska. From 2005 to 2014 a gender shift occurred in the state's prison population. The post-conviction incarceration rate increased by 27.5 percent for women but declined for men by 4.4 percent. Of the approximately 5,100 people in Alaska prisons in 2014, close to 600 were women. The reason for the increase in the female population is unclear, and as of early 2016 the DOC was looking into it.⁵⁵

As noted in Box 27.4, statistics on rates of recidivism vary depending on whether one uses state, federal, or private data sources. We noted earlier that a survey by the Pew Charitable Trusts assessed this at 50.4 percent for Alaska in 2011, putting the state at the sixth highest in the nation.⁵⁶ However, the Alaska DOC has long put the recidivism rate much higher. Between 2006 and 2010 the DOC calculated the rate at between 66.03 percent in 2007 and 63.54 percent in 2010. The lower Pew recidivism numbers are disturbing enough, but if the higher DOC's numbers are used, Alaska is ranked in the top two or three states in the nation for recidivism. Consequently, reducing recidivism is a major goal of the Alaska DOC.⁵⁷

The Demographics of Alaska's Inmate Population

Reflecting the national picture, Alaska's inmate population includes a disproportionate number of minorities. But reflecting Alaska's overall demographics, it is not African Americans who are the primary minority in prisons, but Alaska Natives. Nevertheless, African Americans are still the most disproportionately represented in Alaska prisons. In 2013, for example, they composed 9.6 percent of the prison population—over three times their proportion in the state population of 3.9 percent. Next came Alaska Natives at 36.7 percent of the prison population, but composing only 15 percent of the state population. In contrast, while Caucasians made up about 67 percent of the state population, they account for only 46.7 percent of inmates. An even starker contrast is that of a combination of Asians and Hispanics, who made up 6.4 percent of inmates but about 12.4 percent of the Alaska population—an Alaska anomaly compared with the nation at large.⁵⁸

Alaska Prisons as Warehouses for the Mentally Ill and the All-Pervasiveness of Substance Abuse

According to a 2002 report, close to 40 percent of inmates in Alaska have a mental illness. Using data from the DOC, the 2009 report by the University of Alaska estimated a similar figure at 36 percent. Of the latter figure, 6 percent suffered from mental illness alone, while 30 percent suffered from mental illness plus substance abuse problems, and another 60 percent of inmates have substance abuse problems. This is a total of 96 percent with mental illness, substance abuse problems, or both and only 4 percent of inmates with a diagnosis of neither mental illness nor substance abuse.⁵⁹

These statistics provide another compelling reason to integrate social services policy in dealing with crime, mental health, behavioral health (mainly alcohol and drug abuse), and, as we will see later, domestic violence and child abuse policies. However, since 2002 there have been cuts in the state's behavioral health system, particularly under Governor Murkowski (2002–2006). These cuts included eliminating drug treatment programs in thirteen corrections facilities. Only three programs remain, mainly because there is a federally funded match for services provided.

Because of these and other cuts, treatment today primarily involves the use of psychotropic medication and inmate segregation, highlighting the inadequacy of the state's behavioral health system. Substance abuse and behavioral health are major problems in the state and are significant factors affecting crime and incarceration rates.

Crime and Corrections in Alaska: Three Dominant Interrelated Policy Issues

From the late 1970s onward, as in the nation as a whole, many concerns manifested themselves regarding Alaska's correctional system. These included the disproportionate number of minorities imprisoned (particularly Alaska Natives and African Americans), the lack of mental health services available and the minimal attention to rehabilitation (despite the guarantee of the right to rehabilitation in Article I, Section 12, of the Alaska Constitution), prison overcrowding, the need to build more prisons, and increasing costs. Low oil prices after 1986 and Alaska's increasingly conservative legislatures after 1990, combined to produce a reluctance on the part of state government to deal with the racial, mental health, and rehabilitation issues. However, the state could not avoid dealing with the overcrowding issue, the pressure to build more prisons, and the increasing costs, all three of which are interrelated.

Prison Overcrowding and the Out-of-State Prisoner Issue

As in other states, Alaska's prison population mushroomed after 1980 and soon led to overcrowding in Alaska's prisons. This posed some immediate challenges, and the fallout continues to this day. A sentencing commission established by Governor Cowper (1986–1990) and a Criminal Justice Cabinet established by Governor Knowles in 1995, both

came to similar conclusions on how to address the issue: (1) reduce sentences, (2) reduce the number of prisoners, (3) develop alternatives to prison, and (4) build more prisons.⁶⁰

In the atmosphere of “get tough on crime” in the 1970s and beyond, and in light of the laws on presumptive and mandatory sentences, the first three recommendations from these two groups were not viable options as far as the legislature was concerned. So the only approach was to build more prisons. In fact, the state was required to expand the capacity of its prisons and make them more humane places for inmates in response to court rulings and ultimately a settlement in *Cleary v. Smith*. The case stemmed from prison overcrowding and is one of the landmark legal decisions in Alaska political history. The details of the *Cleary* case and its legal, political and administrative ramifications are explained in Box 27.5. The overcrowding issue had been building in the late 1970s as the prison population began to increase. As one way to deal with this increase, the state had arranged with the Federal Bureau of Prisons to house some prisoners out of state. For these prisoners, the court’s decision was based in part on the premise that the humane action was to bring them home to be nearer to their families.

The Prison Construction, Maintenance, and Operation Issue

The rise in the prison population in the early 1980s, and subsequently the *Cleary* settlement, forced governors and legislatures to embark upon prison construction programs. Partly because of the enormity of the cost of prison construction, maintenance, and operation, these proposals were usually highly controversial and formed a central element in corrections politics that continues to this day. While realizing the need to spend money on prisons, conservative Republicans have generally worked to keep these costs to a minimum. This includes a “no frills” provision in state prisons mandating the bare minimum in cells and recreation facilities. In addition, out of necessity and at the urging of Republicans and some other interests, the state has engaged in partnerships with the private sector for providing prison services of various types and has also explored other possibilities.

One area in which the state has used the private sector is housing its out-of-state prison population. Prior to 1994 it used Federal Bureau of Prisons facilities, but as the populations in these facilities soared and some federal facilities were closed, Alaska had to find additional out-of-state facilities. So that year Alaska’s Corrections Commissioner Frank Prewitt signed a contract with CCA (Corrections Corporation of America) to house over two hundred Alaska prisoners at a facility in Arizona. At the end of 2007, approximately 1,060 prisoners were confined in Arizona. In 2009 the contract was transferred to the Cornell Corrections Corporation, and the prisoners were moved to its facility in Hudson, Colorado.⁶¹ As noted below, building Goose Creek prison near Anchorage finally made it possible to bring the 1,000 or so inmates at this facility back to Alaska

BOX 27.5

The *Cleary* Case: Dealing with Overcrowding in Alaska's Prisons

In 1981, a group of inmates in Alaska filed a class-action lawsuit in the Alaska Superior Court, claiming that conditions in Alaska's prisons violated the Eighth Amendment of the U.S. Constitution and Article I, Section 12, of the Alaska Constitution prohibiting cruel and unusual punishment. The suit, *Cleary v. Smith* (commonly known as the *Cleary* case), was named after Michael Cleary, the lead plaintiff in the lawsuit. The suit addressed problems of overcrowding, living conditions, and rehabilitation opportunities in Alaska's prisons. At the time, state courts around the country were showing willingness to review prison conditions, and ten states were under court orders to improve these conditions. There was also the prospect of federal court intervention if Alaska did not respond.

In 1983, a partial settlement agreement was approved by the state Superior Court covering matters such as recreation, the use of phones, clothing, access to law books, and education and counseling services. Part of the agreement required the state to build a maximum security prison to bring home Alaska prisoners housed in federal prisons located in other states. Partly to comply with this requirement, the state built the 486-bed Spring Creek Correctional Center in Seward that opened in 1988.

That year, the state, represented by the Attorney General, and the counsel for the inmates entered into final settlement negotiations over twenty-five issues that were raised by the inmates. After eighteen months and 350 hours of face-to-face negotiations, a final settlement agreement was presented to the Superior Court for approval. The eighty-seven-page document was presented to Superior Court Judge Karen Hunt and distributed

to the state's 2,400 inmates for comment. On September 21, 1990, Judge Hunt approved the final settlement agreement (*Cleary* Final Order, 3AN-81-5274 CIV). The settlement was a form of contract and thus legally binding on the state, specifically the Department of Corrections. Inmates could sue for contempt of court to ensure compliance with the settlement.

Specific mandates were included in the settlement. Most significant was the one regarding overcrowding. Population caps were created for each prison. If the state exceeded an emergency population level for thirty days, it would have to inform the court as to how it planned to relieve overcrowding. The court could impose fines if limits were exceeded. In addition to a specified square-foot-per-inmate formula, there were requirements regarding recreation space and other opportunities and rights for prisoners.

The settlement also called for the creation of a separate unit to treat inmates with mental illness and the construction of a women's prison by July 1, 1994. Other sections of the settlement included staffing levels, facility and operational requirements, classification and administrative segregation policies, and the use of discipline and grievance procedures. As well as enforcement, the settlement provided for monitoring and modifications of the provisions. The major changes mandated by the *Cleary* case were consistent with suggested guidelines of the American Correctional Association that accredits correctional facilities. The settlement has substantially reduced the flexibility once afforded to the Department of Corrections.

Source: Developed by the author.

beginning in 2012. One of the last outstanding directives of the *Cleary* settlement was finally realized.

Alaska also considered building private prisons in the state as a means of reducing initial costs to the state, among other reasons for pursuing the private prison route explained earlier. But this was and remains a highly contentious issue. On the one side were some conservative Republican legislators and other public officials hoping to save money, along with private corrections companies and their Alaska agents. On the opposite side were many Democrats, and many residents of the proposed communities where the prisons would be located.⁶² Also, state employee unions did not want a private provider running a prison because of the lower wages and benefits that would be paid and the potential long-term threat of the entire correctional system being privatized.

As of 2016, it appeared that prison construction, maintenance, and operation would be performed by public authorities in Alaska for the foreseeable future. The legislature authorized a new 396-bed jail in Anchorage that opened in 2002. Then, as part of regional expansions that also included Bethel, Seward, and Fairbanks, in 2004 the legislature authorized the DOC to develop a contract for a new \$330 million prison in the Matanuska-Susitna (Mat-Su) Borough. This venture was a partnership between local government, contractors, and the state in the building and operation of the prison. Box 27.6 examines the politics behind this venture which became known as the Goose Creek prison.⁶³

The private prison option may not yet be dead, and it may well be revisited as a result of the major shortfall in state revenues beginning in late 2014 and into 2016 and the major budget cuts that this shortfall required. Governor Walker hinted at this possibility in his State of the State speech in January 2015.⁶⁴ So the debate continues.

Prison Costs: Soaring Operating Budgets but Stable Costs per Prisoner

Like all states, Alaska has seen its corrections budget skyrocket since the early 1980s. The most revealing figures are in the operating budget. While the DOC has certainly taken an increased share of the capital budget, this has varied depending on the year. Some of the variation is because municipalities have funded some new construction for prisons, as explained in Box 27.6 on the Goose Creek prison. So tracking DOC's capital budgets does not give an accurate picture of the soaring costs of corrections in the state.

Exact figures for operating budgets are hard to come by before Corrections became a separate department, but a good estimate for 1983 when the DOC was created is \$22 million.⁶⁵ Adjusted for inflation to 2014 prices this was approximately \$50 million. Corrections budgets from 1990 onwards are more readily available.⁶⁶ The corrections operating budget had risen to \$98.7 million by 1990, to \$181.45 million by 2005, and to \$333.6 million by 2014. Adjusted for inflation, the 2014 budget was 32 percent higher

The Politics of Building the Goose Creek Prison

A common element of including high-cost items in state budgets, like schools, transportation infrastructure, and prisons, is that they often get mired in politics. Building these facilities is not just about educating students or providing the best transportation or corrections system, but often involves a complex combination of forces, including economic development, political payoffs, and political ambitions, as well as the needs expressed by professionals in state and local government regarding these services. So it was with the Goose Creek Correctional Center (GCCC).

The prison, located across Knik Arm northwest of Anchorage near Point Mackenzie in the southwest Mat-Su Borough, is a medium security facility, which began taking in prisoners in 2012. When it operates at full capacity, GCCC will provide 1,536 beds with a staff of up to 350. The final authorization for the prison came in Senate Bill (SB) 65 in 2006 sponsored by Senator Lyda Green of Mat-Su and based on the original authorization adopted in 2004. The prison traveled a very rocky political and financial road from authorization to operation.

From the point of view of corrections professionals in DOC and some politicians, the prison has several purposes. One is to bring home most of the remaining inmates from the private correctional facility in Colorado. A related purpose is to get Alaska out of the private prison business completely even though it will cost several million dollars more each year to house the prisoners in Alaska than in a private out-of-state facility. Another purpose, one pushed particularly by the DOC commissioner at the time, Joe Schmidt, is to gear the prison toward rehabilitation. This is part of the reason the prison was scaled back from a 2,200 bed, maximum security facility to its mostly medium security purpose. The decision occurred after looking at effective methods of reducing recidivism. The prison has a number of programs, including education, substance abuse, job training, mental health, and parenting programs to create behavioral change and provide skills prisoners need to be successful when returning to the community.

From the perspective of the Mat-Su Borough, the prison was primarily an economic development and jobs project. This is where the finances and politics get murky both in the raising of funds and the letting of contracts. SB 65 called for the borough to

own the prison (rather than act as a custodian of a state-owned facility) and to lease it to the state for a twenty-five-year term at \$17.6 million a year. The bonds used to construct the prison were supposed to be owned by the borough, but instead Mat-Su listed them as held in trust for the State of Alaska. As a result, the original bond offering threatened the state's credit rating.

With a price tag of over \$240 million (scaled back from the original \$330 million), the prison was of great interest to local contractors. Of the total cost, \$225 million went to Nester Construction of Anchorage for designing and building the prison. Rather than run the utilities themselves, the borough hired Valley Utilities, a Wasilla company set up specifically for the purpose by several politically well-connected developers. Other bids for this contract were rejected with little explanation.

Central to the complexities of the financing and the political maneuvering was Senator Green, who held the powerful position of Senate President from 2007 to 2008 following her sponsorship of SB 65. What her motives were in pushing for Mat-Su to own the prison and provide major benefits for local contractors is unclear. Was it a payoff for past political support, a move to aid her reelection, a power play against other politicians and perhaps regions of the state, or a combination of all these? The political waters of the project were further muddied by a major personality conflict between Senator Green and Governor Sarah Palin. Although both left the Alaska political stage by mid-2009, their animosity was an impediment to solving many issues regarding the prison that arose during ensuing legislative discussions.

Other factors that complicated the project included floating the bonds during the financial crisis of 2008, which caused a major increase in interest rates, and the fact that the prison was located far from existing utilities, adding considerably to its cost. These and other details were not worked out in the original bill. Issues like the provision of electric services and wastewater treatment (involving Valley Utilities) were at the forefront of later legislative discussions. In addition, the regional competition for funding of projects that exists in Alaska meant that many legislators from other regions were not supportive of the project.

Source: Developed by the author.

than that of 2005, almost twice that of 1990 and a 600 percent increase since the early 1980s. From taking 2 percent of the total state operating budget in 1990, in 2014 corrections took double that at 4 percent. The peak year was 2005, when it took 5 percent.

This increase in the share of the operating and capital budgets going to corrections has meant less money for other services because the cost of building and operating prisons in Alaska, as elsewhere, is enormously expensive. For instance, the Anchorage jail, which opened in 2002 to house just under four hundred inmates, cost \$58 million to build, about the cost of a high school for one thousand students. And in addition to over \$17 million a year in lease payments the state makes to the Mat-Su Borough for use of the Goose Creek prison, it will cost the state \$50 million a year to run the facility if it operates at full capacity.

Added to this, housing prisoners is not cheap and never has been. In 2012 it cost an average of \$49,000 a year to house an Alaska prisoner. That works out to \$135 a day, about the cost of a hotel room in Anchorage, Juneau, or Fairbanks outside of the tourist season.⁶⁷ This yearly figure is about 70 percent above the national average, as explained earlier, but on a par with many northeastern states (such as Rhode Island at \$44,860 and Massachusetts at \$43,026) having the lowest imprisonment rates.⁶⁸ Alaska's cost per prisoner when factoring in inflation has stayed fairly constant since the early 1980s. In fact, it was probably much lower in 2012 than in 1985, when it was the equivalent of \$59,000.⁶⁹ It declined considerably from the mid-1990s onward as the "get-tough-on-crime" movement took firm hold. So the increase in the corrections budget over these years is the result of increased numbers of prisoners, not because the state is spending more money per prisoner.

The costs of the "get-tough-on-crime" movement in Alaska did not just affect the DOC's budget, however. It first sent financial ripples and later financial waves across the broader criminal justice state budget. This included the court system needing more judges and support staff, the Department of Public Safety needing more state troopers and related services, the Department of Administration needing more public defenders, and various divisions in DHSS needing more funds to deal with more families and children in need.

Future Corrections Policy in Alaska: A New Philosophy or a New Political Necessity?

In their 1999 evaluation of corrections politics and policy in Alaska, Campbell and Pugh wrote:

In Alaska . . . policy makers confront the need to build a balanced criminal justice system that is responsive to public protection, the rights of victims, the reformation of the offender and the public's concern about government spending.⁷⁰

ALASKA POLITICS AND PUBLIC POLICY

This statement paraphrases Article I, Section 12, of the Alaska Constitution, with the added element of spending.⁷¹

Campbell and Pugh also identified two underlying characteristics of Alaska's corrections policy making. The first is a tension between corrections professionals and politicians, with many of the latter responding to the high-profile emotional issue of crime. In this regard, Campbell and Pugh contend that perhaps no other political issue is the subject of more political rhetoric (reflecting populist demands and playing to the crowd) and political symbolism (appearing to take meaningful action). The second characteristic is that, like so many other policy areas in the state, effective corrections policy is stymied by a fragmented policy-making process.⁷² This hinders integration of various aspects of criminal justice policy, which could deal more effectively with many correctional issues, particularly lowering the inmate count.

In combination, the Campbell and Pugh statement and the two characteristics they identified exemplify the challenges that have continued in corrections policy. Since the early 1980s, as in other states, a balance among the concerns of public protection, victims' rights, the reformation of offenders and spending has, for the most part, not been achieved in Alaska. To some extent public protection and victims' rights may have advanced since the 1980s, but little has been done to reform offenders, and the state has lost control of its corrections budget. Overall, the financial and social costs have been enormous in terms of recidivism, untreated mental illness, broken homes, domestic violence, and child abuse.

A New Corrections Philosophy for Alaska?

Rehabilitation is not only the more humane approach to prison inmates, it is also more cost-efficient. Evidence clearly shows that the cost of corrections and other criminal justice programs can be reduced by integrating services to deal with mental health, recidivism, substance abuse, prisoner re-entry into society, and juvenile crime, as well as domestic violence and child abuse. Specific to corrections, a University of Alaska study, referred to above, estimated that by spending \$124 million on such preventive, intervention, and treatment programs from 2008 to 2030, the state would save \$445 million in costs by 2030, and there would be 10 percent fewer inmates in Alaska prisons than without such programs.⁷³

There are, in fact, some glimmers of hope for rehabilitation advocates. One is the development of the Alaska Therapeutic Courts, the first of which was set up in Anchorage in 1998, called the Mental Health Court. These courts are viewed as an alternative to incarceration for those whose primary problem is substance abuse and or mental illness but who are charged with a felony or a misdemeanor.⁷⁴

Moreover, some well-respected and influential voices have called for reform of the Alaska criminal code, particularly the mandatory and presumptive sentencing system, both on humanitarian and financial grounds. One such voice is Walter Carpeneti, former Chief Justice of the Alaska Supreme Court. In his 2012 State of the Judiciary speech to a joint session of the legislature, Carpeneti called for reform of the mandatory sentencing laws on humanitarian, public safety, and financial grounds. He also recommended more cooperation between the legislative and executive branches to address criminal justice reform.⁷⁵

Carpeneti also raised the troublesome issue of the disproportionate percentage of Alaska Natives in Alaska's prisons. He described a pilot program instituted by the court system in the upper Yukon River area to take courts into the villages and involve state, local, and tribal leaders in justice delivery. Carpeneti said that this program has enjoyed some success in reducing crime and repeat offenders and enabled the state's justice system to build community trust and serve rural-bush areas fairly and adequately.

Continuing Political Conservatism but a New Corrections Political Necessity

There is now, and perhaps always has been, a fundamental conflict between the needs and goals of elected politicians on the one hand and that of judges and, to a large extent, corrections professionals on the other. Politicians need to think in two- and four-year horizons to be reelected or to seek higher office, and need to be cognizant of public opinion. Judges and corrections professionals, by contrast, have the luxury of having longer-term professional horizons.

Some elected officials, particularly very conservative Republicans, will not support rehabilitation programs for ideological reasons. Other elected officials may see the long-term value of rehabilitation as one of the solutions to corrections problems. But for their short-term benefit, they are likely to pursue ad hoc solutions and thus perpetuate the conflicts among themselves, professional corrections officials, and the judiciary. Thus, the inter-branch coordination Carpeneti advocated in his State of the Judiciary address is elusive. Two examples illustrate this endemic political problem.

The first is the reductions in the state's behavioral health programs, particularly under Governor Murkowski. These included the elimination of drug treatment programs in thirteen corrections facilities. The second has to do with sex offenses, certainly an emotional issue with the public and seized on by many conservative legislators. However, a 2006 report by the Alaska Judicial Council showed that sex offenders were least likely to commit the same offense again.⁷⁶ And yet, during the 2007 legislative session some conservative legislators credited themselves with "keeping Alaskans safe" by increasing the sentences for sex offenders. Governor Murkowski's reductions in behavioral health programs and the legislative actions on sex offenders may have been good politics for those concerned—the first as a way to cut spending and the second as a way to demonstrate

being “tough on crime.” Both, however, were bad public policy if the long-term goal is to cut the costs of the corrections budget by reducing crime and aiding former inmates to re-enter their communities as productive members of society.

Despite all this, economic necessity appears to be working to overcome ideology and produce some reforms to the corrections system. One reform was the establishment of the Criminal Justice Working Group (CJWG) created by the legislature in 2007. Its members included representatives from the court system, the Departments of Law, Corrections, Public Safety, and DHSS, and the Judicial Council and other agencies. The CJWG defined its two major tasks as reducing both crime and recidivism. One of the projects funded by the CJWG was the Alaska Five-Year Prisoner Reentry Strategic Plan 2011–2016.⁷⁷ Legislative committees also began to consider ways to reduce corrections budgets by instituting alternative ways to deal with convicted felons. Legislatures in other conservative states like Texas, Louisiana, Mississippi, and South Carolina have revisited the wisdom of mandatory minimum sentencing.

These developments in Alaska culminated in the landmark Senate Bill 64 (SB 64), an omnibus bill passed in 2014 and sponsored by John Coghill, a conservative Republican from Nenana, near Fairbanks. According to his sponsor’s statement, the bill’s purpose was to increase public safety, slow prison growth, and cut costs.⁷⁸ The bill received broad bipartisan support largely because it had something for both the “get tough on crime” conservatives and the “rehabilitation” liberals. Among its many provisions, the following are the most significant for our purposes in this chapter.

Perhaps most significantly, the law created the Alaska Criminal Justice Commission. The commission is charged with examining the effects of sentencing laws and criminal justice practices and evaluating whether those laws and practices provide for protection of the public, community condemnation of the offender, the rights of victims of crimes, the rights of the accused, the rights of prisoners, restitution to crime victims by offenders, and the principle of reformation. The commission is to make recommendations for improvements in these areas. Members of the commission include present and retired judges, the Commissioners of Public Safety and Corrections, the state Attorney General, a police officer, and representatives of social services agencies. Conspicuously absent, however, is a present or past offender or offenders, whose perspective could be very valuable.⁷⁹

The law also includes tougher penalties for some crimes like abduction, a 24/7 monitoring of sobriety for certain offenders, and reforms in the parole system to bring “swift and certain” punishment to offenders. The law established a program operated by DHSS for reducing recidivism through transitional re-entry programs for those incarcerated and those recently released from prison. The law also includes jail time credit for offenders in court-ordered treatment programs, and increases the amount of property value that makes a crime involving property a felony rather than a misdemeanor. Plus, the law

identifies factors that will be considered by the court that may allow imposition of a sentence below the presumptive range.

The clincher to obtain support for the bill from most conservatives was likely the promise of reduced costs (or at least stopping the escalation of costs) and of avoiding having the state build another prison at a cost of \$250 million or more. Plus, by 2014 the number of women incarcerated in the state was at an all-time high and, as we saw earlier, had seen a major increase since 2004. By 2014 the Hiland Mountain women's prison near Anchorage was over capacity, and some inmates were being housed in men's facilities.⁸⁰ Criminal justice reform, and particularly sentencing reform, could prevent the need to build additional prisons or make other provisions to house offenders.⁸¹ Further extensive reforms to deal with prison costs (partly by alternatives to prison for non-violent offenders), to move towards a rehabilitation approach, and reduce recidivism were made in the 2016 legislature, spearheaded again by Senator Coghill acting as a sort of policy entrepreneur. Corrections reform is a work in progress and the issue will likely be at the forefront of Alaska politics for some time to come.

4. INTERPERSONAL VIOLENCE: DOMESTIC VIOLENCE, SEXUAL ASSAULT, AND CHILD ABUSE

Interpersonal violence is usually subdivided into family, intimate partner, and community violence. In this section we focus on domestic violence, sexual assault, and child abuse. *Violence* is defined as the deliberate use of force to harm another person with the outcome resulting in injury that may be physical or both physical and psychological and result in fatal or nonfatal effects. *Child abuse and neglect* are defined as the perpetration of physical, emotional, or sexual harm or inadequate provision of physical, medical, emotional, or educational care.

The Extent of the Problems and Their Causes

Statistics generated since 2005 show that the extent of substantiated abuse in Alaska (domestic violence, sexual assault, and child abuse) is staggering, particularly against Alaska Natives.⁸²

Domestic Violence and Sexual Assault

In the United States, 73 percent of domestic violence victims and 86 percent of spousal abuse victims are women. One in three women will experience domestic violence in her lifetime, and 1.3 million women are victims of domestic violence each year.

Specific to Alaska, in 2005 there were six thousand reported cases of domestic violence, placing the state among the top five in the country. Regarding estimates of violence during their lifetimes, a 2010 study estimated that 58 percent of Alaska women

TABLE 27.5

Victims of Substantiated Child Abuse by Race for Select States in 2012
(Children Under Age 18 by Race, Numbers, and Percentage of Total)

	AFRICAN-AMERICAN	NATIVE AMERICAN/ ALASKA NATIVE	ASIAN	HISPANIC	MULTIPLE RACE	PACIFIC ISLANDER	WHITE	UNKNOWN	TOTAL VICTIMS
Alaska	75	1,481	19	82	202	37	643	389	2,928
California	9,458	481	1,765	41,224	2,586	219	17,521	2,772	76,026
Kansas	227	21	8	255	102	4	1,243	8	1,868
Louisiana	3,984	47.1	29	192	136	3	3,947	146	8,458
Missouri	698	14.9	16	177	63	4	3,633	84	4,685
Montana	13	1.0	248	78	52	5	865	61	1,324
New York	19,620	28.7	253	17,148	1,469	25	22,296	6,407	68,375
Texas	10,066	16.1	49	29,118	1,974	54	19,499	1,554	62,551
Vermont	6	0.9	0	3	3	0	616	15	649
Wyoming	19	2.7	8	96	8	0	534	36	705
Percentage of Victims Nationwide	21.0%	1.00%	0.80%	21.80%	4.10%	0.20%	44%	6.90%	Not Applicable
Total Victims Nationwide	140,079	7,770	5,587	145,559	27,174	1,208	293,667	45,880	666,924

Source: The U.S. Department of Health and Human Services, Child Maltreatment 2012, Table 3-7, "Victims by Race and Ethnicity," at <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>. Developed by the author.

TABLE 27.6

Substantiated Child Abuse in Alaska by Region and Type of Harm in 2010 (Children under Age 18)

REGION	AREA	MENTAL INJURY	NEGLECT	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL	PERCENT
Southcentral	Anchorage	1,225	56	146	32	1,459	31.00%
	Kenai Peninsula	293	107	44	12	450	9.67
	Other parts of Southcentral	478	66	10	20	608	13.00
Northern/ Northwest	Fairbanks	425	49	44	19	537	12.00
	Outside Fairbanks	407	205	38	11	661	14.00
Western/ Southwest	Western	368	67	23	21	479	10.29
	Southwest	93	19	23	8	130	3.00
Southeast	Juneau	126	33	20	2	181	3.89
	Rest of Southeast	81	59	10	0	150	3.22
Total	All	3,496	661	373	125	4,655	100

Source: Office of Children's Services, Alaska Department of Health and Social Services, *Annual Report: 2010 Allegation and Victim Data*, at http://www.hss.state.ak.us/ocs/Statistics/pdf/Annual_Allgs_10.pdf. Developed by the author from Alaska Department of Health and Social Services.

have experienced intimate partner or sexual violence.⁸³ And as Table 27.4 (on page 1030) shows, from 2005 to 2013 the rate of rape in Alaska was three times the national average. Moreover, Alaska has the highest rate per capita of men murdering women. Violence against Native women, both domestic and in general, is particularly alarming. According to Greg Marxmiller, who works for SAFE, a domestic violence prevention agency in Dillingham in Southwest Alaska, there is an epidemic of domestic violence in rural-bush Alaska.⁸⁴ In addition, Alaska Native women are seven times more likely to be raped and sexually assaulted in Anchorage than non-Native women.⁸⁵

The Demographic Characteristics of Child Abuse and Neglect in Alaska

Child abuse and neglect are not randomly distributed among children in the United States. They are closely associated with poverty, and children of color are overrepresented in the statistics provided by each state. Table 27.5 shows this when Alaska is compared with the nation. Again, the figures are particularly disturbing for Alaska Natives. As the table shows, in 2012 over 50 percent of victims of substantiated child abuse were Natives, but Native children constitute just over 20 percent of the under-18 population in the state. Overall, child sexual assault in Alaska is almost six times the national average. Table 27.6 sets out the number and type of child abuse by region for 2010. The racial distribution of these types of abuse is very likely similar to that set out in Table 27.5.

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According to the Child Welfare League of America, from 2000 to 2003, Alaska led the nation in per capita abuse and neglect of children.⁸⁶ Since then, maltreatment in Alaska has decreased slightly. The U.S. Department of Health and Human Services 2012 maltreatment report listed Alaska as having the fifth-highest per capita rate of child victims. That year the jurisdictions with the highest rates of child abuse were Washington, D.C., Kentucky, New York State, and Arkansas.⁸⁷

Interrelated Causes and Likely Particular Factors in Alaska

A majority of the victims of interpersonal violence are members of three specific dependent groups—women, children, and elders. Domestic violence and child abuse have interrelated causes, and these feed on each other, often producing a vicious cycle of abuse. Domestic violence is the number one indicator for child abuse, which is fifteen times more likely to occur in households where adult domestic violence is also present. Furthermore, boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults. In addition, these forms of interpersonal violence and abuse are often associated with substance abuse. In the majority of cases where a child is removed from a family, substance abuse is present. Interpersonal violence is also associated with mental illness.

Another factor is poverty. The poor in America include many people of color, which partly accounts for the fact that interpersonal violence, particularly domestic violence and child abuse, are more prominent in African American, Native American, Latino, and other racial minority communities than among Caucasians, particularly middle-class whites. Specific to Alaska, according to the U.S. Census Bureau, in 2010 there were over 187,000 children in Alaska, representing 26 percent of the total population. Of that total, over 23,773 children under the age of 18 were living below the poverty line—12.9 percent of all children in the state. Many of these children are in Alaska Native households.⁸⁸ According to the statistics, they are the most vulnerable to child abuse and their mothers are the most susceptible to domestic violence.

A major factor that likely distinguishes Alaska from other states regarding domestic violence and child abuse, both in terms of physical and social geography, is that it is an isolated state. Close to half of the population has migrated to Alaska from other areas, leaving support systems and extended family behind. The state's remoteness and long winters add to this isolation. Seasonal affective disorder (SAD) and "cabin fever" may increase levels of depression that result in the use of substances as coping mechanisms. Substance abuse is particularly endemic with indigenous people, who often experience stress from cultural disruption, unemployment or underemployment, poverty, and racism. Substance abuse is closely related to the occurrence of interpersonal violence in both urban and rural-bush areas, but particularly so in rural-bush Alaska.

The Response: The Development of a Governmental Legal and Administrative System

Domestic violence and child abuse were two issues that were kept under wraps until the 1960s. Consequently, policies to deal with them lagged behind issues like social security and Medicare for senior citizens. It was not until the early 1970s that a federal legislative response to child abuse began with the 1974 Child Abuse Prevention and Treatment Act. This act has been amended several times and is now the Keeping Children and Families Safe Act of 2003. In 1994, the Violence Against Women Act (VAWA) passed Congress, and it was reauthorized in 2013. It provides funds to encourage states to improve prosecution, law enforcement, and victim services. One issue for Alaska, in contrast to other states, is that because Indian Country does not exist outside of Metlakatla in Southeast Alaska, non-Natives cannot be prosecuted in Native courts for such offenses. This is a major bone of contention among Alaska Natives.⁸⁹

In 1996 the legislature enacted the Alaska Domestic Violence Prevention and Victim Protection Act in response to the federal VAWA. It elaborated on the definition of offenses that constituted domestic violence. Protective order provisions were expanded, prohibiting certain behavior by the abuser, and a central registry of abusers was established. If law enforcement personnel are called, a mandatory arrest must occur. This provides a statewide structure for response to domestic violence. The federal and state legislation were both viewed by advocates as a long time in coming, but as finally moving domestic violence from a family problem to a public issue and mandating a public response.

Alaska uses three major agencies to respond to and deal with domestic violence: the Department of Public Safety (law enforcement), the Office of Children's Services (child protection), and the Council on Domestic Violence and Sexual Assault (CDVSA). The Alaska Office of Children's Services (OCS) is the state agency that responds to child abuse and neglect allegations. It is one of eight divisions in the DHSS. The CDVSA works toward reducing the causes and occurrences and lessening the effects of domestic violence and sexual assault. To promote its goals, the council distributes funds it obtains from both state and federal sources. It administers grants to community-based victim services programs, batterers' intervention programs, and prison-based batterers' programs.

The Response: The Politics—Continuing Issues, Ideology, Budgets, and a Policy Entrepreneur

Victims of domestic violence and child abuse, like prison inmates, wield very little, if any, political influence by themselves. They have very few of the attributes of influential interest groups, such as teachers, the oil industry, and business groups.⁹⁰ Not only that, conservatives tend to oppose spending on social programs unless forced to do so by the federal government or the courts (as with corrections), and so social service programs are often underfunded.

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In such a political environment it takes a surrogate political force to advocate for dealing with domestic violence and child abuse. Such a surrogate must be in a position of power. However well meaning legislative minority members or others with little political influence might be, their support and good will is not enough. Without influential surrogates, the needs of politically weak groups will remain unmet. Fortunately, domestic violence and child abuse victims did find such a political champion.

Political Developments in Combating Domestic Violence

For many years the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) has worked to end violence and oppression through social change. It is a nonprofit organization with eighteen programs and two affiliate programs statewide that provide services to victims of domestic violence and sexual assault, offender services, and adult crisis intervention services. It also advocates for increased state services and funding to combat the problem.⁹¹ However, its political efforts and those of other organizations supporting additional funding and an increased policy response to domestic violence got only a tepid political response between 1996 and the passage of the Alaska Domestic Violence Prevention and Victim Protection Act in 2009.

The increase in funding over those years averaged 4 percent and barely outstripped inflation. Services were not available in many areas of the state, often resulting in victims having to leave their communities. Additional funding was necessary for outreach, public education, and prevention programs targeting root causes of domestic violence. Because of rising costs and increased demand, services that reacted to domestic violence anticipated cutting back services or even closing their doors without additional funding. Lack of funding would result in an increase in homelessness of at-risk victims and their children; an inability of victims to leave their community, increasing the likelihood of life threatening situations; and children experiencing domestic violence. These circumstances often result in various types of health problems for the victims and possible entry into child welfare and juvenile justice systems.

Then, in July 2009, Sean Parnell took over as governor on the resignation of Governor Palin. Six months later Parnell launched “Choose Respect,” a major initiative to combat domestic violence and child abuse. Until his defeat in the general election of November 2014, those working to combat these types of violence had found in Parnell a surrogate political advocate who could make things happen. The details of the initiative and its various aspects are set out in Box 27.7. The initiative enjoyed many successes, helping to counter some of the previous budgetary and other problems. For instance, service program utilization by victims increased by 34 percent, from 8,550 in fiscal year (FY) 2009 to 11,478 in FY 2011.

“Choose Respect”: Governor Sean Parnell’s Initiative on Domestic Violence

In December 2009, Governor Parnell launched “Choose Respect,” a program in which he pledged that Alaska would take every step to stop the epidemic of domestic violence, sexual assault, and child sexual abuse in the state. In the following five years various public policies were adopted and other steps taken to promote prevention and intervention in these aspects of personal violence. The program utilized various state agencies and nonprofits to advance its goals, including the nonprofit Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) and the state’s Council on Domestic Violence and Sexual Assault (CDVSA). The program involved increased prevention, law enforcement, and support for survivors of domestic violence.

PREVENTION

The increased involvement of the legislature, state agencies, local governments, and nonprofits in combating the problem included:

- The legislature passing several bills that strengthen laws related to sexual exploitation of children, domestic violence, stalking, and evidence retention.
- Launching the Department of Corrections’ Fairbanks Pilot Project for treatment of twenty to sixty domestic violence misdemeanor offenders.
- Training thirty-five teachers from seventeen school districts in “Fourth R,” a healthy relationship curriculum.
- The Family Violence Prevention Project, which supports a train-the-trainers initiative and provides technical support on dating violence, adolescent brain development, and substance abuse.
- Adding a Rural Pilot Project in Dillingham and Capacity Grants in Bethel, Kodiak, and Sitka.

Publicity and advocacy campaigns included Choose Respect Marches (eighteen were held in 2010, sixty-four in 2011, and more than 120 in 2012) and a Real Alaskans Choose Respect media campaign, with seventeen radio and television public announcements. Other campaigns included Stand Up Speak Up and Lead On for Peace and Justice!

INCREASED LAW ENFORCEMENT

This included doubling the number of Village Public Safety Officer (VPSO) positions from forty-seven in 2008 to ninety-six in January of 2012, as well as increasing VPSO oversight by adding three support troopers each for Bethel, Fairbanks,, and Kotzebue. Five rural-bush communities also received low-interest loans for VPSO housing. Three positions were added to the Alaska State Trooper cybercrimes unit (as much abuse is now taking place over the Internet) and four additional positions to the Alaska Bureau of Investigation (major crimes and child abuse units). Increased funding was available for sexual assault forensic exams and evidence collection kits and child protection attorneys in Palmer and Kenai.

SUPPORT FOR SURVIVORS

The extent of these services includes:

- ANDVSA pro-bono attorneys donated \$826,000 worth of free legal assistance for victims.
- More than seven hundred behavioral health providers received training in trauma-informed services.
- Expanded access to child advocacy centers (CAC) by supporting the new CAC in Kodiak.
- There are 160 Family Wellness Warriors participants in Bristol Bay and the Yukon-Kuskokwim regions.

Source: Developed by the author from Governor Parnell’s website. See endnote 92.

CDVSA reports that 93 percent of FY 2011 program participants knew more about enhancing safety and 92 percent knew more about available community resources than before the program began, and ANDVSA pro-bono attorneys donated \$826,000 worth of free legal assistance for victims.⁹² With Parnell's defeat by Bill Walker in the 2014 gubernatorial election, the future of the program was in doubt. Walker did commit to carrying on the effort in a March 2014 speech.⁹³ But major budget cuts in the 2014, 2015 and 2016 legislative sessions reduced his ability to continue the program effectively.

Combating Child Abuse: Dealing with Administrative Dysfunction

From 2009 to 2014, and paralleling developments in combating domestic violence, child abuse prevention also received a boost in financial support and a higher political profile from Governor Parnell's "Choose Respect" initiative. For many years, however, DHSS's Office of Children's Services (OCS) was an agency "under siege" throughout the state because of understaffing, some narrow service delivery philosophies, and some bad press regarding OCS's failure to deal with some particularly egregious child abuse cases.

Studies in 2002 by the Knowles administration and one by the Murkowski administration released in 2007 (after Murkowski left the governorship), found OCS to be overwhelmed, dysfunctional, and hobbled by vague policies. It was riddled with problems including high turnover, inadequate training, troublesome employees, poor communications, and a negative public image.⁹⁴ Several state legislative audits identified poor management, high staff turnover, and poor oversight over grants awarded by OCS to private contractors. Over these years, the news media, and particularly the *Anchorage Daily News*, ran several scathing articles on OCS, depicting children as being repeatedly maltreated, families not getting needed help, and children often bouncing from one foster home to another or languishing in foster care with no plan for a permanent home.

Change at OCS has slowly occurred, but other reforms would also help to advance the welfare of children in need. At one time OCS was very insular and cited confidentiality laws as preventing it from being more open and visible to the public. That has since changed in response to legislation providing for more openness. OCS now contracts with numerous private for-profit and nonprofit organizations, including Native organizations, throughout the state and provides funding for a variety of services. OCS could, however, consider further improvements.

For example, state child welfare systems throughout the nation are increasingly entering into partnerships with local communities. They are improving their systems by privatizing parts of it, such as case management, foster care recruitment and training, and by locating child welfare and child protection services in a single building to coordinate efforts working with children and families on a variety of problems. Some states, such as Kansas and Florida, have undergone significant reform, moving large segments of their

Alaska CARES (Child Abuse Response and Evaluation Services)

As of 2015 child advocacy centers operated in all fifty states, the District of Columbia, and the Virgin Islands. The federal Victims of Child Abuse Act provides some of the funding for the centers through the National Children's Alliance. The alliance is a nonprofit membership organization working with communities throughout the nation to investigate and respond to severe child abuse. There are now seven such advocacy child centers in Alaska: Fairbanks, Juneau, Wasilla, Nome, Bethel, Dillingham, and CARES—Child Abuse Response and Evaluation Services—in Anchorage.

CARES opened in 1996, and was the first child advocacy center in Alaska. It is a member of the National Children's Alliance, and besides the Alliance it received initial funding from Alaska Area Native Health Service, other nonprofits, and government agencies. Toddlers to eighteen-year-olds who are suspected victims of sexual assault are interviewed and examined by a professional staff. The major emphasis of CARES is to ensure that children are not revictimized during the process of investigation and disposition.

The approach is that of interagency cooperation by involving law enforcement, child protection workers, prosecutors, behavioral health professionals, victim advocates, and health care providers

in response to child abuse cases. It also includes the collaboration of federal, state, and municipal governments, along with Alaska Native agencies and private health care professionals. Child advocates are provided by two agencies, Standing Together Against Rape (STAR) and the Alaska Native Justice Center. Major local supporters of Alaska CARES include the Southcentral Foundation (an Alaska Native health care organization), DHSS, and the Children's Hospital (at Providence Hospital in Anchorage), a private nonprofit organization. A number of for-profit businesses in Anchorage also provide financial support.

In August 2007, CARES joined in a collaborative milestone effort to develop a specialized unit, the University Lake Plaza Multidisciplinary Center, to investigate all suspected sexual and physical abuse occurring in the Anchorage area. The center is staffed by investigators of the OCS of DHSS, Alaska State Troopers, the Anchorage Police Department, the Anchorage Sexual Assault Response Team, and CARES. This represents a combined effort of state and municipal governments and private agencies. Similar programs are offered in California, Texas, and Arizona. These services are both reactive and preventive in regard to interpersonal violence.

Source: Developed by the author.

services into the private sector. Arizona, Colorado, and South Dakota are experimenting with privatizing the case management function.⁹⁵

Alaska has yet to move forward on these reforms to any extent. As of 2015, OCS was contracting with private organizations only for adoption and guardianship placement, family preservation, and support services. It also directly provides support services for parent education and training, substance abuse treatment, and mental health counseling. Given the ongoing problems experienced by the agency, further consideration should be given to shifting core child welfare services to private providers. These could include child protection and investigative functions and foster care, as well as transferring case

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management to the private sector, and giving providers primary decision making authority over day to day management. These measures would provide community investment in the prevention of child abuse and neglect. The case study set out in Box 27.8 is an advocacy effort bringing together government, private nonprofit, and Alaska Native organizations responding to sexual and physical abuse of children in the Municipality of Anchorage. This model could well be emulated throughout the state.

Contradictory Policies: Continued Failure to Attack Root Causes through an Integrated Policy Approach

While the “Choose Respect” initiative was certainly a major advance in attacking the epidemic of domestic violence and child abuse, it nonetheless continued some of the “get tough on crime” policies of the past without addressing some of the root causes of these forms of violence. Again, the initiative ignored the important connection between substance abuse and mental illness that often results in domestic violence and imprisonment. The description of the initiative in Box 27.7 obviously lacks any reference to resources for mental health and substance abuse services. This is another negative aspect of underfunding and program cuts over the past decade in behavioral health programs. Stiffer prison sentences are equally ineffective as a long-term solution to domestic violence.

5. THE POLITICS AND POWER DYNAMICS OF ALASKA SOCIAL SERVICES ISSUES AND POLICIES

Drawing on our consideration of health, corrections, and domestic violence policy, in this section we view social services issues and policy in terms of their politics and power dynamics from six perspectives: (1) the general context of Alaska politics and policy making, (2) political capacity constraints, (3) the influence of political ideology and political culture, (4) the contrasting perspectives of social services professionals and politicians, (5) the influence of social services constituencies, and (6) the role of political pragmatism. The conclusion to the chapter asks whether the future may hold a different direction in social services policy.

The General Nature of Alaska Politics and the Policy-Making Process

Like other policies, social services policy making takes place in the general context of Alaska politics. This includes the values, motives, and goals of elected and appointed officials and the various pressures on them. It also includes the constraints of both the democratic process and the policy process.

For elected officials, the democratic process means standing for election every two or four years, depending on the office held. Consequently, the political and policy horizons

of many politicians stretch only as far as their next election. Moreover, there are a multitude of demands on them from a wide range of constituencies, only one of which is social services. These demands must be dealt with in the face of limited resources, particularly available state revenues, as well as the limited time and limited power of each elected official.

A major constraint on achieving an improved social services system is Alaska's fragmented policy-making process, which to a large extent pits the legislature against the executive branch, both of which possess strong power bases. Added to this is the occasional action by the courts affecting policy, like the *Cleary* and Mental Health Trust Lands decisions. But perhaps the major constraint of all is the state budget. Discretionary spending on social services is the last to be added in good financial times and among the first to be cut when revenues fall. We explain the reasons for this below.

In combination, the democratic and policy processes and financial constraints are not conducive to long-term or programmatic policy making. They result in incremental policies and ad hoc, short-term solutions to problems that would often benefit from a long-term, more integrated policy approach. The state's inability, as of 2015, to come up with a long-term fiscal plan or to deal with subsistence issues are prime examples of the results of fragmented policy processes. In social services policy this has, in large part, precluded the integration of health (particularly behavioral health), corrections, and interpersonal violence policies.

IGR and Political and Governmental Capacity Constraints

The IGR aspect of much of social services policy making, particularly the role of the federal government, also limits the state's control in some areas. Many programs, particularly Medicaid, programs for the disabled, and those to combat substance abuse and domestic violence, require the state to provide a match to federal funds in order to receive a major contribution from the federal government. The necessity to secure these and other formula program funds requires the state to comply with the federal rules that go along with the monies. This gives the state less leeway in shaping these programs. In some cases, the state can choose not to accept the funds, as Alaska has done in some instances, but this can often have major political fallout with the electorate. In other cases, as with many provisions of the Affordable Care Act, Alaska has no choice but to comply.

Combining the general characteristics of Alaska politics and policy with the specific elements of IGR shows that Alaska is far from in charge of social policy as it affects its citizens. In other words, and in the language of Chapter 3, the state has limited political and governmental capacity to affect many aspects of this policy area, even though in many policy areas it is a partner with the federal and often local and Native governments. Moreover, as in many other areas of public policy, the state's political and governmental

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capacity to deal with many problems that generate social services issues is minimal or nonexistent. For instance, Alaska had no control over the major migration to the state in the 1970s to build the Alaska pipeline, which increased demands for health services as well as producing increased crime and other social problems. Furthermore, the state has no ability to prevent a fall in oil prices, the revenues from which are a major aspect of its capacity to fund social services programs, including providing federal matching funds.

This is not to make excuses for the state's inadequate approach to many social services and corrections policies. It is simply to state that some political, institutional, and external forces undermine Alaska's ability to deal with some social policy issues in a fundamental and systematic way. On the other hand, the state does have choices and control in other areas that affect social policy, as the following observations show.

The Influence of Political Ideology and Political Culture

The influence of political ideology and political culture on social policy manifests some predictable divisions but also some more complex political outcomes.

Republican and Democratic partisan affiliation, usually manifested in a conservative-liberal division, affects many areas of social policy. Conservative influence can be seen in making social programs a prime target for cutting in times of tight budgets but also as a matter of ideological principle to reduce the size of government. This perspective is reinforced by a strong sense of individualism and the fact that many social services programs are redistributive policies of which many Republicans and conservatives disapprove. Mandatory sentencing is another manifestation of the conservative "keep Alaska safe" attitude. Democrats and liberals tend to hold opposite views. But as Republicans and conservatives have controlled or had major influence in Alaska policy making since the early 1990s, their ideology and political cultural values have had a considerable impact on social policy.

Ideology in the form of anti-federal sentiments also plays a role from time to time. For instance, as we noted earlier, Governor Parnell's decision not to have Alaska operate its own insurance exchange under the Affordable Care Act and not to accept the additional Medicaid funds was, at root, a product of an ideology that combines fiscal conservatism, anti-federal sentiments, and a stubborn individualism.

Yet political ideology and political culture can work in more moderate ways, and even have a liberal and communal influence. One example is Alaska's lack of a death penalty. As of 2015, Alaska was one of eighteen states and the District of Columbia that does not have a death penalty.⁹⁶ But unlike many of these states, such as Illinois and Connecticut, that have only recently abolished or put a moratorium on executions, Alaska abolished its death penalty in 1957, two years before it became a state. Moreover, Alaska did not succumb to the pressures of the movement in the late 1970s and 1980s to reimpose

executions, despite the fact that death penalty proposals were introduced in most legislative sessions. In its attitude to the death penalty, then, Alaska has long been among the most liberal states.

Professionals versus Politicians

A complaint frequently voiced by social services professionals is that too often social services policies do not get made on their merits—that is, what is considered the best course for the clients and society and the most efficient use of limited funds. Instead, professional considerations are subordinated to politics. But this is not just the case with social services policy. It is a complaint heard across the gamut of political issues from various professionals and the public alike, including those involved in education, transportation, environmental issues, fisheries, economic development, subsistence, the arts, and even those wanting to improve animal shelters.

Politics often trumps professional expertise and what might be the right policy for those affected by it, which may be good or bad depending on which side of the issue a person stands. But the dominance of politics is a reality and will likely remain so. This inevitable situation stems from a combination of clashes of values, the different motives of those involved in an issue, differing ideologies, disagreements over what is and is not the best course to pursue, and choices about the allocation of funds across the range of demands on state budgets, among other factors.

To many social services professionals, probably the most frustrating aspect of the dominance of political over professional policy solutions is ad hoc short-term policy approaches to the range of social services issues that many argue are best dealt with through long-term solutions that integrate various aspects of health, corrections, and interpersonal violence. It is clear from a host of studies that poverty, crime, interpersonal violence, substance abuse, and often mental illness, are interconnected—one condition often leads to one or more of the others. Ideally, they should all be dealt with together, but for the reasons we have explained, they are not and are not likely to be in the future.

This is not to say that professionals are never listened to, that reforms do not take place, or that client groups never benefit from politics. All three do occur, as we will see in the next two points on social services policy and policy making.

The Influence of Social Services Constituencies: Policy Surrogates and Policy Entrepreneurs

The power dynamic involved in social services policy making contrasts with most other issue areas in state politics. It often involves high-level advocates, surrogates, and what are often called policy entrepreneurs. In the case of social services these policy entrepreneurs are influential elected or appointed public officials who champion the cause of social services groups that otherwise have very little or no political influence.

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As Chapter 15 on interest groups points out, there is a bias in interest group representation in favor of the middle and upper classes, the better educated, and the Caucasian and male segments of the population. The poor and various minorities are less well represented by organized interests.⁹⁷ Consequently, in most issue areas in American and Alaska politics, such as education, local government, economic development, the environment, and fisheries, among many others, those directly affected by the policy have organized into interest groups that often work hand in hand with public officials, both elected and appointed, to secure policy goals. There are, however, few groups representing client groups in social services, and with the exception of the ad hoc group formed in the 1980s to push for the mental health lands settlement and some groups against domestic violence, few have had any success in the policy process based on their own political advocacy efforts.

There are certainly many provider groups that do have some political clout, like the Alaska Medical Association, the Alaska Dental Association, and the Alaska State Hospital and Nursing Home Association. But these are primarily concerned with the interests of their members and only secondarily, if at all, with social services issues and clientele. Even when providers do get together to attempt to influence state social services policy on behalf of client groups, they are often not successful. This was the case, for example, when providers urged Governor Parnell to accept the extended Medicaid provisions offered as part of the Affordable Care Act, which he ultimately refused to accept.⁹⁸

However, the absence of or relatively weak client-interest groups does not necessarily mean that social services clients have no political influence. These groups often have both surrogates and some policy entrepreneurs working on their behalf. Major surrogates are federal agencies through their funding of many programs and federal protective regulations, as well as federal and state courts, particularly state courts, through decisions like those in the Mental Health Trust Lands and *Cleary* cases. Examples of policy entrepreneurship include former State Senator Jim Duncan's attempts to get universal health coverage in Alaska, former Corrections Commissioner Joe Schmidt's work on prison reform and recidivism, former Alaska Supreme Court Chief Justice Walter Carpeneti's advocacy for reconsidering mandatory prison sentences, Senator John Coghill's work on comprehensive prison reform, and former Governor Parnell's initiative on domestic violence (although his hard line on offenders undermined the integration of this initiative with criminal justice policy).

This combination of surrogates and entrepreneurs does not give social services clients the political influence of K-12 education, the university, state employees, or the oil industry. It does, however, mean that these client groups' interests are represented to some extent, and sometimes very effectively, even though the political influence of policy entrepreneurs can be fleeting as they retire from office, lose an election, or lose their position in the majority caucus in the legislature. For instance, Governor Parnell's defeat left

questions about the “Choose Respect” initiative, though Governor Walker’s commitment to its continuation and Native leader Byron Mallott’s election as Lieutenant Governor offer Mallott a chance to be a policy entrepreneur in the area of domestic violence and child abuse.⁹⁹ Moreover, Governor Walker’s appointment of a special advisor on Crime Policy and Prevention could be an indication that he is going to be a policy entrepreneur in the area not only of interpersonal violence but also crime and perhaps might view the two together in developing policy.

6. The Role of Political Pragmatism

Dominant conservative political ideology and inherent political systemic problems, among other factors, shape and often undermine the development and provision of effective and efficient social services in Alaska. However, we should not dismiss the role of political pragmatism in social services politics and policy making. In fact, like many other aspects of Alaska politics (and American politics in general), over the years political pragmatism has been a major force in social services policy. This has had both negative and positive consequences for the client groups served.

On the negative side, political pragmatism often means cutting political deals over social services policies, producing ad hoc “quick fix” solutions to issues unrelated to the wider affected areas of social policy. Often, too, social services policies are a secondary consideration in pragmatic political decisions about economic development or quid pro quos in politics, as was partly the case with the Goose Creek prison. In addition, the relative weakness of the social services lobby on a day-to-day basis means that, from a pragmatic perspective, even Democrats, who generally favor social services programs, may opt to cut back these programs in times of budget shortfalls.

On the other hand, political pragmatism has also had its positive effects. Three examples relate to pragmatism and political conservatism. One is the fact that the conservative general aversion to state spending means that many services have been contracted out. While this sometimes has its downsides, it does mean that the services are being provided and often in a more efficient and cost-effective way than if provided by the state. A second is that pragmatism has sometimes led to bipartisanship on issues and policy making. This was the case, for instance, with various policies on mental health, such as the “Bring the Children Home” initiative, and on some interpersonal violence policies. The third example is that, ironically, the major increase in the cost of prisons in recent years, largely fueled by mandatory sentencing, appears to be forcing a reconsideration of the wisdom of such sentences as well as reconsideration of the effectiveness of retributive prison policies. These cost increases may also result in programs to reduce recidivism and combat domestic violence and child abuse. At least as far as corrections are concerned, actions by Senator Coghill, acting in effect as a policy entrepreneur, are certainly bringing about major changes.

6. CONCLUSION: THE FUTURE OF SOCIAL SERVICES POLITICS AND POLICY: A NEW ERA OR MORE OF THE SAME?

Given the aspects of social services politics and policy considered in this chapter, what can be expected in the future? Most likely we can expect more of the same. It is hard to see any major changes in any of the aspects because they are so deeply rooted in the general nature of the social services policy environment across the nation as well as in Alaska's political culture and political power dynamic.

This likely future situation, however, does not necessarily mean lean times for social services clientele. The incremental approach to policy making will likely include continued partnering of the state with private agencies in service delivery, and this may well increase. The surrogate and entrepreneurial aspects of representation will also likely continue, though less consistently than interests with direct power relationships with policy makers. And as we have seen, several reforms have been enacted. Whether they are motivated by a genuine commitment to them or political pragmatism, they are now on the books, and others may follow.

What is uncertain, however, is how Alaska's revenue picture will play out in the years to come, which, of course, is not only a crucial factor in continued provision of social services but of all other services in state government. A long-term downturn in state revenues and an unwillingness to develop other revenue streams to supplement the budget would likely affect most social services clients very negatively given their relatively weak position in the state's political power structure. Ironically, though, it may lead to major reforms in the corrections system, as noted earlier.

Taking into account these likely future circumstances, the best approach for social services advocates, both within and outside of government, including social services professionals, is not to lose sight of the ideal of an integrated set of social services policies, but at the same time to be realistic as to what can and cannot be achieved from a practical political perspective. This requires being grounded in the realities of social services politics and policy at the state, federal, and local levels and in effective advocacy techniques. It is also essential that the state, Native tribal groups, and providers work together to develop the best strategies for dealing with social services issues given the realities of the situation. The interests of social services clientele will be more effectively served only if these two courses of action are pursued and realized.

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