Trust
Alaska Mental Health Trust Authority

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MEMO

To: Verné Boerner, Chair - Program and Planning Committee, Chair
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: July 16, 2021
Re: FY20 Closed Grant Report for Trustees

This memo serves as a preface to assist the reader in understanding the grant information included in this report.

FY20 Closed Grant Report

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its amended FY23 budget. The report is organized into sections related to Trust focus and priority areas, but also includes a section examining on non-focus area grants. Each grant included in the report contains information about the grant's purpose, outcome results, and an individual staff analysis with a FY23 budget recommendation. For each grant the following are included:

1. A high-level project summary with general information about the grant.
2. A detailed project analysis completed by Trust program staff.
3. The project description from the grant agreement.
4. An executive summary, beneficiary numbers, and responses to performance measures as submitted by the grantee.
5. Any applicable attachments submitted by the grantee as part of the reporting process.

FY20 Closed Grant Selection Criteria

The criteria used for selecting the grants in this report were:

a. Only FY20 closed grant projects (Authority Grants and MHTAAR grants)
b. Only FY20 closed grants over $100,000 (including grants awarded from an unallocated bucket in a Non-Focus Area or Focus Area line item; i.e. Partnerships or Beneficiary Employment and Engagement program grants)
c. Only FY20 closed grant projects recommended for continued funding in the FY23 budget. (NOTE: If the FY23 recommendation is below the $100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 36 grants that met the criteria and are included in the report.

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Trust Grant-Making in General

Annually the board of trustees approves a budget that includes expenditures from the Trust Settlement Income Account for the awarding of grants and contracts to ensure an integrated comprehensive mental health program for the state and to improve the lives of Trust beneficiaries[1]. In some cases, the approved funding is allocated to a specific organization (i.e. the Department of Health and Social Services or Alzheimer's Resource Agency) and in other cases the funding is approved, but not to a specific organization. These "unallocated buckets" of approved funding (i.e. Partnership funds) are approved and awarded to grantees throughout the fiscal year. Depending on the dollar amount of the grant, they are approved by the board of trustees, the program and planning committee or the chief executive officer.

On average the Trust annually awards over $20M in individual grants, as outlined in our recent FY20 Grant Investment report. These grant awards can range from $2,500 for a conference sponsorship to over $500,000 for a program or service that supports Trust beneficiaries. The types of grants the Trust awards include:

- Capacity Building
- Capital - Equipment
- Capital - Construction
- Conference/Sponsorships
- Data Planning
- Direct Service
- Outreach
- Workforce Development/Training

In addition, for each grant award there is a signed grant agreement between the Trust and the grantee organization. The grant agreement includes:

- General Agreement as to the purpose of the grant
- Project Description
- Project Performance Measures
- Budget Agreement
- Payment Provisions
- Reporting Requirements

[1] Alaskans who experience mental illness, developmental disabilities, substance use disorders, Alzheimer's disease and related dementia, and traumatic brain injuries.

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Project Performance Measures

Individual grant project performance measures are established for every grant and included in the grant agreement. Generally, performance measures are developed by Trust staff with the grant recipient. This ensures the necessary beneficiary data is reported given the scope and type of grant award and that the data is within the grantee's capacity to track. As a starting point, the Trust uses the Results Based Accountability (RBA) framework[2] when developing performance measures. This framework is based on three core questions (1) How much did we do? (2) How well did we do it?, and (3) Is anyone better off? This framework is applicable for the majority of Trust grants, but not all (i.e. capital grants).

Using the RBA framework as the foundation, additional factors are considered when developing and establishing performance measures, such as the grant award amount and the grantee's capacity to collect, analyze and report data. In summary, the RBA framework grounds the development and establishment of grant performance measures, but there are other factors that are considered for each grant award.

Project Performance Measure Data

Project performance measure data is generated and submitted to the Trust by the grantee as outlined in the individual grant agreements. The information can and does vary depending on the grant type, the data required as well as the individual grantee's data collection infrastructure, staff capacity, and ability to analyze and interpret the data. As a result, there is performance data reporting variability across grantees and individual grants cannot and should not be compared to one another.

When a grant report is submitted, Trust staff review the report against the performance measures outlined in the grant agreement. If there are questions or if there is missing information the assigned Trust staff to the grant, reaches out to the grantee to discuss the identified question or issue. This communication accomplishes three key things. First, it develops or strengthens the Trust/grantee partnership. Second, it provides an opportunity for Trust staff to understand the context and any potential unidentified capacity issues that may have contributed to the question or issue. Finally, it provides the opportunity to assist the grantee in understanding the Trust data needs and possibility to clarify or resubmit information in the report. In the end, this generally results in better data on the project and a greater understanding of beneficiary impact.

[2] Mark Friedman

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Staff Analysis

The Trust is a highly engaged grant making organization, meaning Trust staff often are connecting and working with the grantee from the point of approval through to the close of the grant award. Thus, the submitted grant report itself is one element that Trust staff considers when performing their analysis of a grant project. Other elements include grantee/Trust communication over the grant period; identified factors outside the grantee's control that may have positively or negatively impacted grant performance (i.e. staff turnover, state regulatory or funding changes; changes in leadership priorities, etc.); confidence in grantee leadership; and historical grantee performance. These elements may or may not be included in a grant report, but when applicable are considered and included by Trust staff in their final analysis of the grant.

Summary

We hope this information helps to frame the context and understanding of the information that is included in the grant reports that follow. In addition, we hope that the information will assist trustees in understanding the identified Trust FY23 budget recommendations and the related projects. Trust staff looks forward to answering any questions trustees may have, and engaging in a dialogue about the report.

Projects: Other Priority Areas, includes select attachments

Contents

SHARP Loan Repayment 1

The Alaska Training Cooperative 22

Project Title: SHARP Loan Repayment

Grantee: Division of Public Health

Fund: MHTAAR

Geographic Area Served: Statewide	**Project Category:** Workforce Development/Training

Years Funded: FY08 to Present

FY20 Grant Amount: $200,000.00

FY20 High Level Project Summary:

Supporting Healthcare Access through Loan Repayment Program (SHARP) is a State of Alaska Division of Public Health support-for-service project that aims to increase access to healthcare through tax-exempt education loan repayment, or direct incentive to practitioners who work with Alaska's priority populations. This recruitment and retention strategy has been instrumental in securing 97 healthcare professional contracts in FY 20. The Trust's $200,000 investment in FY 20 resulted in a return $2,147,477 from a combination of federal Health Resources and Services Administration (HRSA) and Alaska agency monies.

SHARP exists to recruit and retain healthcare professionals with the hope of improving the distribution of practitioners across the state. There was 110 contracts in FY 20. Of these, 97 were new contracts represented by 31 organizations: 14 Tribal, 17 non-tribal. The SHARP program increases access to healthcare providers and on-going care as evidenced by the 87,239 care visits provided by these contracted practitioners in FY 20. The Trust program staff recommend funding this initiative in FY23.

Strengthening the workforce by increased recruitment and retention is achieved through the SHARP program and is represented by objective 9.1 of the Comp plan.

Project Title: SHARP Loan Repayment

Staff Project Analysis:

In FY 20, SHARP contracted practitioner outcomes include increased access to healthcare, which includes appointments, treatment, pharmacy prescriptions, and follow-up care. The SHARP program is a strategic workforce initiative of the Trust as it helps improve the lives of our beneficiaries: 112,359 patients seen by SHARP clinicians.

SHARP 1 contracts are for two years, and SHARP 3 contracts are for 3 years. Recipients under each iteration of the program are eligible for two extra contract cycles, which helps stabilize the workforce in regional hospitals, primary care clinics, and community health centers. Because this recruitment and retention program has proven to help increase access to care, staff recommends the SHARP program for full funding in FY23.

The Trust's investment of $200,000 dollars a year in SHARP is also an excellent return on investment, as it brings in $1,000,000 federal funds, and $1,000,000 provider dollars. An amazing fact from this program is SHARP clinicians provided care to over 100,000 Alaskans in FY20. This is a vital workforce recruitment and retention tool, which has a foundation of working in Alaska for the last 12 years. The Trust program staff recommend funding this initiative in FY23.

Project Description: The Department of Health and Social Services continues to partner with The Trust to apply for a National Health Services Corps (NHSC) State Loan Repayment grant that requires matching funds from the state. Entitled Alaska's SHARP Program, this statewide loan repayment and incentives effort allows DHSS to bring in additional funds for loan repayment and incentives for health professionals who work with Trust beneficiaries. SHARP also impacts both Alaska's Medicaid Expansion, Reform and Redesign, and, the Criminal Justice Reinvestment Reentry and Recidivism program efforts. In SFY'20, SHARP is expanding to include a whole new component, SHARP-3. Thus, SHARP's data management capability will be enhanced by dedicating a portion of this grant to improved analytics.

Grantee Response - FY20 Grant Report Executive Summary: Alaska's SHARP Program is a statewide support-for-service effort to provide financial support to a practitioner other than his or her standard wage and benefit. It is a public-private partnership working to improve the recruitment, retention and distribution of health professionals for Alaska. SHARP offers two types of support-for-service benefit either (a) tax-exempt education loan repayment; or (b) direct incentive to practitioners in support of their work with or on behalf of Alaska's priority populations.

SHARP-1 was Alaska's first state-operated support-for-service program component. All financial support from AMHTA to SHARP has been largely for the partial resourcing of SHARP-1 service contracts. Our SHARP-1 component began in 2009, and has continued vigorously to present. SHARP-1 service contracts are based on primary care clinicians providing care in federally designated Health Profession Shortage Area (HPSA) locations. SHARP-1 is predicated on the state's receipt of competitive, periodic HRSA partnership grants from the federal State Loan Repayment Program (SLRP). Alaska has now received its fourth competitive federal grant award from HRSA. All SHARP-1 contracts are (at most) 50 percent HRSA-funded, with the other 50 percent (at least) derived from assorted non-federal sources including that from the AMHTA and participating employers. AMHTA requires that SHARP submit this annual status report.

During SFY 2020, SHARP had 97 clinician-participants and 110 service contracts. Clinicians were located in 32 healthcare agencies, across 22 communities, with some in every region of Alaska.

Clinician-contract expenditures totaled $2,147,477, resourced by federal HRSA ($819,305), the Trust ($155,169) and the participating employers ($1,1274,619). At the program level, the resulting cash return-on-investment for the AMHTA funds was a remarkable 1,284%. The number of patients served (unduplicated count, within clinician, within quarter) was 112,359, and for those there were 87,239 care visits (unduplicated visit count, within clinician)(excluding pharmacists). Pharmacists handled 134,135 prescriptions. SHARP now has appreciable involvement in care for corrections and probation/parole populations, as well as kin substance abuse treatment. Stakeholders have routinely and formally voiced strong support for the SHARP Program, exemplified by the Governor's signature authorizing our new SHARP-3 law. Looking ahead for SFY 2021, SHARP will continue to address: (a) need for more behavioral health clinicians, (b) revenue for program administration, (c) establishing a relational database, (d) attaining a second professional FTE for the program, (e) improvement of budget practices, (f) a formal plan for program sustainability, and (g) the implementation of SHARP-3. Overall, SHARP solidly met its SFY'20 objectives. As a result, SHARP has honored its grant agreement with the AMHTA. Through its work with, and support of, SHARP the Trust has continued to make an impact and to advance thinking in Alaska's healthcare workforce system. Further, the Trust's return-on-investment (as measured in cash) has been significant. Overall, SHARP is working, and we are making progress.
Number of individual trained as reported for this project in FY20: 97 participating professionals
Performance Measure 1: Document (a) the number of medical, dental and behavioral health clinicians, (b) their employers and (c) their work communities enrolled in the loan repayment program. Include data and information from the special behavioral health cohort solicitation.
Grantee Response to Performance Measure 1: During SFY 2020: (a) The number of clinicians totaled 97, with 14 in behavioral health, 14 in dental health, and 69 in medical care. (b) The clinicians worked in 32 employers. (c) The clinicians were located in 22 communities, spread across all regions of Alaska. (d) SHARP's initial special behavioral health cohort has now sunset, with all 17 contracts having successfully concluded. However, we are now considering that that another (second) special SHARP-1 behavioral health cohort will be solicited in later SFY 2021.
Performance Measure 2: Document the number of partnering dollars that match Trust funds in this project.
Grantee Response to Performance Measure 2: For SFY 2020, clinician-contract expenditures totaled $2,147,477, which was composed of funds from federal HRSA ($818,304), the participating employers ($1,174,619), and to a much lesser extent, the AMHTA ($155,169). This array yielded program-level, cash return-on-investment for the Trust at the remarkable level of 1,284%.
Performance Measure 3: Provide the Trust with a summary report of the overall program, including data on award of loan repayment by region and profession. In addition, provide clinician productivity data including (a) number of patients served, (b) number of care-visits, and (c) number of prescriptions serviced.
Grantee Response to Performance Measure 3: These data are presented in detail within the Overall Report provided here via attachment (pdf). However, in brief, total education loan repayment expenditure was $2,147,477. There were 112,359 patients served (stated as unduplicated patient count, within clinician, within quarter). There were 87,239 care-visits (unduplicated visit count, within clinician) (visit count does not include pharmacists). Further, there were 134,135 prescriptions serviced.
Performance Measure 4: Provide periodic updates on SHARP 1 and the implementation of SHARP 3.
Grantee Response to Performance Measure 4: Answer: 4(a) SHARP-1 update

In May 2018, SHARP applied for its fourth competitive federal grant from the U.S. Health Resources and Services Administration (HRSA). During the reporting period, SHARP received a resulting Notice of Grant Award. This is a four-year grant (#H56CR25037, 9/1/2018 – 8/31/2022) providing $1,000,000 per annum in federal funds ($4,000,000 total). HRSA requires that federal funds be matched by non-federal funds at least dollar-for-dollar. During the reporting period, SHARP conducted one clinician applicant solicitation during the reporting period, starting 21 new contracts. As of this writing, SHARP has now issued 430 clinician contracts since program inception.

Answer: 4(b) SHARP-3 update
During Spring 2019, SB-93 passed unanimously in all legislative committees and then in the Alaska Senate and House. On 8/1/19, SB-93 was signed into law as Chapter 15 SLA 19 by Governor Dunleavy. On 11/14/19 the program submitted the complete regulations package for review, then the required Public Comment period occurred 5/1/20-7/10/20, and from which only laudatory comment and modest suggestions were garnered. Since then, the regulations package has remained with the Department of Law. We still expect that SHARP-3 will open for applications during SFY 2021. Once open, SHARP-3 will remain open for applications. We expect broad interest from across the state.

Performance Measure 5: Use current Alaska data associated with Alaska's unserved populations (Medicaid, Medicare, uninsured and federal health beneficiaries) as well as Criminal Justice Reinvestment in determining the targeted occupations for the upcoming SHARP application processes.

Grantee Response to Performance Measure 5:
(a) There were 112,359 patients served (stated as unduplicated patient count, within clinician, within quarter), and of those 38,794 were principally Medicaid beneficiaries, 11,714 were Medicare recipients, and 21,102 were federal health beneficiaries (e.g. I.H.S., VA). As well, SHARP pharmacists serviced the following number of prescriptions: 37,047 for Medicaid, 14,555 for Medicare, and 29,549 for federal health beneficiaries.

(b) As regards Criminal Justice populations, SHARP clinicians provided care within correctional facilities (stated as unduplicated patient count, within clinician, within quarter), to 3,053 and 76 more in out-of-facility probation or parole clientele.

Performance Measure 6: Employer Recruitment Prerogative. Document (a) the number of clinicians recruited, and (b) the number of clinicians retained. Document the number and variety of agencies that used SHARP's Employer Recruitment Prerogative option, and with which clinician-types.

Grantee Response to Performance Measure 6:
Answer 6: The Employer Recruitment Prerogative (ERP) allows an employer to assert the availability of the loan repayment option, even if the employer is still in its "hiring phase" and even if the clinician-candidate has not been yet identified. The ERP is an innovation because it provides the employer with the option to "offer-with-certainty" the loan repayment benefit to a practitioner "still to be hired." The ERP is made available through SHARP Council's regular competitive application, and selection of the employer is the result of Council's standard recommendation process conducted in meetings via public notice. Once the employer has selected the practitioner, then that candidate must also sign and endorse SHARP's regular service contract in order to receive the award.
Thus far, SHARP-1 has issued two "Employer Recruitment Prerogative" (ERP) contracts, and both for family practice physicians. Overall, we have expected there would be more interest from employers in this key option, but that interest has yet to materialize. Perhaps enhanced visibility for the ERP option during SFY'21 will increased ERP adoption.

Performance Measure 7: Demonstration-1 – Recruitment and Retention of Substance Abuse Treatment Clinicians. Document the number of SHARP clinicians that provide substance abuse treatment, and both (a) the number of patients, and, (b) number of healthcare visits served by those

clinicians.

Grantee Response to Performance Measure 7:
During SFY 2020, a total of 23 SHARP clinicians provided at least some substance abuse disorder (SUD) treatment services. As regards number of patients who received these SUD services, there were 1,457 (stated as unduplicated patient count, within clinician, within quarter), who received a total of 2,672 care visits (not including pharmacist services). In addition, SHARP pharmacists handled 848 prescriptions as regards substance abuse treatment.

Performance Measure 8: Demonstration-2 – Recruitment and Retention of Clinicians to Replace Locum Tenens. Document the number and location of SHARP clinicians, which are hired to replace temporary staffers (aka locum tenens). Document any cost-savings that result from those replacements.

Grantee Response to Performance Measure 8:
Answer 8: For at least a decade, SHARP Council has known of the difficulty in recruiting physicians and other key personnel for Alaska, and in recent years, the problem has gotten worse. Reports from both rural and urban facilities have pointed out several adverse impacts of delayed hiring. One of those is the over-reliance on the use of locum tenens physicians or other "temporary staffing" practitioners. It is a practice that can have truly extraordinary costs, as compared to use of a stable permanent-employee staffing pattern. Because of the high expense, the over-use of "temporary staffing" (e.g. locums) has become one (of the assorted) factors that has exacerbated state-level Medicaid costs. Further, the overuse of locums can create other "system problems." Quality of care can be reduced because of the built-in rapid turnover, since continuity of care is often disrupted. The functioning of the local practitioner networks and treatment teams can be compromised, and critical institutional memory can be diluted. In turn, those resulting barriers can impede the locum's ability to practice at his or her "top-of-scope."

Status: For this and other reasons, SHARP is working to support the use of more stable, longer-term alternatives to the overuse of temporary staffing. However, progress on this measure awaits more work in SFY'21. To address this, we have been including (a) questions about the use of locums within the employer-application, (b) questions about the origins of the SHARP clinician within the clinician-application; and (c) a question in the contract itself by which the employer reports on whether the position was previously filled by temporary staffing.

To understand how SHARP well SHARP is doing to impact use of temporary staffing, those contracts-data are now being analyzed. Currently there are 175 SHARP-1 SLRP-4 contracts that have been issued. Completing this analysis is a task for our SFY'21 work cycle.

Another Measure of SHARP's Progress: Stakeholder Feedback

Instances of Positive Feedback about SHARP during Review Period

AMHTA Staff

9/11/19 – Communications Officer - AB: Thank you, Robert! We appreciate all your work to build Alaska's health workforce!

1/29/20 – Program Officer - EB: Thank you Robert, you and Rachel did a wonderful job sharing about the SHARP program and the long-term impact the program has had on recruitment and retention, plus helping our Trust beneficiaries.

2/1/20 – President of Board - MJS: I enjoyed your presentation. I'm sure the Trust will continue to

support the Sharp program for many years to come. It is financially healthy and workforce is a big issue.

3/27/20 – Financial Officer - SM: Your email reminded me of your wonderful presentation on SHARP – which is such an awesome program.

SOA Leadership

8/2/19 – Governor - MJD: "The existing SHARP Program has already placed 250 medical practitioners across the State of Alaska, and the revenue-neutral improvements made to the program with Senate Bill 93 will help to draw even more medical professionals to Alaska," said Governor Michael J. Dunleavy. "Every Alaskan benefits by having access to medical professionals in their communities, and I am hopeful that these changes will attract more qualified healthcare professionals to the Last Frontier in the near future."

8/2/19 – Legislator - DW: "Senate Bill 93 builds upon successes of the Alaska Health Care Professions Loan Repayment and Incentive Program commonly referred to as the SHARP Program. SHARP III is a budget-neutral initiative that addresses service shortages in our current healthcare landscape, leverages community-level investment across the state, and improves health outcomes of Alaskans," said Senator David Wilson, sponsor of both SB 25 and SB 93. "SHARP III focuses on private-public partnerships, recruitment, and retention, by offering incentives to new and experienced professionals. To date, the program, which is administered by the Department of Health and Social Services, has supported more than 250 practitioners in nearly 60 sites across the state."

8/2/19 – Legislator - IS: "I am thrilled to have helped pass legislation creating SHARP III which, in this new iteration, focuses on expanding private-public partnerships to address recruitment and retention challenges for health care professionals in Alaska. Even better, it does this at no cost to the state of Alaska," said Representative Ivy Spohnholz, the Alaska House of Representatives sponsor of SB 93.

12/30/19 – DHSS Commissioner - AC: Legislation was passed this year … the SHARP-3 healthcare professional incentive program which recruits and retains providers in underserved areas. … successful public-private partnership that require no state general funds.

2/13/20 – ACPE CEO - SB: Thank you, Robert. I expect we'll come up with more questions as we move forward, and it's wonderful to be able to bounce ideas off you and solicit your expertise and experience!

DHSS Staff

8/1/19 – Medical Director - AZ: It is signed (SB-93) - we missed the Juneau group - but I learned a ton and the state is better off thanks to you all and your amazing work! Congratulations!!!!!

8/2/19 – Section Chief - SL: You should know that everyone at today's signing of SB 93 verbally recognized that your hard work was instrumental in developing this bill and bringing it all the way to the finish line. There was appreciation expressed all around the room. Congratulations on this major achievement, Robert.

11/14/19 – Deputy Dir - JL: Thanks, Robert. This (submitting Regs package) is an important milestone.

12/2/2019 – Div Director - HH: Thanks again Robert for your contribution to the process (passage of SB-93).

National Expert

6/6/19 – Physician & Researcher - DP: The program data are more complete in in-depth than I have seen for an LRP in many years. And they are wonderfully displayed. Very nice

SHARP Employers

2/19/20 – HR Director - SB: I hear you are doing a fantastic job on your presentation in Juneau! Thanks for fighting the good fight now that our funding through NHSC is non-existent.

3/1/20 – HR Director - SB: This is great news. I'll get right on it. Thank you for supporting clinicians statewide, but especially ANHC clinicians. Very much appreciated!!

SHARP Clinicians

7/2/19 – Clinician - SD: I'm so pleased to be participating in the SHARP program! Thank you for your consideration and hard work in helping me get this far.

7/10/19 – Clinician - JS: Thank you very much for your help throughout this process and for this opportunity! I am very grateful to have been considered for this. I just arrived in Nome today after a few days of travel/moving, so I apologize for my late reply.

8/5/19 – Clinician - BW: Congratulations to you, your co-workers, allies, and all Alaskans on this (SB-93 passing) achievement!

8/28/19 – Clinician - RR: I am continually grateful for your work and the support of the SHARP program.

1/21/20 – Clinician - TL: Thanks so much once again for your part in making this life-altering program possible. It really makes a difference to me every day.

2/12/20 – Clinician - EH: Thank you for all of your help during this process! This program has been a huge help to me!

12/10/20 – Clinician - ER: Thank you Robert for your response and direction. This program has been an absolute blessing to my career and family. I feel gratitude to have benefited from the state as well as Providence thus far.

Alaska's SHARP Program – AMHTA Report - SFY 2020
Period: 7/1/19 – 6/30/20
Performance Measures

Alaska's SHARP Program is a statewide support-for-service effort to provide financial support to a practitioner other than his or her standard wage and benefit. It is a public-private partnership working to improve the recruitment, retention and distribution of health professionals for Alaska. SHARP offers two types of support-for-service benefit either (a) tax-exempt education loan repayment; or (b) direct incentive to practitioners in support of their work with or on behalf of Alaska's priority populations.

Purpose: The purpose of SHARP is to address the shortages and maldistributions of certain health professionals in the state by increasing the number and improving the distribution of healthcare professionals who provide direct patient care.

SHARP-1 was Alaska's first state-operated support-for-service program component. All financial support from AMHTA to SHARP has been largely for the partial resourcing of SHARP-1 service contracts. Our SHARP-1 component began in 2009, and has continued vigorously to present. SHARP-1 service contracts are based on primary care clinicians providing care in federally designated Health Profession Shortage Area (HPSA) locations. SHARP-1 is predicated on the state's receipt of competitive, periodic HRSA partnership grants from the federal State Loan Repayment Program (SLRP). Alaska has now received its fourth competitive federal grant award from HRSA. All SHARP-1 contracts are (at most) 50 percent HRSA-funded, with the other 50 percent (at least) derived from assorted non-federal sources including that from the AMHTA and participating employers. AMHTA requires that SHARP submit this annual status report.

SHARP-3 is Alaska's third state-operated support-for-service component. SHARP-3 is based on a bill (SB-93) that passed unanimously in both legislative chambers (May 2019), and was signed into law (AS 18.29) by Governor Dunleavy on August 1st, 2019. A full regulations package was submitted on November 14th, 2019, presented for Public Comment in May-July 2020, and we now await final review by the State of Alaska's Department of Law. SHARP-3 will feature (a) advanced blended funding; (b) use of tax exemption for loan repayment; (c) the eventual establishment of a multi-year operations fund; (d) adjustable funding-source proportions between employer and contributor(s); (e) a range of possible contributors. We plan to implement SHARP-3 during SFY 2021.

Quarterly Work Report: The Quarterly Work Report (QWR) process yields our most fundamental metric, the clinician productivity data set. All clinicians and employers are must submit a QWR each quarter. Through this, we determine that each clinician: (a) was working, (b) at the agreed upon location, (c) providing care to Alaska's priority populations, and (d) by how much. The data provide (1) an unduplicated count of patients seen; (2) care-visits served, and (3) by payer type (e.g. Medicaid, Medicare). All education loan repayments are based on our receipt of these required QWR reports.

Performance Measure 1: Document (a) the number of medical, dental and behavioral health clinicians, (b) their employers and (c) the communities within which they work.

Answer: 1(a) Number of medical, dental and behavioral health distinct clinicians, and their associated service contracts, during the period SFY'17 through SFY'20.

	Distinct Practitioners in Year					Contracts in Year				
	SFY'17	SFY'18	SFY'19	SFY'20	AVG	SFY'17	SFY'18	SFY'19	SFY'20	AVG
Behavioral	44	28	34	14	30	48	28	38	14	32
Dental	18	6	16	14	14	20	6	16	14	14
Medical	68	34	66	69	59	77	34	75	69	64
Total	130	68	116	97	103	145	68	129	97	110
	SFY'17	SFY'18	SFY'19	SFY'20	AVG	SFY'17	SFY'18	SFY'19	SFY'20	AVG
Counselor (LPC)	10	8	13	6	9	11	8	13	6	10
Dental Hygienist	6	0	0	0	2	6	0	0	0	2
Dentist	12	6	16	14	12	14	6	16	14	13
Marriage & Family	1	1	1	1	1	1	1	2	1	1
Nurse (RN)	10	5	14	13	11	10	5	17	13	11
Nurse Midwife	1	1	2	1	1	2	1	2	1	2
Nurse Practitioner	12	8	13	11	11	13	8	15	11	12
Pharmacist	14	5	14	15	12	14	5	14	15	12
Physical Therapist	2	2	0	0	1	2	2	0	0	1
Physician	25	15	24	28	23	31	15	28	28	26
Physician Assistant	11	2	3	3	5	12	2	4	3	5
Psychiatrist	6	3	2	1	3	8	3	3	1	4
Psychologist	4	3	4	2	3	5	3	5	2	4
Social Worker	16	9	10	2	9	16	9	10	2	9
Total	130	68	116	97	103	145	68	129	97	110

Answer: 1(b) For SHARP-1 Clinicians in SFY'20 - Their employers and (c) work communities

Communities Served	Employers
Anchorage	Alaska Native Tribal Health Consortium
	Department of Corrections
	Anchorage Neighborhood Health Center
	Denali Family Services
	Southcentral Foundation
Bethel	Yukon Kuksokwim Health Corporation
Craig	PeaceHealth - Ketchikan & P.O.W.
Delta Junction	Cross Road Health Ministeries, Inc.
Dillingham	Bristol Bay Area Health Corporation
Fairbanks	Tanana Chiefs Conference
Glennallen	Copper River Native Association
Haines	South East Alaska Regional Health Consortium
Homer	Seldovia Village Tribe Health & Wellness
Juneau	South East Alaska Regional Health Consortium
Kenai	Kenaitze Indian Tribe
Kotzebue	Maniilaq Association
Nome	Norton Sound Health Corporation
Palmer	Compassionate Directions Institute
	Providence Medical Group - Mat-Su
Seward	Seward Community Health Center
	Department of Corrections
Sitka	South East Alaska Regional Health Consortium
Soldotna	Central Peninsula Hospital - Behavioral Health
	Frontier Community Services
	Peninsula Community Health Services of Alaska
Talkeetna	Sunshine Community Health Center
Tok	Tanana Chiefs Conference
Utqiagvik	Arctic Slope Native Association: SSMH
Wasilla	Southcentral Foundation
	Department of Corrections
	Mat-Su Health Services, Inc.
Willow	Sunshine Community Health Center

Performance Measure 2: Document total partnering dollars that match Trust funds in project.

Answer 2: The AMHTA return-on-investment for SFY'20 services per se was 1,284%. In total, all AMHTA $200,000 was spent (expect $88). In addition, AMHTA funds were used for a $25,000 RSA with the University of Alaska's AHEC to perform selected data analytics.

Partnering Dollars to Match Trust Funds *						
Funding Source	**HRSA**	**AMHTA**	**Employer**	**Totals**	**Sub-total Not AMHTA**	**AMHTA ROI**
Expensed	$ 818,304	$ 155,169	$ 1,174,619	$ 2,147,477	$ 1,992,924	1284%
* Expenditures on contracts only						

Performance Measure 3: Provide the Trust with a summary report of the overall program, including (a) data on award of loan repayment by region and by profession. Present clinician productivity by (b) number of patients served, (c) care-visits, and (d) prescriptions serviced.

Answer: 3(a) Loan repayment amounts for services in SFY'19 per se – by Occupation & Region

Education Loan Repayment*						
Discipline	**Northern**	**Interior**	**Southcentral**	**Southeast**	**Southwest**	**Total**
Counselor (LPC)		$ 1,196	$ 73,297			$ 74,493
Dentist	$ 116,640		$ 165,191	$ 35,000	$ 108,956	$ 425,786
Marriage & Family			$ 10,000			$ 10,000
Nurse (RN)	$ 8,430		$ 152,980	$ 1,232	$ 7,414	$ 170,056
Nurse Midwife	$ 20,000		$ -			$ 20,000
Nurse Practitioner			$ 118,162		$ 46,630	$ 164,793
Pharmacist	$ 115,526		$ 85,064	$ 26,800	$ 138,478	$ 365,868
Physician	$ 117,496	$ 61,302	$ 294,825	$ 62,436	$ 262,199	$ 798,257
Physician Assistant		$ 10,272	$ 36,630			$ 46,902
Psychiatrist			$ 6,047			$ 6,047
Psychologist			$ 40,000			$ 40,000
Social Worker			$ 25,275			$ 25,275
Total	**$ 378,091**	**$ 72,770**	**$ 1,007,471**	**$ 125,468**	**$ 563,677**	**$ 2,147,477**
*Funds spent based on SFY'20 quarterly reports						

Answer: 3(b) Patients Served (Unduplicated patient count, within clinician, within quarter)

Patients Served*						
Discipline	**Northern**	**Interior**	**Southcentral**	**Southeast**	**Southwest**	**Total**
Counselor (LPC)		77	996			1,073
Dentist	5,293		5,546	843	2,115	13,797
Marriage & Family			70			70
Nurse (RN)	1,250		6,317	363	297	8,227
Nurse Midwife	561		-			561
Nurse Practitioner			7,116		2,468	9,584
Pharmacist	20,641		21,911	2,307	5,787	50,646
Physician	2,717	1,204	8867	1,987	9,003	23,778
Physician Assistant		1,370	2,720			4,090
Psychiatrist			153			153
Psychologist			105			105
Social Worker			275			275
Total	**30,462**	**2,651**	**54,076**	**5,500**	**19,670**	**112,359**
(*counts include pharmacists)						

Answer: 3(c) Care Visits Served – by Occupation. (Unduplicated visit count, within clinician)

Care Visits*						
Discipline	**Northern**	**Interior**	**Southcentral**	**Southeast**	**Southwest**	**Total**
Counselor (LPC)		101	3,676			3,777
Dentist	5,293		7,286	1,258	2,598	16,435
Marriage & Family Therapist			419			419
Nurse (RN)	1,250		11,972	963	333	14,518
Nurse Midwife	822		-			822
Nurse Practitioner			10,971		2,921	13,892
Pharmacist			-			-
Physician	3,131	1,430	11,579	3,813	10,921	30,874
Physician Assistant		1,365	3,468			4,833
Psychiatrist			256			256
Psychologist			631			631
Social Worker (LCSW)			782			782
Total	**10,496**	**2,896**	**51,040**	**6,034**	**16,773**	**87,239**
(* Visit counts do NOT include pharmacists)						

Answer: 3(d) Prescriptions Serviced – by Pharmacists

Prescriptions						
Discipline	**Northern**	**Interior**	**Southcentral**	**Southeast**	**Southwest**	**Total**
Pharmacist	45,094		60,879	12,003	16,159	**134,135**

Performance Measure 4: Provide periodic updates on (a) SHARP-1 and (b) the implementation of SHARP-3 during SFY'2020 (7/1/19 – 6/30/20).

Answer: 4(a) SHARP-1 update

In May 2018, SHARP applied for its fourth competitive federal grant from the U.S. Health Resources and Services Administration (HRSA). During the reporting period, SHARP received a resulting Notice of Grant Award. This is a four-year grant (#H56CR25037, 9/1/2018 – 8/31/2022) providing $1,000,000 per annum in federal funds ($4,000,000 total). HRSA requires that federal funds be matched by non-federal funds at least dollar-for-dollar. During the reporting period, SHARP conducted one clinician applicant solicitation during the reporting period, starting 21 new contracts. As of this writing, SHARP has now issued 430 clinician contracts since program inception.

Answer: 4(b) SHARP-3 update

During Spring 2019, SB-93 passed unanimously in all legislative committees and then in the Alaska Senate and House. On 8/1/19, SB-93 was signed into law as Chapter 15 SLA 19 by Governor Dunleavy. On 11/14/19 the program submitted the complete regulations package for review, then the required Public Comment period occurred 5/1/20-7/10/20, and from which only laudatory comment and modest suggestions were garnered. Since then, the regulations package has remained with the Department of Law. We still expect that SHARP-3 will open for applications during SFY 2021. Once open, SHARP-3 will remain open for applications. We expect broad interest from across the state.

Performance Measure 5: Use current Alaska data associated with (a) Alaska's unserved populations (Medicaid, Medicare, uninsured and federal health beneficiaries), and, (b) Criminal Justice Reinvestment in determining the targeted occupations for the upcoming SHARP application processes.

Answer: 5(a) Alaska's underserved populations - by occupation delivering care (unduplicated patient count, within clinician, within quarter)

Patients Served

Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Counselor (LPC)	644	33	167	75	154	**1,073**
Dentist	5,738	15	2,303	2,668	3,073	**13,797**
Marriage & Family	66		-	1	3	**70**
Nurse (RN)	2,182	1,252	2,048	1,676	1,069	**8,227**
Nurse Midwife	258	11	-	116	176	**561**
Nurse Practitioner	3,887	1,505	647	1,513	2,032	**9,584**
Pharmacist	14,738	4,474	11,874	10,010	9,543	**50,639**
Physician	9,670	3,563	3,962	1,274	5,316	**23,785**
Physician Assistant	1,194	819	81	634	1,362	**4,090**
Psychiatrist	151		-	-	2	**153**
Psychologist	73		16	-	16	**105**
Social Worker (LCSW)	193	42	4	16	20	**275**
Total	**38,794**	**11,714**	**21,102**	**17,983**	**22,766**	**112,359**

Care Visits*

Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Counselor (LPC)	2,805	93	373	94	412	**3,777**
Dentist	6,684	18	2,604	3,331	3,798	**16,435**
Marriage & Family	386		-	11	22	**419**
Nurse (RN)	3,058	2,328	2,229	5,462	1,441	**14,518**
Nurse Midwife	394	12	-	160	256	**822**
Nurse Practitioner	5,882	2,528	820	1,806	2,856	**13,892**
Pharmacist			-	-		**-**
Physician	12,337	5,185	5,144	1,540	6,668	**30,874**
Physician Assistant	1,550	1,106	53	679	1,445	**4,833**
Psychiatrist	253		-	-	3	**256**
Psychologist	503		73	-	55	**631**
Social Worker	526	163	16	18	59	**782**
Total	**34,378**	**11,433**	**11,312**	**13,101**	**17,015**	**87,239**

(*Visit counts do NOT include pharmacists)

Prescriptions Serviced

Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Pharmacist	37,047	14,555	29,549	29,606	23,378	**134,135**

Answer: 5(b) Patients that received care from SHARP clinicians (1) in Correctional Facilities, and (2) on Probation or Parole - by occupation delivering care. (Unduplicated patient count, within clinician, within quarter)

Patients Served

Discipline	Correctional Facilities	Probation or Parole	Total
Counselor (LPC)		38	**38**
Dentist	765		**765**
Nurse (RN)	1,452		**1,452**
Nurse Practitioner	836		**836**
Physician		15	**15**
Physician Assistant		8	**8**
Psychiatrist		15	**15**
Total	**3,053**	**76**	**3,129**

Care Visits

Discipline	Correctional Facilities	Probation or Parole	Total
Counselor (LPC)		219	**219**
Dentist	901		**901**
Nurse (RN)	5,174		**5,174**
Nurse Practitioner	836		**836**
Physician		26	**26**
Physician Assistant		8	**8**
Psychiatrist		26	**26**
Total	**6,911**	**279**	**7,190**

Performance Measure 6: Employer Recruitment Prerogative. Document (a) the number of clinicians recruited, and (b) the number of clinicians retained. Document the number and variety of agencies that used SHARP's Employer Recruitment Prerogative option, and with which clinician-types.

Answer 6: The Employer Recruitment Prerogative (ERP) allows an employer to assert the availability of the loan repayment option, even if the employer is still in its "hiring phase" and even if the clinician-candidate has not been yet identified. The ERP is an innovation because it provides the employer with the option to "offer-with-certainty" the loan repayment benefit to a practitioner "still to be hired." The ERP is made available through SHARP Council's regular competitive application, and selection of the employer is the result of Council's standard recommendation process conducted in meetings via public notice. Once the employer has selected the practitioner, then that candidate must also sign and endorse SHARP's regular service contract in order to receive the award.

Thus far, SHARP-1 has issued two "Employer Recruitment Prerogative" (ERP) contracts, and both for family practice physicians. Overall, we have expected there would be more interest from employers in this key option, but that interest has yet to materialize. Perhaps enhanced visibility for the ERP option during SFY'21 will increased ERP adoption.

Performance Measure 7: Demonstration-1 – Recruitment and Retention of Substance Abuse Treatment Clinicians. Document (a) the number of SHARP clinicians that provide substance abuse treatment, and both (b) the number of patients, and, (c) number of healthcare visits served by those clinicians.

Answer: 7(a) Total of 23 SHARP clinicians provided at least some substance abuse treatment services during SFY 2020.

Answer: 7(b) The number of unduplicated patients seen (within quarter, within clinician), as well as **7(c)** total care visits provided, are presented below.

Discipline	Patients	Visits	Prescriptions
Counselor (LPC)	246	1381	
Nurse (RN)	5	6	
Nurse Practitioner	422	556	
Pharmacist	235		848
Physician	448	523	
Physician Assistant	71	84	
Psychologist	18	103	
Social Worker	12	19	
Total	**1,457**	**2,672**	**848**

Performance Measure 8: Demonstration-2 – Recruitment and Retention of Clinicians to Replace Locum Tenens. Document the number and location of SHARP clinicians, which are hired to replace temporary staffers (aka locum tenens). Document any cost-savings that result from those replacements.

Answer 8: For at least a decade, SHARP Council has known of the difficulty in recruiting physicians and other key personnel for Alaska, and in recent years, the problem has gotten worse. Reports from both rural and urban facilities have pointed out several adverse impacts of delayed hiring. One of those is the over-reliance on the use of *locum tenens* physicians or other "temporary staffing" practitioners. It is a practice that can have truly extraordinary costs, as compared to use of a stable permanent-employee staffing pattern. Because of the high expense, the over-use of "temporary staffing" (e.g. locums) has become one (of the assorted) factors that has exacerbated state-level Medicaid costs. Further, the overuse of locums can create other "system problems." Quality of care can be reduced because of the built-in rapid turnover, since continuity of care is often disrupted. The functioning of the local practitioner networks and treatment teams can be compromised, and critical institutional memory can be diluted. In turn, those resulting barriers can impede the locum's ability to practice at his or her "top-of-scope."

Status: For this and other reasons, SHARP is working to support the use of more stable, longer-term alternatives to the overuse of temporary staffing. However, progress on this measure awaits more work in SFY'21. To address this, we have been including (a) questions about the use of locums within the employer-application, (b) questions about the origins of the SHARP clinician within the clinician-application; and (c) a question in the contract itself by which the employer reports on whether the position was previously filled by temporary staffing.

To understand how SHARP well SHARP is doing to impact use of temporary staffing, those contracts-data are now being analyzed. Currently there are 175 SHARP-1 SLRP-4 contracts that have been issued. Completing this analysis is a task for our SFY'21 work cycle.

Another Measure of SHARP's Progress: Stakeholder Feedback

Instances of Positive Feedback about SHARP during Review Period

AMHTA Staff

> 9/11/19 – Communications Officer - AB: Thank you, Robert! We appreciate all your work to build Alaska's health workforce!
>
> 1/29/20 – Program Officer - EB: Thank you Robert, you and Rachel did a wonderful job sharing about the SHARP program and the long-term impact the program has had on recruitment and retention, plus helping our Trust beneficiaries.
>
> 2/1/20 – President of Board - MJS: I enjoyed your presentation. I'm sure the Trust will continue to support the Sharp program for many years to come. It is financially healthy and workforce is a big issue.

3/27/20 – Financial Officer - SM: Your email reminded me of your wonderful presentation on SHARP – which is such an awesome program.

SOA Leadership

8/2/19 – Governor - MJD: "The existing SHARP Program has already placed 250 medical practitioners across the State of Alaska, and the revenue-neutral improvements made to the program with Senate Bill 93 will help to draw even more medical professionals to Alaska," said Governor Michael J. Dunleavy. "Every Alaskan benefits by having access to medical professionals in their communities, and I am hopeful that these changes will attract more qualified healthcare professionals to the Last Frontier in the near future."

8/2/19 – Legislator - DW: "Senate Bill 93 builds upon successes of the Alaska Health Care Professions Loan Repayment and Incentive Program commonly referred to as the SHARP Program. SHARP III is a budget-neutral initiative that addresses service shortages in our current healthcare landscape, leverages community-level investment across the state, and improves health outcomes of Alaskans," said Senator David Wilson, sponsor of both SB 25 and SB 93. "SHARP III focuses on private-public partnerships, recruitment, and retention, by offering incentives to new and experienced professionals. To date, the program, which is administered by the Department of Health and Social Services, has supported more than 250 practitioners in nearly 60 sites across the state."

8/2/19 – Legislator - IS: "I am thrilled to have helped pass legislation creating SHARP III which, in this new iteration, focuses on expanding private-public partnerships to address recruitment and retention challenges for health care professionals in Alaska. Even better, it does this at no cost to the state of Alaska," said Representative Ivy Spohnholz, the Alaska House of Representatives sponsor of SB 93.

12/30/19 – DHSS Commissioner - AC: Legislation was passed this year … the SHARP-3 healthcare professional incentive program which recruits and retains providers in underserved areas. … successful public-private partnership that require no state general funds.

2/13/20 – ACPE CEO - SB: Thank you, Robert. I expect we'll come up with more questions as we move forward, and it's wonderful to be able to bounce ideas off you and solicit your expertise and experience!

DHSS Staff

8/1/19 – Medical Director - AZ: It is signed (SB-93) - we missed the Juneau group - but I learned a ton and the state is better off thanks to you all and your amazing work! Congratulations!!!!!

8/2/19 – Section Chief - SL: You should know that everyone at today's signing of SB 93 verbally recognized that your hard work was instrumental in developing this bill and bringing it all the way to the finish line. There was appreciation expressed all around the room. Congratulations on this major achievement, Robert.

P-0878 – SHARP – Annual Report to AMHTA – SFY 2020

11/14/19 – Deputy Dir - JL: Thanks, Robert. This (submitting Regs package) is an important milestone.

12/2/2019 – Div Director - HH: Thanks again Robert for your contribution to the process (passage of SB-93).

National Expert

6/6/19 – Physician & Researcher - DP: The program data are more complete in in-depth than I have seen for an LRP in many years. And they are wonderfully displayed. Very nice

SHARP Employers

2/19/20 – HR Director - SB: I hear you are doing a fantastic job on your presentation in Juneau! Thanks for fighting the good fight now that our funding through NHSC is non-existent.

3/1/20 – HR Director - SB: This is great news. I'll get right on it. Thank you for supporting clinicians statewide, but especially ANHC clinicians. Very much appreciated!!

SHARP Clinicians

7/2/19 – Clinician - SD: I'm so pleased to be participating in the SHARP program! Thank you for your consideration and hard work in helping me get this far.

7/10/19 – Clinician - JS: Thank you very much for your help throughout this process and for this opportunity! I am very grateful to have been considered for this. I just arrived in Nome today after a few days of travel/moving, so I apologize for my late reply.

8/5/19 – Clinician - BW: Congratulations to you, your co-workers, allies, and all Alaskans on this (SB-93 passing) achievement!

8/28/19 – Clinician - RR: I am continually grateful for your work and the support of the SHARP program.

1/21/20 – Clinician - TL: Thanks so much once again for your part in making this life-altering program possible. It really makes a difference to me every day.

2/12/20 – Clinician - EH: Thank you for all of your help during this process! This program has been a huge help to me!

12/10/20 – Clinician - ER: Thank you Robert for your response and direction. This program has been an absolute blessing to my career and family. I feel gratitude to have benefited from the state as well as Providence thus far.

Challenges Encountered during SFY'20, and related Program Needs during SFY'21

Behavioral Health Clinicians remain very difficult to recruit, and while this has always been a challenge, it is perhaps more so now than in prior years. Instead, the largest portion of SHARP's clinician-participants remains medical personnel. A reasonable program response is conduct a "special solicitation" for behavioral health practitioners.

Administrative Expense has historically *not* been paid by either of our key funding partners (HRSA or AMHTA). Funds from these two sources go almost completely to support of the SHARP clinician contracts per se (along with required employer-match). During SFY'20 it became yet more clear that SHARP's program administration cost has needed to be systematically addressed. SHARP's program response was to draft and submit proposed language for a new regulation. This regulation (7 AAC 80.045) was reviewed, vetted and signed (9/4/20). for an Alaska state regulation that will allow SHARP to charge a per contract admin fee of 5%. As a result, SHARP now already has install in extant contracts the required and signed admin fee totaling $217,648, to be proportionally realized upon quarterly invoice.

SHARP-1 SLRP-4: Admin fee now specified in extant contracts		
	Count	Amount
SHARP-1 SLRP-4 - Cohort-A Gen-1 Grp-1 (2018)	3	$ 2,692
SHARP-1 SLRP-4 - Cohort-A Gen-1 Grp-2 - (2019)	1	$ 2,691
SHARP-1 SLRP-4 - Cohort-A Gen-2 Grp-1 (2020)	80	$ 210,265
SHARP-1 SLRP-4 - Cohort-A Gen-2 Off-Cycle	1	$ 2,000
Total Admin Fee in Contracts (10/26/21)	85	$ 217,648

Relational Data Management remains an ongoing challenge. In certain key ways, SHARP is a program that is at the intersection of different sets of key factors related to (a) program, (b) revenue sources, (c) expenditures-over-time, (d) contract management, (e) employer attributes, (f) practitioner attributes, (g) catchment area, (h) epidemiological aspects, (i) recruitment and retention strategy, (j) stakeholder commitment and (k) participant satisfaction. SHARP has now issued a total of 430 service contracts to-date, and thus far has struggled, successfully, in managing at least some elements of all the above-listed data sets by use of Excel spreadsheets alone. However, many of the key questions and indicators are basically relational. We need to analyze these varied data sets in relation to one another because leaders pose such questions

SHARP Council recognizes this key need in its Strategic Plan. To assist SHARP in this important data management task, we have established a very useful working relationship (via RSA) with our UAA AHEC partner at the Alaska Center for Rural Health. We began the AHEC RSA contract in SFY 2019, continued that in SFY 2020, and we are using this again in SFY 2021. Looking ahead, we must absolutely must maintain and develop that AHEC analytic capacity by addition of a relational database. We are soon to begin using "Tableau," but that desired addition still requires several activation-steps in SFY 2021. The funds for this RSA are derived from our key annual AMHTA grant.

Second SHARP position has become a necessity. Alaska's SHARP program has continued to grow. It is a multi-million dollar effort, now having reached 430 clinician-contracts to-date. We have worked diligently over more than a decade to build this outcome, and that result is about to accelerate with the long-delayed opening of SHARP-3. SHARP is already more than a one-position program. SHARP now requires at least two professional FTE, the second of which the SHARP Director's position should directly supervise. This needed second FTE will help to ensure growing efficiency, responsiveness, speed-of-execution, accuracy and continuity.

Budget Management practices must be improved. SHARP's approach to budgeting must continue to be transparent, ongoing, monthly, accurate, and shared with the SHARP interagency oversight Council. The concern does not regard the details of the voucher expenditures submitted, the employer invoicing, nor grant revenue documents that are submitted from the program level. Rather, the concern is that there is only very limited fiscal system-level reporting, which if improved would allow for needed budget reconciliations. Conducting such reconciliations, and "closing the loop," is just basic, standard business practice. This was a goal that was not achieved during SFY 2020, and thus remains a key step for SFY 2021.

Program Sustainability remains a main goal that must be achieved of the next two years. SHARP Council has previously repeatedly weighed in on this, and it have a Sustainability Plan remains a formal goal on Council's own strategic plan. Concrete milestones need to be agreed upon, established and the pursuit of which resourced. While we make progress, program institutionalization remains a goal and not an achievement.

SHARP-3 must be implemented. This is a long-anticipated, key system development. The SHARP-3 launch did not occur during SFY 2020. This slow-down has become grievous because numerous parts of the service system are still awaiting the use of SHARP-3. The SHARP-3 option will greatly expand program eligibilities, well past those allowed by our useful and stable, but limited, SHARP-1 component. The status of SHARP-3 is that it has remained in the "regulations review" phase for an entire year now. Program has yet to be notified as to when the regulatory review phase will be done.

Summary

Overall, SHARP solidly met its SFY'20 objectives. As a result, SHARP has honored its grant agreement with the AMHTA. Through its work with, and support of, SHARP the Trust has continued to make an impact and to advance thinking in Alaska's healthcare workforce system. Further, the Trust's return-on-investment (as measured in cash) has been significant. Overall, SHARP is working, and we are making progress.

Acknowledgements

SHARP is operated by the State of Alaska, Department of Health and Social Services, and the program's SHARP-1 service contracts are jointly supported by funds from several sources including the U.S. Department of Health & Human Services, Health Resources & Services Administration (HRSA) Grant #H56CR250037; the Alaska Mental Health Trust Authority; required partial employer match-funds; and other private contributor(s). During SFY'19, those included the Mat-Su Health Foundation, and the Alaska Division of Behavioral Health.

Dr. Robert Sewell serves as Program Director for Alaska's SHARP Program. During SFY'20, his position is paid for by State of Alaska general funds allocated to the Alaska Division of Public Health. Eric Peter is thanked for his assistance in managing SHARP's Quarterly Work Report (QWR) data process. Ms. Lauren Stredny, Research & Program Evaluator for Alaska Center for Rural Health and Health Workforce (University of Alaska AHEC) is thanked for accomplished key data management and analytic tasks. During SFY 2020, Ms. Stredny's work via an reimbursable services agreement with the University of Alaska's AHEC, was supported by grant funds from the Alaska Mental Health Trust Authority.

Robert J. Sewell, PhD

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SHARP – Alaska's Healthcare Workforce Incentive Program

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November 5th, 2020

Project Title: The Alaska Training Cooperative

Grantee: UAA-Center for Human Development

Fund: MHTAAR

Geographic Area Served: Statewide	**Project Category:** Workforce Development/Training

Years Funded: FY08 to Present

FY20 Grant Amount: $984,000.00

High Level Project Summary:

The Alaska Training Cooperative (AKTC) is a non-academic and technical assistance entity housed within the University of Alaska, Anchorage Center for Human Development. The AKTC's function is to provide behavioral health training, professional development and continuing education programs for the direct care workforce. This workforce is critical in providing daily care, treatment, and community based skill learning to Trust beneficiaries of all ages.

Despite the FY20 challenges associated with the pandemic, the AKTC was able to deliver the full array of training and technical services during the year. The AKTC is part of the Alaska University system, which gives them full access to multiple distance delivered operating systems. Systems like ECHO, Zoom, and Moodle enabled the AKTC staff to deliver viable evidenced-based trainings to agency staff all over the state. As the pandemic subsides, the AKTC has moved into a hybrid model of training delivery that will utilize a mix of in-person and distance delivered training options.

The AKTC was able to meet training and technical assistance deliverables for FY20, and continues to be an integral part of the healthcare system. In order for beneficiaries' lives to be improved, it takes a skilled and caring workforce, which is why it is important to provide professional training to the thousands of direct support staff who work with Trust beneficiaries all over the state. Trust staff recommends this project be funded in the FY23 budget.

Goal 9 of the Alaska Comprehensive Integrated Mental Health Program outlines two objectives with 13 strategies that support the capabilities and competence of the healthcare workforce.

Project Title: The Alaska Training Cooperative

Staff Project Analysis:

The AKTC met or exceeded its performance measures as outlined in their grant agreement. The AKTC's performance measures took the form of equipping the provider agency workforce with evidenced-based training and technical support, which directly helps direct care staff provide improved services to Trust beneficiaries. The AKTC provided 196 trainings in 107 communities to 6,289 individuals during FY20. These trainings occurred among 491 provider agencies, which provide services to Trust beneficiaries across Alaska. The AKTC team includes a skilled group of trainers, who provide technical assistance and training on multiple best practice models. The staff team consists of behavioral health practitioners who have worked in law enforcement, hospital psychiatric emergency rooms, in-patient residential, and long-term care. With the extensive systemic networking power of the University of Alaska Anchorage, the AKTC is able to meet the ever-changing needs of a culturally diverse people.

One example to highlight the flexibility and expertise of the AKTC occurred during the fall of FY20, when the federal government provided COVID funding to the state to help with behavioral health issues. Some of the funding was provided to the AKTC to provide Collaborative Assessment and Management of Suicide (CAMS), which is an evidenced-based practice for providing long-term treatment to people with chronic suicidality. The federal money required that it be used by December 31, 2020, which was a tall order, since the AKTC got the award in October. They mobilized and got the word out across their network of provider agencies statewide, which resulted in 220 licensed practitioners receiving this valuable training. This is a great example of the AKTC meeting the changing needs of the Alaska behavioral health system of care, which directly impacts Trust beneficiaries who are struggling with suicidal thoughts and attempts.

Goal 9 of the Alaska Comprehensive Integrated Mental Health Program outlines two objectives with 13 strategies that support the capabilities and competence of the healthcare workforce. The AKTC has developed trainings and workshops that prepare direct support staff and their supervisors to be more competent in delivering quality care to Alaska Trust beneficiaries. The AKTC works in a collaborative manner with Trust partners to advance recruitment and retention of healthcare staff. It is recommended by Trust staff that this project be funded in the FY23 budget.

Project Description: The Alaska Training Cooperative (AKTC), administered under the University of Alaska, Anchorage, College of Health's Center for Human Development is responsible for providing non-academic trainings, professional development and continuing education programs to Alaska's home & community based and behavioral health workforce serving Trust beneficiaries. Medicaid Expansion, Reform and Redesign as well as Criminal Justice Reinvestment will provide increased opportunities to provide new and enhanced evidenced-based and culturally attuned technical assistance and training to direct service workers, supervisors and professionals in the various fields that serve Trust beneficiaries. AKTC also collaborates with communities to train rural behavioral health providers by blending evidenced-based practices with traditional wisdom. Program services also include training coordination, marketing training opportunities, technical assistance to identified training gaps and need, understanding rural perspectives and cultural diversity.

Goals of the Alaska Training Cooperative:

1. Facilitate and maintain coordination and collaboration of training entities.
2. Technical assistance support will continue to be implemented to address training

opportunities, training needs and gaps identified by providers serving Trust beneficiaries.
3. Document and report training data.
4. Increase evidenced-based training delivery.
5. Increase availability of training that equips the home and community-based and behavioral health workforce to provide culturally attuned services throughout Alaska and for our unique Alaska Native populations.

Grantee Response - FY20 Grant Report Executive Summary: Successes: The Alaska Training Cooperative (AKTC) continued for a fourth year to align and implement training assistance for statewide Medicaid Expansion, Reform and Redesign. The AKTC successfully supported the program's mission through statewide coordination and brokering of training via distance, blended and in-person formats for behavioral health licensed professionals, direct service providers and their supervisors: 4,224 unduplicated training participants from 491 provider agencies in 107 communities statewide, offered a total of 196 trainings presented in 58 Alaskan communities directly by AKTC staff serving as instructors, and supported 34 training technical assistance events for a total of 230 training events. Out of 230 training events, 90 were based in urban areas and 140 were either provided in rural areas or distance delivered.

The AKTC worked collaboratively with 74 provider agencies to promote and support staff with access to trainings through the AKTC/CHD Learning Management System (LMS). The LMS catalog lists trainings (distance, blended or in-person) offered to providers statewide. There were 5,313 Active Users in the LMS (FY20). The LMS website recorded 27,032"user visits" in FY20 (an increase of 22% - 4,883 additional user visits) with 452 training opportunities listed in the training catalog and 216 training events used the LMS system for registrations, training completions and/or payment options. (See Attachments A & B)

The AKTC provided training access funds/stipends to (25) rural and community staff representing a total of ($16,928) from AKTC's contractual budget from the Trust to assist with providers accessing training opportunities. There were 34 technical assistance-training events specifically targeted for supporting professional community trainings, distance delivered formats and conferences serving (723) unduplicated training participants.

The AKTC was able to utilize $947,354.89/96.27% of the $984,000 allocated Trust program funds in FY20. A total of $36,654.11/3.73% were lapsed funds. (Attachment C)

During FY20, three major workforce training efforts continued to successfully reach out to providers serving Trust beneficiaries.

The first AKTC training area highlighted continues to be the focus on Mental Health First Aid (MHFA) that is the most requested training from stakeholders, services providers and community members statewide. Approximately 2,003 community and school employees received certification in Youth MHFA (Title IV funded) conducted through 59 trainings across the state, 25 MHFA for Adult training events were offered in FY20 with 433 people certified, 124 Law Enforcement, Correctional Officers and First Responders received MHFA for Public Safety and 31 participants completed MHFA for Older Adults for service providers working with seniors. This represents a total of 84 MHFA trainings offered and 2,591 training participants completing training.

In September of 2019, the Alaska Training Cooperative (AKTC) surveyed 186 Alaskan behavioral health professionals statewide. The information collected identified training needs and specific topics of interest to behavioral health professionals requiring continuing education units (CEUs) to meet

licensing and certification requirements. With these results, the AKTC scheduled 9 Behavioral Health Continuing Education (BHCE) events on the topics most requested by this workforce. Two hundred ten (210) behavioral health professionals attended the 9 BHCE training events, with CEUs preapproved by the National Association of Social Work Examiners Alaska Chapter, Alaska Board of Professional Counselors, the National Board of Certified Counselors, the Community Health Aide Program Certification Board, the Alaska Commission on Behavioral Health Certification and the Alaska Nurses Association. The FY20 series provided a total of 19 CEUs, including Alaska Native Specific (5 CEUs), Ethics (2 CEUs), and General Education (14 CEUs). The AKTC is well known by the behavioral health workforce as a consistent provider of high quality CEU training featuring presenters that are leaders and champions in their fields.

Because of the high demand for Alaskan Native Specific CEUs, the AKTC organized an additional seven (8 hour) virtual training events entitled "Traditional Health Based Practices (THBP)." A total of 117 behavioral health professionals attended the 7 THBP events scheduled from September 2019 to May 2020. By offering the THBP trainings repeatedly, the AKTC was able to offer an additional 56 Alaskan Native Specific CEUs to the behavioral health workforce.

Direct Service Professional trainings continued in FY20 with (6) AK Core Competencies (AKCC) trainings for 36 agencies in 13 communities that sent 99 staff with 67 DSP's (67.7%) completing all 10 training modules. Trainings were delivered through (5) web-delivered format, (1) were face-to-face and opened to DSP's and the public. AKTC partnered again in FY20 with the AK Health Education Center (Southcentral Region) and offered all 10 AKCC trainings in (1) PATH Pre-Apprenticeship Academy. Eleven (11) Basic Concepts of Care Coordination trainings, as required by State of AK Senior & Disabilities Services, were delivered in FY20 with 99 participants receiving completion certificates, representing 22 communities and 45 agencies accessing this training service.

Challenges: The COVID-19 pandemic impact resulted in UAA closing down all face-to-face training & instruction, closing offices and requiring all staff to not travel and to work from home (shelter in place mandates) starting on March 26, 2020. The AKTC team had to cancel numerous planned trainings from March 26 through the remainder of the fiscal year (June 30, 2020 and beyond), including all Mental Health First Aid training (Adult, Youth, Public Safety and Older Adult), the Full Lives Conference, Frontline Leadership Institute #31, all Crisis Prevention Institute training, SBIRT training with DBH, Conflict Resolution Skills workshops (DOC partnership), weeklong planned Ketchikan DSP trainings and all other non-distance delivered instruction.

Overall, the pandemic caused a -28% (89 less trainings offered) reduction in total AKTC training opportunities between FY19 and FY20; -17% (1,267 less) reduction is training seats in FY20 reflecting a -9% (394 less) decrease is unduplicated number of FY20 training participants.

Lessons Learned: The "switch over" from face-to-face instruction to virtual distance delivery happened quickly in response to DSP/stakeholder expressed need for ongoing training in wake of the pandemic. The ability of the professional AKTC staff to be flexible and respond to Trust beneficiary workforce needs within three weeks highlighted the AKTC training expertise and infrastructure funded by the Trust. Lesson learned: The AKTC was able to quickly provide valuable training in wake of a national crisis.

Number of individual trained as reported for this project in FY20: 4,224

Performance Measure 1: Medicaid Expansion, Reform and Redesign, the AKTC will:

a. Support reform competency mandates and required evaluation.
b. Implement competencies and trainings for Medicaid Reform and Criminal Justice Reform.

c. Pursue additional evidenced-based trainings, such as moral reconation therapy, cognitive behavioral therapy and SBIRT.
d. Pursue partnerships with DHSS to expand access to trainings on Medicaid.
e. If requested by the Trust, pursue partnerships with DOC to expand access to training on reentry and reducing recidivism.

Grantee Response to Performance Measure 1:

a. The AKTC continues to be prepared to support mandates and continued collaborations with Department of Behavioral Health's Medicaid Redesign efforts.

b. The AKTC hosted 2 stakeholder meetings with Alaska Behavioral Health Association members to determine the viability of the AKTC Learning Management System (LMS) to track substance abuse professionals' progress toward Qualified Addiction Professional qualifications. The QAP is a new qualification required by the State of Alaska to bill Medicaid under the 1115 Waiver. Twenty-one behavioral health leaders attended the "QAP Agency Stakeholders Meetings." Akeela Inc. was identified as the pilot agency for the LMS project, taking steps to develop the LMS site to be rolled out in FY21.

   The RSA with the AKTC planned for two Sex Offender Treatment trainings for DOC staff with outreach to University students as a way to encourage potential future DOC careers. Only one training was able to be provided due to the pandemic: Containment Model and STABLE 2007 (evidence-based practice assessment) was provided virtually through Zoom for 18 DOC staff by Lea Chankin.

c. During FY20, the AKTC collaborated with State of Alaska Division of Behavioral Health (DBH) to continue exploring SBIRT training opportunities. The AKTC supported DBH to develop a training plan to deliver SBIRT training to hospital emergency rooms throughout Alaska, participated in DBH Training of Trainer (TOT) events, then worked alongside DBH to identify sites where AKTC will provide training in FY21. Unfortunately, the full AKTC - DBH SBIRT RSA training plan was cut short in March 2020 by the COVID-19 pandemic.

   Through the Northwest Mental Health Technology and Transfer Center (MHTTC), lead Training Coordinator Tom McRoberts received training and coaching to learn the Safety Planning Intervention (SPI). SPI is a brief evidence-based intervention to prevent suicidal behavior. Research has found that SPI is effective for reducing the odds of future suicide attempts when completed with people who have attempted or seriously considered attempting suicide. After SPI training, and 10 hours of small group coaching, Mr. McRoberts was approved to develop an SPI Training Program. A cohort of five behavioral health professionals were provided 4 hours of didactic training with 5 to 10 hours of follow up coaching sessions. These professionals, in leadership roles throughout Alaska, have gone on to implement the SPI at their agencies.

d. The AKTC training technical assistance partnership with Hand of Peace, Inc. continued for a third year, offering conflict resolution skills/Alternatives to Violence Project (AVP) training to inmates at Wildwood Correctional Center and Spring Creek Correctional Center. The DOC considers the AVP model as one way to support reducing recidivism and peer support where dedicated inmates are trained and mentored as AVP Facilitators.

A total of 11 Alternatives to Violence (AVP) Conflict Resolution Skills workshops were delivered: Wildwood: (35) inmates completed (3) Basic Workshops, (3) Advanced Workshops – 39 inmates completed and one Training for Facilitators completed by (8) inmate Facilitators. Two Basic workshops were offered to (31) Spring Creek inmates and two Advanced workshops were also completed for (26) Spring Creek inmates in FY20.

Performance Measure 2: Learning Management System (LMS)

a. Aggregate data on the total number of events.
b. Aggregate data on the total numbers of people accessing, registering for and completing trainings offered through the LMS.
c. Aggregate data on the total number of outreach/marketing events advertising the LMS; provide a list of venues or forums.

The Alaska Training Cooperative should be prepared to provide unduplicated, statewide and regional data upon request by Trust staff.

Grantee Response to Performance Measure 2: YOUR PROGRESS ON PERFORMANCE MEASURE 2
Please see Attachment (B):

a. Total number of events (452)
b. Total number of participants accessing, registering for and completing trainings offered thru LMS (5,313 total accessing)/7,245 registering/5,740 tracked/recorded completion of training.
c. Total number of outreach/marketing events advertising LMS
    i. FY20 Constant Contact electronic advertising/marketing flyers Total 112: AKTC training (83); Non-AKTC training (29);
    ii. Stakeholder Training Opportunities Flyers Total (19);
    iii. (137) list of venues/forums, See Attachment (D)

Performance Measure 3: The Alaska Training Cooperative Trainings

a. AKTC, upon request, will have the ability to report an aggregate number of unduplicated individuals:
    i. Number of individual AKTC initiated/delivered training, trainings or technical assistance provided within a fiscal year;
    ii. Number of unduplicated attendees at each training or involved with technical assistance;
    iii. Name (or content) of each AKTC initiated/delivered training, training or technical assistance;
    iv. Aggregate data (total number) of AKTC initiated/delivered trainings, trainings and/or technical assistance;
    v. Aggregate data on the number of attendees at each AKTC initiated/delivered training, training and/or technical assistance (this number might be duplicated because an individual may attend 2+ trainings);
    vi. Number of rural and urban trainings;
    vii. Name of the communities where trainings or technical assistance is provided;
    viii. Number of the method of training (i.e.: face-to-face, webcast, and distance delivered trainings); and,
    ix. AKTC will work with Trust staff if individualized training data is needed but not listed above.
b. Through pre/post evaluations, The Alaska Training Cooperative will have the ability to provide aggregate data and information on training satisfaction as well as information and knowledge applied when working with Trust beneficiaries.

Grantee Response to Performance Measure 3:
Please see Attachment (A):

a. Number of individual AKTC initiated/delivered trainings (196); training technical assistance provided (34). TOTAL 230
b. Unduplicated count participants AKTC delivered trainings:

Total 4,224: Training (3,741), TA (723) from 491 unduplicated participant agencies Please see Attachment (E)
Name of each AKTC training (196) Please see Attachment (F)
Name of each Training TA event (34) Please see Attachment (G)

c. Total number of participants/training seats (6,289): AKTC training (5,502); TA events (787)
d. Rural area training (140); Urban area training (90)
e. Name of communities (107) where AKTC provided training (58) Please see Attachments (H & I)
f. Number of training method: 230 Total: Face-to-Face 128/Distance 102: Video conference 1; Online/Zoom/web delivered 98; Audio conference 3.
g. Satisfaction data was collected from (4,622) training session evaluations that asked the question: "I am satisfied with the training and/or technical assistance received." The overall satisfaction rate with AKTC training events is 94.9% percent based on 4,386 responses indicating strongly agree and agree. The satisfaction question breakdown is as follows: 58.4% (2,698) indicated Strongly Agree, 36.5% (1,688) indicated Agree, 1.4% (63) indicated Disagree, and 3.7% (173) indicated Strongly Disagree. (See Attachment J)

In comparison to the past five years, AKTC positive satisfaction rates continued to reflect an overall satisfaction percentage of over 90%: 96% (FY16), 96% (FY17), 94% (FY18), 94 % (FY19) and 95% for FY 20.

Post/Pre evaluation format (since 2009) collects data on training satisfaction, self-rating of the participant's level of knowledge on a learning objective BEFORE and AFTER the training and level of motivation (likelihood of change) to implement skill or knowledge gained from training.

Training "levels of knowledge" data is collected by using learning objectives from all training events. Across (38) AKTC training content areas that are associated with knowledge level indicators, there was a statistically significant increase in all (187) self-assessed knowledge levels during FY20.

Likelihood of Change: "After attending this training, how likely are you to use_____ with_____?", based on a scale of 0 - 5 with 0 = No Chance to 5 = Definitely. The total mean self-assessed change in knowledge level for all learning objectives averaged (2.19 before training to 3.49 after training) indicating increased knowledge for all AKTC training participants with the likelihood of change performance measurement outcome for the AKTC FY20 Trainings average of 4.34, indicating strong motivation, based on participant self-assessment, to use what was learned in training when providing services to Trust beneficiaries or others.

h. Qualitative question: "Please list 3 specific ways you will use this information." These statements express how some Direct Services Providers, caregivers and service professionals envision what actions they will do based on the training knowledge they have acquired. Over 4,000 statements were collected in FY20.

Performance Measure 4: UAA-Center for Human Development AKTC will provide a summary of activities, accomplishments, challenges, and lessons learned through the Trust's on-line grant administration system. As needed, Trust staff will ask for any additional information requested by Trustees.

Grantee Response to Performance Measure 4:

Accomplishments: Frontline Leadership Institutes (FLI). In FY20, two Institutes were planned however, due to COVID-19, only one was able to be facilitated: Cohort # 30 (Anchorage). Cohort # 31 will be offered virtually through Zoom in FY 21. A total of 25 supervisors attended FLI #30 training with 25 (100%) completing training expectations. Eleven agencies representing 9 communities participated in FLI trainings.

The AK State Division of Senior & Disabilities Services required Assistance with Self Administration of Medication (ASAM) web-based, anytime training for DSP's that the AKTC monitors, successfully trained 797 DSP's representing 22 communities and 61 agencies.

Title IV YMHFA Training: In FY20 (2,003) people were certified in YMHFA in 59 trainings in 10 communities: Anchorage, Kenai, Fairbanks, Matanuska Susitna Valley, Juneau, Seward, Utqiagvik, Mountain Village, Nenana, and Craig. Sixty-three YMHFA instructors maintained or worked to maintain their annual certification of 3 classes annually. Sixteen instructors did not complete their certification requirements overall. AKTC staff also assisted with hosting of the National Council's YMHFA Instructor 40-hour training in Fairbanks on January 27 to 31, 2020 with the successful certification of 30 new YMHFA instructors, 14 from Fairbanks, 2 from Juneau, 2 from Ketchikan, 2 from Bethel, 1 from Dillingham, 1 from California, 1 from Mat Su, and 7 from Anchorage

In addition, the AKTC YMHFA Training Coordinator provided 205 hours of technical support:

(1) Participation in AST Mat Su CIT Coalition meetings to increase first responder training in Mental Health First Aid (Public Safety), creating Coalition policies and procedures, and coordination of AST Mat Su CIT Academy #3 which was delivered in October 2019 and graduated 32 participants; (2) the preparation, delivery, and instruction of Mental Health First Aid Public Safety or Adult courses in partnership with AST instructors and Jill Ramsey, Training Coordinator; (3) training Mat Com dispatch and the HUMS team in an 8 hour course on Suicidal Caller interventions; (4) one QPR class for the Kenai Church of Jesus Christ of Latter Day Saints.

Challenges: A significant FY20 challenge was the switchover from in-person training instruction to virtual, distance delivery formats due to COVID-19 with huge impacts on AKTC technology staff as well as additional technology transitions implemented through UAA. Additionally, challenges centered on providing required face-to-face certification trainings: Crisis Prevention Institute's (CPI) Non-Violent Crisis Intervention and Mental Health First Aid (through the National Council for Behavioral Health) curriculums do not exist in web-based formats and are required to be delivered "in person" requiring travel on the part of participants and/or trainers and with the pandemic, the AKTC was unable to offer these trainings after March 26. See Attachment (K)

Lesson Learned: FY20's lesson is the reality of increasing number of providers turning to and requesting the AKTC to provide low cost quality training as budgets are reduced. Continued reductions in funding for stakeholder agencies impacted provider access to training opportunities due to no funds available for training or agency unable to let staff attend training due to pressures to "bill" direct services.

Alaska Training Cooperative Training Data	Year 1	Year 2	Year 3	Year 4
Attachment A Training Data FY 16 - FY 20				

FY 20 AKTC July - June Trust Report	**FY16**	**FY17**	**FY18**	**FY19**
Training Seats	6,331	5,330	6,532	7,556
Unduplicated Number Training Participants	**4,737**	**3,753**	**4,201**	**4,618**
Provider Agencies	569	507	557	548
Communities	105	88	85	117
Trainings	250	168	217	236
Technical Assistance	138	88	82	83
Total Training Events	**388**	**256**	**299**	**319**
Training Events % Change Between FY	**22%**	**-34%**	**17%**	**7%**

Year 5
FY20
6,289
4,224
491
107
196
34
230
-28%

Alaska Training Cooperative LMS Training Data	Year 1	Year 2	Year 3	Year 4
FY 20 July - June AKTC Trust Report				
Attachment B LMS FY 16 - FY 20				
	FY 16	FY 17*	FY 18	FY 19
LMS Users (Total)	10,671	*		
Active LMS Users	3,206	5,026	6,008	5,878
Listed Trainings in LMS Catalog	580	324	408	477
# of Agencies using LMS for Marketing	52	34	68	67
# of Trainings using LMS for Registration	513	288	272	271
# of Participants using LMS for Registration	5,514	4,440	6,356	5,539
# of Participants Tracked/Completion of Training	6,249	4,253	4,580	5,436

*FY17 was the first year using the new LMS system. Moving from one system to another made repo
users from the beginning unreliable.

Year 5
FY 20
5,313
452
74
216
7,245
5,740

rting total