





VOA Alaska's Mission

To empower Alaskans and uplift the human spirit through recovery services, housing, and promoting healthy communities.

How We Achieve Our Mission

By offering a range of services in-person, in schools, in the community, and via telehealth. Based on the needs of the youth, our team is providing the right level of care at the right time.



How We Serve: Our Continuum of Care

Community Coalition Advocating for policy changes alongside community partners and leaders to address youth substance use in our community with the VOA-led Anchorage Adolescent Substance Misuse Prevention Coalition.	Prevention Education Engaging youth in self-evaluation and equipping them with the tools they need to make healthier choices about drugs and alcohol with PRIME for LIFE classes.	School-Based Mental Health Providing on-site mental health and wellness support to students, staff, and families with VOA clinicians based in 11 schools throughout Anchorage.	Mental Health & Substance Use Counseling Supporting youth and young adults in learning coping skills, building resiliency, and improving their mental health and well-being.	Intensive Outpatient Creating a safe space for youth and young adults struggling with drugs or alcohol to take charge of their recovery and maintain sobriety.	Day Treatment Helping youth overcome barriers in their continued recovery by combining academic and therapeutic services in which youth engage at least 20 hours per week.	Supportive Housing Ending the experience of houselessness for young adults through affordable housing, mental health and wellness services, and life-skills development.	Residential Treatment Empowering youth to address their substance use and co-occurring mental health challenges in a structured, therapeutic environment at the Adolescent Residential Center for Help (ARCH).
Peer Support Providing im	mediate connection to youth and far	nilies in need, creating engaging pathwa	ays to care, and guiding youth in their	journey through mentorship from the	ose with lived experience.		

Family Services | Supporting all families with youth enrolled in VOA Alaska's care through education, intervention, home-based services, and family therapy; with additional supports for Alaskans raising relative children.





Impact of ARPA and Alcohol Tax

In calendar year 2023, the Municipality of Anchorage has invested or committed to investing just under \$1 million in VOA's School-Based and Access & Engagement (A&E) programs.

- Through Alcohol Tax funding to A&E, VOA has offered 120 engagement activities with an unduplicated attendance of 1,147 youth. Of participating youth, 16 enrolled in treatment services after participating in an event.
- Through Alcohol Tax funding for School-Based services, VOA offered a brand-new trauma-informed summer camp for rising 6th graders at Begich Middle School, reaching 42 youth and 60 family members.
- Through ARPA 2 funding, VOA's School-Based services has grown from serving 4 schools in 2018-2019 to 11 schools in 2023-2024, opening access to mental health services to nearly 8,000 students.



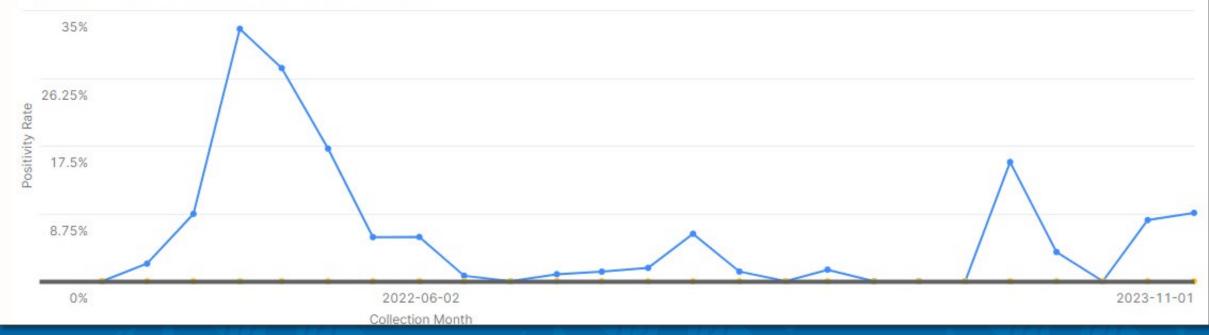


Youth Mental Health & Substance Use Needs

- Alaska is #1 in the country for youth suicide, and intentional self-harm is the leading cause of death for 15–24-year-olds.
 - That's an average of 54 years of life lost for every young person dying by suicide.
- Increased client acuity and instances of self-harm and suicidal ideation.
- Reports of prior abuse have increased 550%.
- PTSD is in top three diagnoses for clients
- Fentanyl: It's everywhere, so the fear is declining among youth
- 7,379 Naloxone overdose first aid kits have been built and distributed by VOA and our Prevention Coalition.

Volunteers of America Alaska - Fentanyl Positivity Rate 2 yrs.





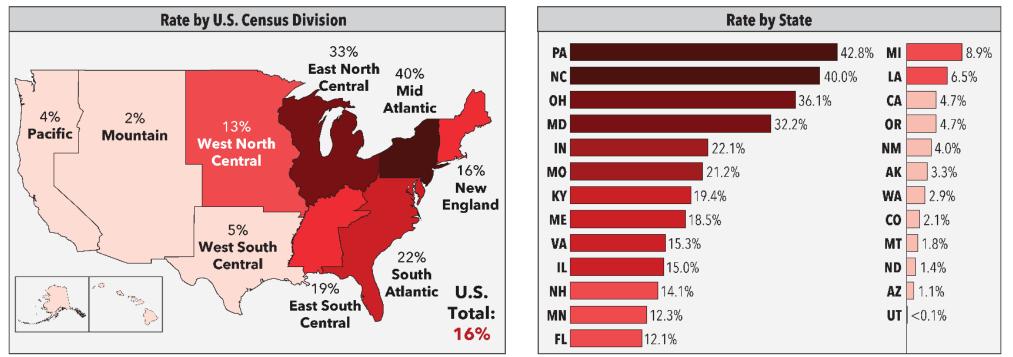


Figure 1. Geographical Analysis of Xylazine Detection in Fentanyl-Positive Specimens

Xylazine urine drug test (UDT) positivity rate in fentanyl-positive specimens by U.S. Census Division (left) and state (right). Logistic generalized estimating equation (GEE) regression models were fit with xylazine detection via LC-MS/MS as the dependent variable. Sex, age (discrete variable), specialty of the referring clinician, payer group and U.S. Census Division (left) or state (right) were treated as model covariates. States listed on the right were restricted to those with 50 or more fentanyl-positive results for accurate xylazine positivity rate estimation. All data were derived from clinician-ordered testing for xylazine on specimens collected between April 12th and July 20th, 2023.



Medicaid Challenges

- Clients losing Medicaid coverage has doubled in the last month.
- Disparity between adult and youth services:
 - Current regulations are more fitting for adult populations.
 - Adolescent services often require twice the staffing.
 - With higher acute patients, we have residents on a 1 to 1 ratio.
- What should the client journey look like?
 - If we only provide what is sustainable and reimbursable TODAY, we'll never end the youth mental health crisis.
- See the handout for essential non-reimbursable services charted on the client journey.



 Community response coordination, such as in the case of a community suicide or overdose in schools or shelters.

Phone Call

• Outreach and engagement to vulnerable and at-risk youth who are not engaging in screening services or do not meet the threshold of crisis intervention or stabilization services.

Outreach

Intake into Assessment Recommended

Assessments while a client is in-patient at another facility.

Program

Therapeutic Engagement

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What Essential Behavioral Health Services are not **Covered by Medicaid?**

Each area of service or support is charted on the client's journey with a provider, from outreach and initial contact to supporting them after they discharge from care.

- Prevention and early intervention in schools, shelters, and hospitals.
- Critical services pre-diagnosis, such as universal screening, brief intervention, care coordination, drop-in sessions within school settings, consultations, etc.
- Behavioral health consultations for youth, parents, teachers, and family members who are considering help or seeking help.
- Services delivered in correctional or medical institutions.
- Housing or tenancy supports, such as for houseless youth or victims of trafficking.
- Client transportation coordination, such as cab vouchers, staff time, and bus passes.
- Client basic needs, such as clothing, food, hygiene supplies, court paperwork, DMV fees, birth certificates, certificates of Alaska Native blood, and vital records.
- Staff transportation to support mobile services (crisis, medical, home-based care) and more community-based services.

• Adolescent residential programs do not have adequate reimbursement to cover the true cost of care. • Medicaid services that require gap funding because they are not sustainable at the current rate. such as home-based family treatment and ambulatory withdrawal management Continuing Care ingo

programs requiring medical oversight.

Discharge Post-Discharge Support

Other concerns include:

- Reimbursement rates do not cover the true cost of care.
- Clients with private insurance who are unable to pay their high deductibles out of pocket.
- A dramatic increase in clients losing insurance coverage, including Medicaid, because of redetermination processes.

System-Wide Needs

- Referral coordination with other providers. • Start-up costs for new services.
- Cost for enhancing
- data collection, reporting, and infrastructure.
- Costs of implementing new requirements and continuous regulation changes.



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