

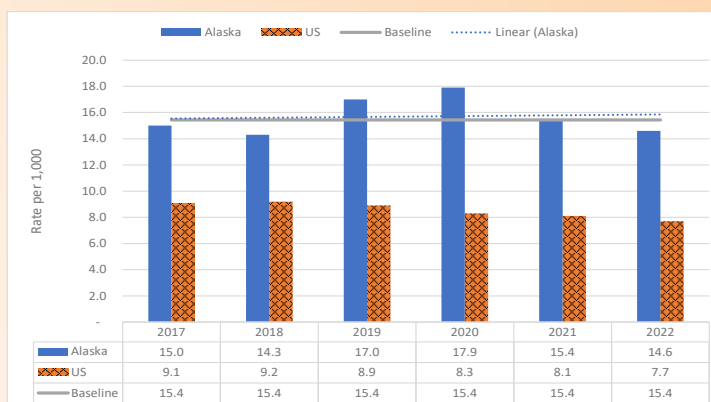
PROTECTING VULNERABLE ALASKANS

INDICATOR 17: Rate of child maltreatment, substantiated cases, unique victims (rate per 1,000; ages 0 to 17)

Story Behind the Baseline

When children lack safe, supportive family and community environments, they are at risk of impaired development and long-term health problems. According to the data from the National Child Abuse and Neglect Data System (NCANDS), which collects and analyzes data submitted voluntarily by states, Alaska’s 2020 rate of child maltreatment was the 2nd highest in the nation (behind Maine), at 18.0 children per 1,000. Caution should be used in interpreting this figure of substantiated (proven) cases of child maltreatment. Although the differences among state rates may reflect actual abuse or neglect, this data can also be impacted by state-to-state variation in statutory jurisdiction, agency screening processes and definitions, and the ability of states to receive, respond to, and document investigations.

The term “Adverse Childhood Experiences” (ACEs) refers to categories of childhood trauma, such as abuse (physical, sexual, and emotional) and household dysfunction including divorce, witnessing domestic violence or living with someone who went to jail or prison, or had substance misuse or mental health problems. These experiences are major risk factors for



Population: Alaska and U.S. (Ages 0 to 17)

Data Source:

- [U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Child Maltreatment](#)

the leading causes of illness and death, as well as poor quality of life in the U.S. The number of exposures to these traumas in childhood, known as an “ACEs score,” is highly correlated with poor health, social, and economic outcomes in adulthood.

Vulnerable Alaskans, both children and adults, need both supportive and protective services. State and local public awareness campaigns, training programs, and multi-disciplinary teams are essential when providing these supportive services. In addition to improving the systems for responding to children and adults experiencing or at risk of abuse or neglect, it is vital that we focus on preventing such individuals from ever entering the system by supporting healthy, resilient families, and healing intergenerational trauma. Concerns for the safety of Alaska’s children and vulnerable adults are reported by neighbors, teachers, nurses, treatment providers, and others to the Office of Children’s Services (OCS) and Adult Protective Services (APS).

What Works?

Increased access to preventive care is an ongoing and a key strategy to preventing abuse, neglect, self-neglect, and exploitation. The Family First Preservation Act, passed in 2018, provided a needed restructuring of federal funding to place a focus on preventing child maltreatment. This act allows states to fund early intervention efforts so that families may receive the assistance and support they need before safety concerns rise to the level of removing the child from the home. Plans of Safe Care, a component of this act, provides screening and case management services to families directly after the birth of a child. These forms of early intervention help maintain family units as well as community and cultural connection by preventing the removal of children from their family units. The Department of Health (DOH) is streamlining and diversifying the types of behavioral health services available under the Alaska Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver).

The Strengthening Families Protective Factors Framework (SFPFF) is a strength-based, research-informed approach to helping families prevent child abuse and neglect. SFPFF is particularly well-suited for Alaska because of its adaptability across cultures. It is embraced by numerous nonprofit and tribal social service organizations throughout the state, helping to shape a shared understanding that children and families are most likely to be safe and healthy when key protective factors are robust in their lives, and when there are trusting, long-term relationships between service providers and families. The five protective factors that are related to the prevention of child maltreatment are:

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Children’s healthy social and emotional development

While OCS has a limited role in directly promoting protective factors, the office refers families to public health partners who offer a more robust continuum of care. OCS continues to encourage these prevention efforts by asking agencies and communities to make their services individualized and strength-based, culturally sensitive/competent, and trauma-informed. A recent initiative, “Circles of Support,” aims to strengthen families and prevent children from being placed out of their homes. Supervised visitation and supervised exchange programs, such as Family First on the Kenai Peninsula, can prevent families from being more deeply involved with OCS. Reducing the use of institutional-based care for children and families with complex mental, emotional, and behavioral needs can also be mitigated through methods like the “wraparound” approach, which focuses on strength-based, individualized care.

Sources:

- [U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Child Maltreatment](#)
- [Centers for Disease Control and Prevention, Violence Prevention, Adverse Childhood Experiences](#)
- [Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. Adverse Childhood Experiences in Alaska](#)
- [Wraparound Milwaukee](#)

PROTECTING VULNERABLE ALASKANS

INDICATOR 18: Percentage change in youth who accessed home-based family treatment services (ages 0 to 24)

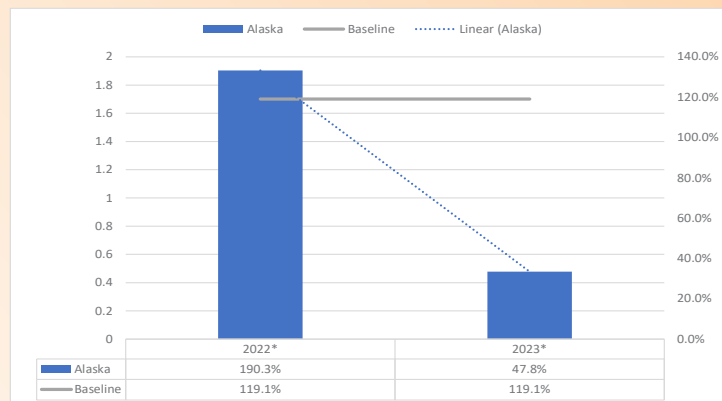
Story Behind the Baseline

Compared to the national average, children in Alaska were 77.4% more likely to be abused in 2020. Alaska also has high rates of repeat child maltreatment, making Alaskan children more likely to encounter the child welfare or juvenile justice system. 1 in every 12 births experience a first substantiated report to the Alaska Office of Children's Services (OCS) before age seven.

For those children at risk of coming into the child welfare system, there have been very limited community prevention and early intervention services, which are managed separately from the treatment system.

Children and adolescents in the child welfare system are often cared for in Residential Psychiatric Treatment Centers (RPTCs), or inpatient hospital services, sometimes in combination with support services. There are a growing number of children (whether in parental or state custody) being placed in out-of-state or out-of-region facilities, making family reunification efforts challenging. Furthermore, there are very few step-up/step-down services available within the child's own home or community, which are designed to prevent repeated maltreatment.

Specific to this indicator and the Alaska Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver), home-based family treatment (HBFT) is designed to be a community-based early intervention service. These interventions include treatment and wraparound



Population : Alaska (ages 0-24)

Data Source:


- Alaska Division of Behavioral Health, Systems and Policy Section

Data Source Contact:

- Lynnea Lenamond, Research Analyst
Division of Behavioral Health, Systems Policy Section, Department of Health
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*Note:

- 2022 is the first full year of indicator data. The 2022-2023 average will serve as the averaged baseline for this indicator until a 3-year average is available.



services that are provided in the home to reduce the need for inpatient hospitalization and residential services for children and adolescents. Services include family therapy, individual therapy, crisis intervention, medication services, parenting education, conflict resolution, anger management, and ongoing monitoring for safety and stability in the home. HBFT services are available for youth who are at risk of an out-of-home placement or at risk of developing a mental health or substance use disorder, determined by a screening. A diagnosis by a clinician is not required in order to receive level 1 HBFT services. This supports easier access to care and provides a wider net for people who can become eligible for services. HBFT is a new and expanding service within Alaska that has the capacity to dramatically alter the landscape of community-based intervention services for Alaska's at-risk youth. At this time, Alaska is seeing a steady growth in HBFT services being provided to children ages 0-4 years, and 5-17 years. Expansion to rural service areas is still needed.

Alaska's unique geography, diverse population, lack of infrastructure, struggling economy, and limited healthcare resources make it challenging to provide a person-centered and culturally-responsive system. However, the family-centered and interdisciplinary approach outlined in HBFT could fill this desperate need if the service continues to expand.

What Works?

The goal of the 1115 Waiver is to create a data-driven, integrated behavioral health system of care for children, youth, and adults with serious mental illness, severe emotional disturbance, and/or substance use disorders. The 1115 Waiver also seeks to increase services for at-risk families in order to support the healthy development of children and adults through increased outreach and prevention, and early intervention supports.

The federal Family First Prevention and Services Act (FFPSA) made substantial changes to federal child welfare financing and is focused on investing in prevention and prioritizing family-based placement. The act rolls out an open-ended entitlement for reimbursement of eligible state expenditures on evidence-based programs and services for children that are at imminent risk of entering the foster care system. It also allows federal reimbursement for evidenced-based programs for in-home parent, skill-based programs that include parenting skills training, parent education, and individual and family counseling, among other services.

Behavioral health challenges often stem from childhood trauma and other adverse experiences and have downstream effects on entire families that translate to higher costs associated with

subsequent acute care and chronic health needs. The 1115 Waiver and the FFPSA promote timely access to a more robust continuum of services, which is key to supporting children who need behavioral health services (or children whose family members need services) in their homes with the goal of preventing out-of-home placement whenever possible. These additional services will provide an important vehicle for strengthening the support system for these young people in hopes of anticipating and preventing crises and reducing the need for out-of-home placements over time.

Sources:

- [State of Alaska, Department of Health, Division of Behavioral Health, Alaska Substance Use Disorder and Behavioral Health Program \(SUD-BHP\) 1115 Evaluation Design FY19-FY24](#)
- [Alaska's 1115 Behavioral Health Medicaid Waiver](#)
- [Parrish, J.W., Shanahan, M.E., Schnitzer, P.G. et al. Quantifying Sources of Bias in Longitudinal Data Linkage Studies of Child Abuse and Neglect: Measuring Impact of Outcome Specification, Linkage Error, and Partial Cohort Follow-Up. *Inj. Epidemiol.* 4, 23 \(2017\)](#)
- [Alaska Behavioral Health Provider Standards and Administrative Manual for Behavioral Health Provider Services](#)

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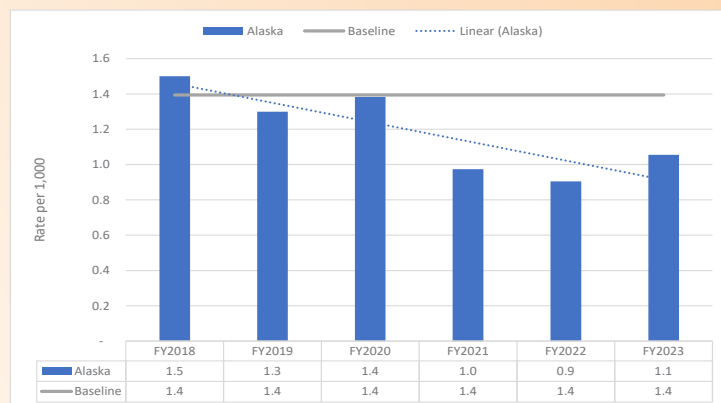
INDICATOR 19: Founded reports of harm to adults (rate per 1,000; ages 18+)

Story Behind the Baseline

Protective services are intended to prevent or alleviate harm resulting from undue influence, abandonment, exploitation, neglect and self-neglect, and are provided to a vulnerable adult or child who needs protection.

Approximately 1 in 10 Americans ages 60 and older have experienced some form of abuse. Some estimates project that as many as 5 million older adults are abused each year. One study estimated that only 1 in 14 cases of abuse are reported to authorities. A study that reviewed news-feed articles collected daily by the National Adult Protective Services Association (NAPSA) through an initiative funded by the National Center on Elder Abuse found that instances of fraud perpetrated by strangers comprised 51% of news articles related to elder financial abuse, followed by family, friends, and neighbors (34%), the business sector (12%), and Medicare and Medicaid fraud (4%). Nearly 60% of perpetrators were men, mostly between the ages of 30 and 59. The news-feed tracked media reports of all types of elder abuse through Google and Yahoo alerts over a three-month period. Seniors who experienced abuse have a 300% higher risk of death when compared to those who have not been mistreated. While likely underreported, estimates of financial abuse and fraud costs to older Americans range from \$2.9 billion to \$36.5 billion, annually; yet financial exploitation is self-reported at higher rates than emotional, physical, and sexual abuse or neglect.

Social isolation and cognitive impairment, such as dementia or Alzheimer’s disease, are two factors that increase the risk of someone experiencing abuse. Recent studies show that nearly



Population: Alaska Statewide (Ages 18+)

Data Source:

- [Division of Senior and Disability Services, Department of Health](#)

Data Source Contact:

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half of those with dementia experienced abuse or neglect. Interpersonal violence also occurs at disproportionately higher rates among adults with disabilities.

Adult Protective Services (APS) and the Long Term Care Ombudsman (LTCO) are two agencies that work together to protect Alaska's vulnerable populations. APS helps to prevent or stop harm occurring against vulnerable adults and takes reports of harm through a centralized reporting system. In addition to investigation of reports, APS makes recommendations for protective placement, guardianship/conservatorship counseling or mediation, links to community resources, and training and designation of local community resources to provide services. The LTCO protects vulnerable seniors by visiting long-term care facilities and investigating complaints.

What Works?

Social support has been acknowledged as a potentially beneficial intervention. Efforts to enhance social supports of vulnerable adults have the dual benefit of building mental health resilience in response to extreme stressors and lowering the risk of interpersonal violence against the older adult members of our society. One example of a social support intervention is a community-based elder abuse intervention program called "Eliciting Change in At-Risk Elders." The program assists suspected victims of elder abuse and self-neglect through a partnership with local law enforcement. This program involves building alliances with the elder and family members, connecting the elder to supportive services that reduce risk of further abuse, and utilizing motivational interview-style skills to help elders overcome ambivalence regarding making difficult life changes.

Given the complex nature of abuse, inter-professional teams, also referred to as "multidisciplinary teams", have been identified as a possible intervention strategy since no single discipline or sector alone has the resources or expertise needed to address the issue. These teams consist of physicians who are social workers, law enforcement personnel, attorneys, and other community participants who are working together in a coordinated fashion. Education about vulnerable adult abuse is another important way to intervene at the community level. Altering attitudes towards abuse may impact a person's behavior toward vulnerable Alaskans.

Interventions continue to evolve with regard to reporting and data collection of abuse incidents. APS systems play a critical role in addressing the abuse, neglect, self-neglect, and financial exploitation of adults. Historically, there has been no federal "home" for APS, nor a designated federal appropriation for this critically important service. Instead, states and local agencies have developed a wide variety of APS practices resulting in significant variations between, and sometimes within, states. In an effort to support APS agencies and enhance

response, the Administration on Community Living (ACL) has been developing guidelines intended to assist states in developing efficient and effective APS systems.

The LTCO office protects the rights, safety, and welfare of individuals residing in assisted living and nursing homes across the state. The LTCO trains community volunteers to visit nursing facilities and assisted living homes. While visiting, they monitor the residents' conditions in the homes, listen to them, work with the home to resolve problems, and alert LTCO staff when they cannot resolve problems or when residents are at risk of harm.

Sources:

- [National Council on Aging](#)
- [National Center on Elder Abuse](#)
- [Alaska Adult Protective Services](#)
- [The Office of the Long Term Care Ombudsman](#)

