Protective Social Services: Alaska’s Response to Meeting the Safety Needs of Its Population

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This article explores the interrelated issues and policies represented in the pluralistic mix of government, private nonprofit, for profit, and Native Alaskan organizations responding to the safety needs of Alaska’s population. It assesses the provision of social services in responding to the need for health care, preventing crime, and interpersonal violence. Recognized is the need for partnerships to be formed between government and other social service providers in the State in order to be successful. The article will conclude by considering future prospects that may exist for the amelioration of these issues both nationally and in the state.

KEYWORDS Alaska, social services, Native Alaskans

“Social services” is a term that, when mentioned in the political arena, immediately stirs the cauldron of ideological perspectives. Liberals view them as activities or benefits provided by society to improve the functioning of disadvantaged groups, and an investment in promoting human capital. Conservatives view them as programs that give benefits to nonproductive members of society at the expense of the productive members, and see them as a drain on societal resources. Ideological battles have and will continue to occur at the federal and state levels of government when the provision of social welfare is on the agenda.

Since their inception, states have been responding to needy and vulnerable citizens in order to promote and protect their safety and well-being (Jansson, 2009) Medical or cash assistance is provided to the needy through four public assistance programs: Temporary Assistance for Needy Families...
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(TANF), Supplemental Security Income (SSI), General Assistance (GA), and Medicaid. Other social services provided by states are child welfare, senior and disability services, behavioral health, and juvenile and adult criminal justice. States have in turn contracted a number of services to private for-profit and nonprofit agencies.

Unique to Alaska, 16% of Alaska’s population is Native American and Alaska Native. The federal government is responsible for the provision of health and social services to this population. In recent years, it has transferred more responsibility for the provision of health and social services to Native Alaskan private nonprofit corporations. Adding to this mix of social services are private voluntary groups providing important services to such groups as victims of domestic violence, the homeless, immigrants, and refugees. An overriding feature of the provision of social services in Alaska is the pluralistic mix of private and public services. Also unique are government services primarily provided by the state with no county system of government. The next level is the municipality.

This article explores the interrelated issues and policies represented in this pluralistic mix by focusing on the state of Alaska’s response to meeting the safety needs of its population. It explores the effectiveness of social services in response to needs for health care, crime prevention, and prevention of interpersonal violence. The article considers the challenges facing Alaska and whether the state has the capacity for long-term planning and creating partnerships with other service providers. It assesses if sufficient momentum exists in Alaska to create programs that respond to the lack of health care, escalating crime, and interpersonal violence. One overriding theme concerns past efforts that have been stymied and fragmented by the state political and governmental systems, thus making the time ripe for reform. Political pragmatism has resulted in “quick fixes” or placating legislation, but major problems continue. The impact of Alaska’s physical, social, and economic geography contributes to the problem and poses challenges for amelioration. Alaska’s Native population is heavily impacted by safety issues and yet has the potential to be a major player in forming solutions. To achieve success, partnerships must be formed between government and other social service providers in the state. The interrelationships of these issues and policies are underscored by the realization that many Alaskans are enmeshed in all three areas and suffer because of the persistence of these problems.

THE HEALTH CARE SYSTEM IN ALASKA: A GROWING CRISIS

Health care in the United States is plagued with problems, notably eroding coverage, rising costs, and cost shifting. Strong evidence exists that the U.S. health care system does not perform as well as other industrialized
countries. The United States is the only major industrialized country that fails to provide health coverage for all of its citizens and yet, spending per capita far exceeds these other countries (Kaiser Family Foundation, 2007). The system is driven by a combination of ideological and fiscal concerns. Of primary concern is whether health care should be a right or privilege. Conservative ideology believes that access is a privilege that must be earned through workforce participation and provided in the private marketplace; government regulation will create inefficiencies, substandard services, and higher prices. Liberals view health care as a right and believe it needs to be removed from the context of a market where decisions are primarily made on economic terms; service should replace the profit motive. In 1993, the Clinton administration introduced the Health Security Act to move health care toward national health insurance for everyone. At the time, opposition from powerful groups was overwhelming and the conservative Congress of 1994 did not pass the legislation.

From an incremental perspective, in 1997, the Clinton administration was successful in achieving the passage of the State Children’s Health Insurance Program (S-CHIP). This created a federal-state partnership to expand health coverage to uninsured children and pregnant women not eligible for Medicaid or covered by private insurance. At the time of this writing (January 2010), national health insurance is being debated and it appears that Congress and President Obama will succeed in passing far-reaching legislation in early 2010. This legislation has the potential to cover millions of currently uninsured Americans.

Recent Alaska History

One of the first attempts to improve health care in Alaska occurred in 1994, when Senator Jim Duncan, a Democrat from Juneau, introduced legislation to consider creating a single-payer health system in Alaska, 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 the status quo, and did not move through the conservative-dominated legislature. Five years later, in March 1999, the Knowles administration began Alaska’s version of the State Children’s Health Insurance Program (S-CHIP) called Denali Kid Care. The federal government paid 72 cents for every dollar spent for the program. Family income for children eligible had to be at 200% of the poverty level or lower. For a family of four the qualifying income was $41,700. A grant of $1 million dollars was received from the Robert Wood Johnson Foundation to enroll eligible children in the program. This is a good example of public/private partnership in the provision of social services.

A year earlier (1998), at the local level of government, the municipality of Anchorage Health and Human Services Commission sponsored the
Access to Medical Care for the Underserved Conference. The conference was attended by representatives from health care and insurance industries, social service agencies, state and municipal government, and concerned citizens. From this meeting the Anchorage Access to Health Care Coalition was formed. This coalition evolved into Anchorage Project Access that began operating in December 2005. The project provides free health care to uninsured people whose income limit is 200% of the federal poverty level for Alaska. Over 350 health care providers donate their services. Funding comes from state government, private nonprofit foundations, and private for-profit businesses. This project’s success is primarily due to the partnerships that have been formed. Figure 1 shows the active major donors and community partners in the Anchorage Project Access, indicating the wide range of private and public involvement in bringing services to the people of this city.

Movement in Alaska

In 2007, Alaska joined with other states by focusing upon health care, and newly elected Governor Sarah Palin, by administrative order, created the Alaska Health Care Strategies Planning Council on February 13, 2007. The council will advise the governor and the legislature on ways to effectively provide access to quality health care and to help reduce the costs of health care for Alaskans. It broadly defined health care as the prevention, treatment, and management of illness, preserving mental and physical health, and dealing with chemical dependency. (Alaska Health Care Strategies Planning Council, 2007)

The newly elected legislature also reflected a change of focus with an increase in elected Democrats and more moderate Republicans. In the Senate, a dramatic change occurred where nine Democrats and six Republicans formed a bipartisan majority. Two senate bills were introduced to raise
the eligibility levels for Denali Kid Care and another bill was introduced to provide health care coverage to all Alaskans. One bill was signed into law by Governor Palin, which increased the eligibility limit for Denali Kid Care to 175% of the poverty level. This is a beginning step toward providing health care to some of the more than 18,000 children in the state not covered by health insurance.

Alaska Health Costs and Coverage

In March 2006, a research summary was published by the Institute of Social and Economic Research, University of Alaska Anchorage, noting that in 2005 health care spending in Alaska totaled $5.3 billion, representing a cost of $7,970 per person living in the state. Over a 15-year period health care rose 176% for each Alaskan, averaging close to 12% per year. On a national level, health care for 2005 was $6,423 per person (Foster & Goldsmith, 2006). While health care is a large expense for many families in the United States, it is significantly more expensive in Alaska. Visiting a dentist is 38% higher than the U.S. average; a visit to a doctor is 30% higher. Hospital bills are 11% greater. Overall costs are 25% more costly than the average of other states (Foster & Goldsmith, 2006).

Geographic and Diversity Challenges

Alaska’s characteristics of a small population that is ethnically and socially diverse, spread out over expansive geography, with growing discrepancy in income levels, adds to the critical challenges facing the state in providing medical care. Geography is an issue in terms of access to health care. Basic health care is available in rural and bush Alaska; however, when specialized services are needed, travel to hub areas or the three major urban areas in Alaska is necessary and may require going outside the state. Needed is the development of integrated comprehensive community-based systems of health care delivery that have been provided in rural areas by other states such as North Dakota and Missouri. These systems include specialist travel or telemedicine to local providers (Perednia & Allen, 1995).

Alaska Health Provider Crisis

Alaska is also facing a health care workforce crisis. In 2007, there were approximately 27,000 health care workers in Alaska and presently a need exists for an additional 3,500, representing many different types of providers. (Jackson, 2006).

In rural areas, it is difficult to attract trained providers and those who work in an itinerate capacity often stay a short time and are more costly to
employers over the long term. Up to 16% of rural physician positions in Alaska were vacant in 2004. Patients with Medicare were having difficulty finding a primary care physician. In 2006, Alaska had a shortage of 375 physicians. In response to this shortage, the Alaska legislature passed a bill that was signed into law by Governor Palin in March of 2007, which doubled the number of medical students from Alaska who are provided with support in securing their degrees, provided that they return to Alaska and practice medicine.

In 1995 the Alaska legislature cut funding to student loan programs and to a professional student exchange program called the Western Interstate Commission on Higher Education (WICHE). These programs were intended to increase the number of physicians practicing in Alaska. Despite the apparent need, even in 1995, the legislature clearly demonstrated its inability to plan, thus emphasizing the fragmentation of the policy process. Table 1 shows the number and rate of vacancies for several categories of health care providers.

**Medicaid in Alaska**

Medicaid is a federal entitlement program administered by the states and funded by federal and state funds. Alaska contributes 42% of the cost. Medicaid costs to the state have grown from 10% of the state’s budget in 1997 to 38% in 2006. This amounts to $1.2 billion serving 132,000 recipients (Ayers, 2007). Today nearly one in five Alaskan’s health care cost is paid by Medicaid.

Approximately 45,000 Alaska Natives carry Medicaid in addition to their IHS entitlements. Indian Health Service is the primary payer if the recipient receives services in a tribal health facility, at no cost to the state. But if a recipient uses a non-IHS facility, the state’s contribution to the Medicaid payment is 42%. Encouraging Alaska Natives to use IHS facilities may save the state between $80 million and $100 million. An improvement in Alaska

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**TABLE 1** Alaska Health Care Provider Shortages

<table>
<thead>
<tr>
<th>Occupation group</th>
<th># Vacancies</th>
<th>Vacancies rate</th>
<th>Vacancy mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>1033</td>
<td>13.9%</td>
<td>17 months</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>439</td>
<td>8%</td>
<td>Two years</td>
</tr>
<tr>
<td>Allied Health</td>
<td>434</td>
<td>7.9%</td>
<td>11 months</td>
</tr>
<tr>
<td>Therapists PT,OT,ST</td>
<td>234</td>
<td>15–30%</td>
<td>Two years</td>
</tr>
<tr>
<td>Physicians</td>
<td>226</td>
<td>11.7%</td>
<td>18 months</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>98</td>
<td>23.7%</td>
<td>15 months</td>
</tr>
<tr>
<td>Dentists</td>
<td>71</td>
<td>10.3%</td>
<td>19 months</td>
</tr>
<tr>
<td>Other providers</td>
<td>994</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3529</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

tribal health care may be a key to controlling the mounting costs of Alaska’s Medicaid program. It is essential that the state, Native tribal groups, and providers work together to develop the best strategy for providing health care and reduce costs incurred by the state.

Behavioral Health in Alaska

In 2003, the Murkowski administration undertook a major reorganization of the Department of Health and Social Services. A new Division of Behavioral Health combined the Division of Alcoholism and Drug Abuse with the Division of Mental Health. By focusing upon behavioral health, many people with co-occurring mental health and chemical dependency disorders will no longer “fall through the cracks.” This change also posed many challenges for providers who previously specialized in either mental health or substance abuse. The division has been providing opportunities for both groups to develop competencies to treat clients with combined diagnoses of mental illness and substance abuse disorders.

“Bring the Children Home”

In 1985, the state created a program called Alaska Youth Initiative. This effort was initially successful in returning to Alaska almost all youth with complex needs who were placed in out-of-state institutions. This program provided individualized wrap-around community-based mental health services for severely emotionally disturbed children who were at risk for institutionalization.

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. By 1998, Alaska began placing children in psychiatric facilities in other states and 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 (Alaska Department of Health and Social Services Division of Behavioral Health and the Alaska Mental Health Trust Authority, 2005).

In 2005 and 2006 the Alaska legislature and the Mental Health Trust Authority provided funding to create a “Bring the Children Home Initiative”. Planning grants have been provided to private nonprofit, private for-profit, and Alaska Native providers for new residential facilities. Other grants have been awarded to similar groups for the development of community-based services. A broad range of stakeholders serving children need to be part of this system change process or it will fail. Likewise, if the children are mostly transferred from an out-of-state institution to an in-state institution without attention to community-based services, the state will soon mirror the
Department of Corrections, which currently houses the majority of adults in the state who have mental health and substance abuse disorders. A partnership has been developed between the University of Alaska, the Alaska Mental Health Trust Authority, and the Division of Behavioral Health to increase the supply of behavioral health workers throughout the state. The state is also working closely 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 because the federal government pays 100% of the cost rather than a percentage when state Medicaid is used.

CORRECTIONS: AN ALASKAN INDUSTRY

In Alaska, a major issue the state is facing in regard to corrections is the overcrowding problem that became apparent in the early 1980s. This was a time when conservative ideology had taken over the criminal justice system and the rehabilitation model was replaced with a retribution-deterrence model. New York sociologist Robert Martinson, with input from research colleagues, published an article in the journal *The Public Interest* titled “What Works?” The 1974 article is historically regarded as discrediting the idea that it is possible to rehabilitate prison inmates, or indeed, to reform any criminals at all. He wrote: “. . . with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism”. (Martinson, 1974, p. 6). This idea appealed both to the liberal and the conservative for different reasons. Liberals related it to the injustice surrounding indeterminate, lengthy sentencing and forced treatment. Conservatives believed that anything that did not discourage retribution was fine. If nothing worked, then it would be easier to convince the public that longer sentences and capital punishment were necessary for their safety. At that time juvenile crime was rampant and the drug culture was evolving and “nothing works” became the slogan of criminal justice policy. It remains in force to this day. The mission of criminal justice then moved from being transformative to managerial, and costs rose extensively.

Corrections Today

In 2006, more than 7.2 million people were under correctional supervision and of that number, 2.3 million were in jails and prisons. This accounts for one in every 31 adults residing in the United States. In fiscal year 2004, the cost of criminal justice was approximately $194 billion, with direct costs amounting to $160 billion for local and state government. The U.S. criminal justice system is one of the few remaining viable industries in the United States. It is thriving given that the incarceration rate of 751 per 100,000 is the
highest in the world. The rate for England is 148 per 100,000, for France 85, and for Japan 62. (Bureau of Justice Statistics, 2006). In March 2007, a Business 2.0 magazine article by Michael Myser reported that state prisons spend more than $30 billion annually. Thirty states, including Alaska, allow the use of convict labor for commercial enterprises. Prisoners manufacture such products as blue jeans, furniture, auto parts; they pack and ship software, book flights on airplanes, do telemarketing and data entry, to name a few activities (Whyte & Baker, 2000).

Corrections in Alaska

Alaska mirrors what has been happening nationally in terms of overcrowding prisons. In 2006, incarceration rates were higher in Alaska than other states of similar size. Alaska’s rate of 667 incarcerated persons per 100,000 population is 28% higher than Wyoming’s rate of 521; and more than double the rates for North Dakota (265) and Vermont (226) (Bureau of Justice Statistics, 2001).

In 1980, presumptive sentencing legislation took effect. Under presumptive sentencing, the statutes called for either a sentence within a statutory minimum/maximum range or the imposition of a specified presumptive sentence for more serious or repeat offenders. The legislature assigned a 99-year mandatory sentence for murder 1, a 10-year minimum for murder 2, and a 5-year minimum for kidnapping. The Alaska Sentencing Commission, which met 1990–1992, provided recommendations to the legislature to deal with prison overcrowding as follows:

• build more prisons;
• develop alternatives to prison;
• reduce the number of incarcerated prisoners; and
• reduce sentences.

None of these recommendations were followed and Alaska no longer has a Sentencing Commission. In 1996, the Knowles administration released a report with recommendations to manage Alaska’s growing prisoner population. It called for programs to reduce the number of low-risk offenders entering prison, to increase the number of low-risk offenders leaving prison, and to expand prison bed space (Criminal Justice Cabinet, 1996). The legislature failed to respond to these recommendations, but did consider bed space two years later. The legislature authorized the building of a new jail for Anchorage and converting a decommissioned army base near Fairbanks into a state prison. The plan was to contract with a private for-profit corrections company to run the prison. The $58 million, 396-bed jail was built in 2002, but the state prison did not materialize. When the response to the army base was rejected, attempts were made to build a prison in South
Anchorage, Whittier, and Kenai, but public outcry of “not in our backyard” prevented this. Also state employee unions did not want a private provider running the 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. In 2004, the Alaska Legislature passed legislation that authorized the state Department of Corrections to develop a contract for a $330 million new prison project in the Mat-Su Borough. This venture represents creating a partnership between local government, contractors, and the state in the building and operation of the prison.

Overcrowding Dilemma and Pragmatic Policy Making

The theme of the Republican majority in the legislature over the years has been “Fighting to Keep Alaskans Safe”. This theme has resulted in longer prison sentences. When these sentences are added to increases in the number of law enforcement officers, aggressive prosecution, the attorney general’s ban on plea bargaining, and a continuation in public attitude favoring a retributive-deterrence justice policy at the same time, it is clear how incarceration rates increased dramatically. Overcrowding was a reality in Alaska’s prisons in 1981 and resulted in a class action suit being filed by inmates against the Department of Corrections. This suit is referred to as “The Cleary Case”.

Alaska operates a unified prison/jail system similar to five other small states: Connecticut, Rhode Island, Vermont, Delaware, and Hawaii. Thus all jails and prisons are under state jurisdiction. During the 1980s, Alaska spent $127.4 million on construction, repair, and renovation of its prisons. In the 1980s the Corrections budget was $22 million. By 1994, it had increased to $140 million and the proposed budget for fiscal year 2009 is $246 million. This is an 8% increase from the previous fiscal year. The cost of housing a prisoner in Alaska exceeds $40,000 per year and is twice the national average. Because of Alaska’s prisons going beyond the emergency levels determined by the Cleary Case and the imposition of a $5,000 per day court fine, in 1994 Alaska began sending prisoners to a private for-profit prison in Arizona. More than 200 prisoners were sent in 1994 and by the end of 2007 there were 1,060 in Red Rock Correctional Center, Arizona. The governor’s Fiscal Year 2009 Budget for housing prisoners in Arizona is set at $21.6 million. This is about half the price of incarceration in Alaska. Sending the overflow of prisoners to Arizona has been the state’s primary solution for the overcrowding problem. Some would view it as representative of pragmatic policy making, common in Alaska. The most reasonable solution to overcrowding was to find more space. A private prison in Arizona had some space and seemed to be the most practical solution. Very little consideration was given to the impact it would have on inmates and their families by sending prisoners thousands of miles away from Alaska. Advocates for a
rehabilitation model would view this solution as representative of a stymied and fragmented policy that has little regard for the people who are incarcerated. Little has been accomplished in providing other alternatives to prison for low-risk offenders, rehabilitation for those in prison, and transition programs for inmates leaving prison.

The Alaska correctional system is the largest provider of mental health services in the state. According to a report in the 2002 winter issue of Alaska Justice Forum, close to 40% of inmates have a mental illness with severe mental illness being the most common. Because of cuts in treatment programs in recent years, treatment has centered upon the use of psychotropic medication and inmate segregation. This highlights the inadequacy of the state’s behavioral health system, which incurred severe budget cuts from the Murkowski administration of 2002–2006. Substance abuse remains a huge issue in the state and is recognized as a major factor in impacting crime and incarceration rates. During the Murkowski years, 13 corrections facilities have had drug treatment programs eliminated. Only three programs remain, due to a federally funded match for services provided.

New Developments

A glimmer of hope for rehabilitation advocates has been the development of the Alaska Therapeutic Courts, the first of which was created in Anchorage in 1998, the Mental Health Court. Its intent is to divert from the criminal justice system people with mental illness who have been charged with an offense. These courts are viewed as an alternative to incarceration for those whose primary problem is substance abuse and/or mental illness but were charged with a felony or a misdemeanor. (Carns, 2005).

A recently released study by the Alaska Judicial Council (2006) found that 66% of criminal offenders return to prison. This rate is very similar to the national recidivism rate. A large portion of offenders were arrested for new offenses within six months of their release. This suggests the need for intensive transition services following release if this high rate of recidivism is to decrease. Another interesting finding of this study was that sex offenders were least likely to commit the same offense again. During the last legislative session of 2007, some conservative legislators credited themselves with “fighting to keep Alaskans safe” by increasing the sentences for sex offenders.

In regard to decreasing recidivism, the current commissioner of corrections wants to change Alaskans’ view regarding their prison system by moving from a retribution-deterrence model to rehabilitation. He has asked the legislature for an additional $3 million to pay for behavioral health, vocational, and apprentice programs that were previously cut by the Murkowski administration. He may have a better chance for success by taking his appeal to the voting public rather than expecting the legislature to comply with his request, given its track record in responding to crime. (Holland, 2007).
Future Developments

Two major questions remain to be answered. First, when will Alaskans begin to question the value of committing $246 million in FY2009 for a system that remains ineffective in deterring crime? Second, is the time ripe to return to a therapeutic justice model? The Alaska Department of Corrections has remained very insular in its managerial mission and will need to reach out to other governmental, private for-profit, and private nonprofit groups if it wishes to pursue the “correction” of its inmate behavior toward noncriminal pursuits. State policy makers need to revisit the response to drug control strategy, and consider the wealth of empirical evidence demonstrating the efficacy of investing in prevention and treatment, rather than pursuing a law enforcement approach. The legislature needs to revive the Alaska Sentencing Commission to consider amending sentencing laws that reflect a consensus in favor of prevention and treatment rather than continuing the habit of placating the public by imposing mandatory and determinate sentencing initiatives that contribute to higher rates of incarceration. Louisiana, Mississippi, and Delaware legislatures have revisited the wisdom of mandatory minimum sentencing. Policy makers need to make decisions on how best to use available resources to promote public safety. Prison is the most expensive choice. Along with this is the need to reinstate judicial discretion in both juvenile and adult courts in the disposition process to permit judges to shape sentences that reflect the conduct and circumstances of the offense and offender.

INTERPERSONAL VIOLENCE

For this section, violence is defined as the deliberate use of force to harm another person with the outcome resulting in injury that may be physical and/or psychological and result in fatal or nonfatal effects. In Alaska the statistics are staggering. According to the Federal Bureau of Investigation, the following statistics were recorded:

- 6,000 reported cases of domestic violence in 2005, which places Alaska among the top five in the country in this category.
- 524 forcible rapes were reported in Alaska in 2005, representing almost 13% of all violent crimes. The Alaska rape rate is 2.5 times the national average.
- Child sexual assault in Alaska is almost six times the national average.
- Alaska has the highest rate per capita of men murdering women.
- Native Alaskan women are seven times more likely to be raped and sexually assaulted in Anchorage than non-Native women. (Federal Bureau of Investigation, 2006)
Domestic violence is the number one indicator for child abuse. Child abuse is 15 times more likely to occur in households where adult domestic violence is also present. Alaska is distinguished from other states because it is isolated in terms of physical and social geography. The majority of the population has migrated to Alaska from other areas, leaving support systems and extended family. Its 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 also endemic with indigenous people who often experience stress from cultural disruption, poverty, and racism. Substance abuse is closely related to the occurrence of interpersonal violence.

Federal and State Response

Legislative response to child violence began with the 1974 Child Abuse Prevention and Treatment Act. This act has been amended many times and is now the Keeping Children and Families Safe Act of 2003. In 1994, the Violence Against Women Act passed Congress. It provides funds to encourage states to improve prosecution, law enforcement, and victim services. In Alaska, the state uses three agencies to respond to 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, which works toward reducing the causes and occurrences and lessens the effects of domestic violence and sexual assault in Alaska. The Council distributes funds from a variety of sources at the state and federal level. It administers grants to 21 community-based victim services programs, eight batterers intervention programs, and three prison-based batterers programs.

In 1996, the Alaska Domestic Violence Prevention and Victim Protection Act was created in response to the federal Violence Against Women Act. It elaborated the definition of offenses resulting in a charge of domestic violence. Protective order provisions were expanded prohibiting the expression of certain behavior from the abuser and a central registry was established. This legislation was viewed by advocates as long overdue, and it finally moved domestic violence from a family problem to a public issue that mandated public response.

Continuing Issues

A major issue that remains regarding domestic violence and sexual assault is that services are not available in many areas of the state, which often results in victims having to leave their community. Funding is necessary for outreach, public education, and prevention programs targeting root causes of violence. Solutions are found in families, communities, and neighborhoods where normative behavior is formed. Without increased funding, reactive
services anticipate closing their doors. This will result in an increase in homelessness of at-risk victims and their children, inability of victims to leave their community, thus increasing the likelihood of life-threatening situations, and children experiencing domestic violence that results in health problems and possible entry into child welfare and juvenile justice systems. The legislature does not adequately fund the programs and its major thrust has been harsher penalties for the perpetrators that respond to the offender after the crime was committed. Such a system does not protect the potential crime victim. Given the stymied and fragmented characteristics of the policy-making process in Alaska government, little positive change is anticipated.

Child Abuse and Neglect

It appears that interpersonal violence is very selective regarding the majority of victims targeted. They represent dependent groups: women, children, and elders. With independence being a primary value in Alaska, and the rest of the country for that matter, it’s not too surprising why dependent groups are the recipients of violence and devaluation and legislatures reluctant to intervene with substantial resources. Child abuse and neglect is not randomly distributed among children in the United States. It is associated with poverty, and children of color are overrepresented in the child abuse and neglect statistics provided by each state.

According to the Census Bureau, in 2006, there were more than 192,000 children in Alaska representing 30% of the population. More than 31,718 children under the age of 18 were living in poverty and represent 40% of all poor people living in the state. The Alaska Office of Children’s Services (OCS) is the state agency that responds to child abuse and neglect allegations.

Extent of Abuse and Neglect

From 2000 to 2003 statistics provided to the Child Welfare League of America showed that Alaska led the nation in the abuse and neglect of children. In 2007 abuse and neglect in Alaska continues to be higher than the national average. In the majority of cases where the child was removed from the family, substance abuse was present. Table 2 shows the number of child victims of substantiated abuse, by race and type of harm.

Under Siege

OCS has long been an agency “under siege” throughout the state. A March 2007 study by Action for Child Protection Inc., paid for by the Department of Health and Social Services, found OCS to be overwhelmed, dysfunctional,
and hobbled by vague policies. It is riddled with problems including high turnover, inadequate training, troublesome employees, poor communications, and a negative public image. In a scathing series of news articles in the *Anchorage Daily News*, children were depicted as being mistreated repeatedly, families were not getting needed help at home, and children too often bounced among foster homes or languished in care without a plan for a permanent home. More children continue to be taken from their parents; in 2004 this figure was 665 and in 2005, 885 children. Numerous state legislative audits identified poor management, high staff turnover, and poor oversight over grants awarded by OCS to private contractors.

### Changes on the Way

At one time the agency was very insular and cited confidentiality laws as preventing it from being more open and visible to the public. That has since changed due to legislation providing for more openness. OCS engages numerous private for-profit and non-profit organizations, including Native groups, throughout the state and provides funding for a variety of services.

Increasingly, state child welfare systems throughout the nation are partnering with the community. They are improving the system by privatizing parts of the system such as case management, foster care recruitment and training, and co-locating child welfare and child protection services to coordinate efforts working with children and families. Alaska has yet to move forward on this to any extent. Some states, such as Kansas and Florida, have undergone significant reform, moving large segments of their service array into the private domain. (Collins-Camargo, 2006).

Given the ongoing problems experienced by OCS, further privatization needs to be considered in shifting core child welfare services to private providers. These would include child protection and investigative functions and foster care. Also transferring case management, giving providers primary

### TABLE 2 Victims of Substantiated Abuse, by Race and Type of Harm 2005 (Children Under Age 18)

<table>
<thead>
<tr>
<th></th>
<th>Mental injury</th>
<th>Neglect</th>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska Native</td>
<td>417</td>
<td>960</td>
<td>192</td>
<td>70</td>
<td>1,639</td>
<td>52%</td>
</tr>
<tr>
<td>Asian</td>
<td>7</td>
<td>11</td>
<td>7</td>
<td>0</td>
<td>25</td>
<td>1%</td>
</tr>
<tr>
<td>African American</td>
<td>41</td>
<td>95</td>
<td>28</td>
<td>2</td>
<td>166</td>
<td>5%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>9</td>
<td>16</td>
<td>11</td>
<td>2</td>
<td>38</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>302</td>
<td>541</td>
<td>208</td>
<td>61</td>
<td>1,112</td>
<td>35%</td>
</tr>
<tr>
<td>More than one race</td>
<td>0</td>
<td>18</td>
<td>2</td>
<td>1</td>
<td>21</td>
<td>1%</td>
</tr>
<tr>
<td>Unable to determine</td>
<td>44</td>
<td>57</td>
<td>23</td>
<td>12</td>
<td>136</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>820</td>
<td>1,698</td>
<td>471</td>
<td>148</td>
<td>3,137</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Office of Children’s Services, Alaska Department of Health and Social Services 2005.
decision-making authority over day-to-day management, and contracting for outcomes and/or the use of performance-based contracts will be beneficial. This would provide community investment in the prevention of child abuse and neglect in Alaska. Arizona, Colorado, and South Dakota are experimenting with privatizing the case management function.

OCS has been hard pressed in obtaining a sufficient number of child protection workers to meet the need, resulting in many children not receiving the services to keep them safe. Private agencies may respond more quickly because they can hire staff immediately. Key stakeholders also need to be part of any privatization process. This would include system consumers, biological parents, foster parents, schools, public safety, plus the behavioral health and developmental disabilities systems. State leadership, beginning with the governor, budget administrators, and legislators must be educated so they are fully aware of the system’s real issues and real needs, not just issues expressed by the media.

CONCLUSION

States at one time were the sole provider of social services for citizens. Private nonprofits emerged with moral counseling and saving children but soon went out of business when the Great Depression occurred. This gave rise to the federal government entering and creating a safety net of services for worthy groups. It entered into a partnership with states providing a number of programs that would be jointly funded. With the Ronald Reagan conservative revolution, government social service programs shrank considerably. This in turn had a negative impact on state government. Private nonprofit organizations began to emerge in an attempt to respond to some community needs that were unmet. Today, social services provision is a pluralistic mix of federal, state, municipal governments, private nonprofit and private for-profit organizations. The overriding theme of this article is that in order to respond to the safety needs of the citizens of Alaska, these groups need to develop partnerships and develop effective evidenced-based services. The more universal these services are, the more effective they will be in developing the human capital of the state. This investment will in turn fuel the economic development and sustainability goals of the state.

Alaska is regarded as a wealthy state and derives much of its income from natural resource extraction. The recent increase in the price of oil and a revised tax structure for oil companies promises to increase yearly revenue in the billions of dollars. In addition to this, the Alaska Permanent Dividend Fund is approaching $40 billion. With such an abundance of resources available to the state and its citizens, many if not all of its social problems may be remedied. What remains elusive is the will to do so. The weakness
of political parties in the state and the power of special interest groups, combined with a citizen legislature of mostly amateurs, when combined with inter-government complexity, result in the perpetuation of a fragmented and stymied political process. There are hints that Alaska may be posed for dramatic change that will be directly linked to national political and ideological change in the years ahead.

REFERENCES


