

Alaska Health Workforce Coalition 2017-2021 Action Agenda





2017 – 2021 ACTION AGENDA

The Alaska Health Workforce Coalition (AHWC) 2017-2021 Action Agenda continues the focus and work of the preceding AHWC Action Agenda. Healthcare stakeholders will find both new and continuing occupational priorities as well as systems change and capacity building initiatives. The Coalition recognizes that unprecedented change is occurring across Alaska's entire health field and it is intent of this plan to be a bridge and provide guidance during this time. This plan will remain fluid and change as healthcare redesign implementation warrants new focus and direction. Please note that located on the final page, **Appendix B**, contains a key to the Action Agenda acronyms and abbreviations.

At-a-Glance Occupational Priorities & System Change and Capacity Building Initiatives 2017 – 2021 Action Agenda	
Occupational Priorities	Systems Change & Capacity Building Initiatives
<ul style="list-style-type: none"> • Direct Support Professionals • Behavioral Health Clinicians/Professionals • Peer Support Specialists • Nurses • Primary Care Practitioners/Providers • Physical Therapists • Health Care Administrators 	<ul style="list-style-type: none"> • Engage and Prepare Alaska's Youth for Health Careers • Training, Competencies and Professional Development • Health Workforce Policies and Infrastructure • Health Workforce Recruitment and Retention • Health Workforce Data

Priority Occupations

Occupation and Definition	Objectives	Key Organization	Champion
Direct Support Professionals/Direct Care Workers. These workers are the primary providers of long-term services and supports for seniors, individuals that experience mental health, substance use disorders, and individuals who experience intellectual, cognitive and/or physical disabilities. DSPs follow an established plan of care and may	<ul style="list-style-type: none"> • Work with DOLWD R&A on an appropriate coding process of DSP/DCW. • Update training modalities to meet industry demand • Understand projections for growth and replacement – adjust system to 	Trust DSDS DBH ABHA AADD UAA/CHD AKTC COH DOLWD	Lisa Cauble Lizette Stiehr AHWC Coordinator



provide assistance with activities of daily living, assistance with non-clinical rehabilitation, habilitation, training needs and essential supports helping to keep individuals connected to their family and community.	<ul style="list-style-type: none"> • accommodate. • When appropriate, support private providers using the Pioneer Home Registered Apprenticeship model for DSPs working in long-term care. 		
Behavioral Health Clinicians/Professionals. Behavioral health services are provided by a myriad of licensed and non-licensed professionals involved in prevention, treatment and recovery of mental health and/or substance use disorders as well as home and community based services provided to older Alaskans and persons experiencing developmental disabilities. These services are provided in a comprehensive, well-integrated community based system of care and may also include primary care workers providing behavioral health services.	<ul style="list-style-type: none"> • Support efforts, such as AHEC Behavioral Health (BH) Camps, RADACT BH Technicians, HUMs, RHS, SHARP 3, ANTHC & Ilisagvik BHA Partnership, to recruit and retain for substance use disorder counselors, care coordinators/case managers, psychiatrists and behavioral health aides. • Address the projected need for additional Behavioral Health professionals across the state and specifically in the Mat-Su Valley (Mat-Su plans to build a 16-bed behavioral health unit at the hospital). • Ensure BH professionals have access to training which focuses on how to work in a comprehensive, integrated, team approach environment. 	Trust DBH ABHA COH AHEC UAA/CHD AKTC ANTHC RADACT	Gloria Burnett Janet Carter JoAnn Bartley Diane McEachern Tom Chard
Peer Support Specialists. Peer Support Specialists are widely acknowledged as a low-cost approach to improving quality outcomes, patient/client compliance to provider recommendations, and the satisfaction of the experience for the individual receiving services. The regulations governing Integrated Behavioral Health allows for peer support services to be reimbursed by Medicaid.	<ul style="list-style-type: none"> • Support the system designing, developing and growing the Peer Support Specialist field (SAMHSA grant). • Train and support the peer support specialist field in utilization of Medicaid reimbursement. • Assist DOC in the development of forensic peer support specialists. 	DBH ABHA Peer Support Consortium DOLWD DOC Trust UAA/CHD AKTC	Susan Musante Rick Calcote Tom Chard
Nurses. Nursing educators teach students in both basic and advanced nursing programs and how to work in a variety of settings. The nursing profession encompasses a vast realm of responsibilities and duties from specialty nursing which includes, among others, psychiatric, perioperative, perinatal, advanced	<ul style="list-style-type: none"> • As needed, assist with the recommendations made by the UAA School of Nursing Education Stakeholder group. • Support APU's work plan to develop a joint UAA/API 	COH SON ASHNHA AHEC Bartlett Hospital Mat-Su Medical Center Alaska Regional	Marianne Murray Gloria Burnett



nurse practitioners and critical care/emergency nurses. Registered nurses are typically educated at an associate or bachelor's degree level and licensing is required to practice. Coalition members continue to work on streamlining the nurse licensure process to timely on-board nurses.	<ul style="list-style-type: none"> nursing cohort. Support and advocate for the continuation of nurse sub-specialty nurse training programs. To ensure long-term care facilities have the qualified and competent workforce needed, research the need for LPNs across the state and support implementation. 	Hospital ANTHC APU	
Primary Care Practitioners/Providers. Primary care providers are essential to an efficient and effective health workforce, and are in increasingly short supply. Primary Care Physicians diagnose, treat, and help prevent diseases and injuries that commonly occur in the general population. Physician Assistants and Nurse Practitioners are also primary care providers. Community Health Aides and Practitioners provide preventive, primary and emergency care to rural Alaskans.	<ul style="list-style-type: none"> Support the use of efforts such as, SHARP 3 and 3RNet, to recruit and retain (increase the number of) primary care practitioners. Work with the system of care to ensure primary care providers have access to interdisciplinary, team approach to care within integrated environments. Through ANTHC, support efforts to increase the number of Community Health Aides/Practitioners. 	APCA ASHNHA COH WWAMI AHEC ABHA ANTHC	Nancy Merriman Robert Sewell Gloria Burnett Matt lone
Physical Therapists (PT). This profession is especially important as Alaska's population rapidly ages and current physical therapists are retiring.	<ul style="list-style-type: none"> Support UAA COH efforts to ensure the Alaska PT program is established. Recruit students into PT programming. Review and investigate efforts to expand PT Assistant programming to include offering courses through distance delivery. 	UAA COH ASHNHA	Dennis Murray LeeAnne Carrothers
Health Care Administrators. The area of management and administration is vitally important to health care organizations and preparation in state is very limited at present.	<ul style="list-style-type: none"> Work with ASHNHA and industry to develop strategies in health care administration programming with appropriate educational steps in supervisory/management pathways. 	UAA COH ASHNHA AADD APCA Trust DBH DSDS DOC ANTHC	Dennis Murray Tom Chard AHCW Coordinator

System Change and Capacity Building Initiatives

I. Engage and Prepare Alaska's Youth for Health Careers.

Objective 1: Streamline behavioral health and health care pipeline programs in Alaska



for all levels of education – certification, associate's degree and beyond.

Action	Specific Steps	Key Organizations	Champion
1. Create a visual representation of the pipeline and associated programs to be utilized in advocacy, coordination, advising and support.	<ul style="list-style-type: none"> Create posters and multimedia. Market materials statewide. 	AHEC DEED DHSS DOLWD	Gloria Burnett
2. Promote CTE Exemplar Pathways to school districts and provide oversight and support to staff.	<ul style="list-style-type: none"> Market materials and services. Increase HOSA chapters. Increase professional development for teachers in health science. 	DEED AHEC DHSS	Gloria Burnett
3. Increase dual credit opportunities for students by engaging school boards, UA Health Program Alliances and DEED.	<ul style="list-style-type: none"> Formalize and streamline dual credit processes across campuses and school districts. Market opportunities for students. Provide support for student success. Long-term tracking. 	UA System AHEC DEED DHSS	Gloria Burnett
4. Increase opportunities for students to take part in intensive structured exploration programming (camps, ANSEP, Della Keats, VHOP, etc.) across the state.	<ul style="list-style-type: none"> Secure additional funding to continue and expand programming. Market opportunities for students. Long-term tracking. 	AHEC DHSS DEED	Gloria Burnett
5. Maintain pre-apprenticeships leading to healthcare occupations.	<ul style="list-style-type: none"> Increase pre-apprenticeship opportunities statewide. Provide support to participants in securing apprenticeship placement or enrollment in training programs. Long-term tracking. 	AHEC DOLWD AHA BHA	Gloria Burnett Zack Fields AHCW Coordinator

II. Training, Competencies and Professional Development

Objective 1: Expand and enhance training and professional development opportunities for all healthcare professionals.

Action	Specific Steps	Key Organizations	Champion
1. Provide inter-professional education and training opportunities in response to industry needs to Alaskan healthcare professionals.	<ul style="list-style-type: none"> Obtain accreditation to provide continuing education credits for participants. CE Needs Assessment. 	UAA/CHD AKTC AHEC APCA ASHNHA UA System	Lisa Cauble
2. Increase and enhance healthcare provider's toolbox by ensuring science-based conferences and trainings are offered statewide and when appropriate	<ul style="list-style-type: none"> Use the CACHE and LMS to market conferences and trainings. Use email distribution lists to 	AHEC UAA/CHD AKTC AHCW UAA COH	Lisa Cauble Gloria Burnett



offer CEUs.	send out conferences and training notices.		
3. Promote and expand Alaska Core Competencies trainings for DSP's.	<ul style="list-style-type: none"> • Outreach to provider agencies to determine need/interest in AKCC trainings and need for internal staff available for AKCC T4T. • Provide annual AKCC Train the Trainer event • Develop criteria for retaining/renewing AKCC trainer status/"in good standing". • Provide Senior Adaptation AKCC training to DSP's serving senior population. • Introduce and train supervisors in AKCC, Coaching Took Kit and Assessment Tools. • Offer AKCC modules at the annual Full Lives Conference. 	UAA/CHD AKTC AMHTA SDS DBH Stakeholders	Lisa Cauble
4. Expand and increase BHCE distance delivered trainings and video recordings for BH professionals and BH Aides that enhance sensitivity to cultural needs and increase knowledge of EBP in BH interventions.	<ul style="list-style-type: none"> • Survey FY16 & 17 BHEC participants for feedback on topic areas and EBP BH interventions. • Continue to maintain and establish relationships with Elders who are able to offer knowledge through co-presenting on topics covered by the BHCE trainings. • b. Continue outreach to the BH workforce through flyers, "constant contact" email blasts and sharing training updates at monthly stakeholder – association meetings and professional conferences. 	AKTC DBH AMHTA ABHA	Lisa Cauble
5. Expand training of Certified Nursing Assistants with additional focus on dementia care.	<ul style="list-style-type: none"> • Partner with training entities to increase #'s of CNAs trained • Work with DEED to offer/expand CNA training within various school districts. • Educate private nursing homes on CNA training and employment options. 	ASHNHA Charter College DEED UA COH ACoA DOLWD AHA	Dennis Murray Zack Fields Gloria Burnett AHCW Coordinator
6. Expand and increase trainings that support Care Coordinators and Case Managers.	<ul style="list-style-type: none"> • Offer SDS approved Basic Concepts of Care 	AKTC DBH	Lisa Cauble



	<p>Coordination training for new Care Coordinators</p> <ul style="list-style-type: none"> • Provide two Frontline Leadership Institutes annually to promote leadership skill for Case Managers and Care Coordinators • Provide MHFA, Disabilities 101, MH Basics, Person Centeredness, Conflict Resolution Skills, FASD, Gatekeeper (Suicide prevention) and other trainings as identified to support CM and CC workforce 	<p>SDS Stakeholders AMHTA</p>	
7. Support/address Medicaid Expansion and Criminal Justice Reform identified training needs.	<ul style="list-style-type: none"> • Provide training coordination in FY 17 & 18 for addressing identified training gaps identified through survey assessments in FY 17 for DBH staff and BH providers 	<p>AKTC DBH SDS DOC DJJ AMHTA</p>	<p>Lisa Cauble Rick Calcote Kara Thrasher-Livingston</p>
8. Support the implementation of UAA's Surgery Tech's Associate Degree Program (fall 2017).	<ul style="list-style-type: none"> • When appropriate, assist with the recruiting students to the UAA COH Surg-Tech Associate Degree program 	<p>ASHNHA UAA COH AHA</p>	<p>Dennis Murray Robert McClung</p>
9. Provide customized training to help support DBH staff and BH providers, under current Medicaid Redesign readiness processes and timelines to prepare for and transition to working effectively with service delivery under an Administrative Services Organization (ASO).	<ul style="list-style-type: none"> • Develop and train DBH staff to increase readiness and knowledge/skills for proficiency in learning objectives under Performance and Outcome Management Domain • Develop and train BH providers top-level management staff to increase agency readiness, positioning BH agencies for Medicaid Reform and knowledge/skills for proficiency in learning objectives under Organizational Management Domain • Develop and train DBH staff to increase readiness and knowledge/skills for proficiency in learning objectives under three Domains: Informatics, SUD & MH Content Knowledge and Systems Thinking • Develop and train BH Providers top-level management staff to increase 	<p>Trust DBH UAA/CHD AKTC</p>	<p>Lisa Cauble Rick Calcote</p>



	agency readiness, and knowledge/skills for proficiency in learning objectives under two Domains: Data/Performance Management and Clinical Management		
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Objective 2: Train, strengthen and grow Alaska's Peer Support Specialists occupational field.

Action	Specific Steps	Key Organizations	Champion
1. Expand training for Peer Support Specialists.	<ul style="list-style-type: none"> Collaborate on the SAMHSA funded project to develop and implement a training and certification program for Peer Support Specialists 	DHSS/DBH BH Providers DOLWD UAA/CHD AKTC UAA BHA	Susan Musante Rick Calcote Lisa Cauble AHCW Coordinator

Objective 3: As the healthcare industry requests, assist in the development of appropriate healthcare Federal Registered Apprenticeships.

Action	Specific Steps	Key Organizations	Champion
1. Monitor industry needs for Registered Apprenticeships in healthcare.	<ul style="list-style-type: none"> Keep the discussion of healthcare apprenticeships on the AHCW agenda 	Industry Providers UA System (COH, AHA & BHA) DOLWD	Zack Fields Gloria Burnett AHCW Coordinator
2. As the healthcare industry identifies occupations of interest for Registered Apprenticeship assist with coordinating the planning and development.	<ul style="list-style-type: none"> Identify and convene stakeholders who may be interested in the specific healthcare occupation 	Industry Providers UA System (COH, AHA & BHA) DOLWD	Jeff Selvey Gloria Burnett Zack Fields AHCW Coordinator

Objective 4: With the Department of Labor and Workforce Development develop and implement Registered Apprenticeships as requested by the healthcare industry.

Action	Specific Steps	Key Organizations	Champion
1. Support the implementation of the Community Health Care Worker, Clinical Medical Assistant, Medical Office Assistant and Certified Billers/Coders Registered Apprenticeships.	<ul style="list-style-type: none"> Through identified marketing efforts recruit interested students into health-related registered apprenticeships. As needed, assist APCA with targeted training initiatives. 	APCA DOLWD AHCW ASHNHA	Nancy Merriman Zack Fields Dennis Murray AHCW Coordinator
2. Support the implementation of the Surgical Technologists and Central Sterile Processing Technicians Registered Apprenticeships.	<ul style="list-style-type: none"> Through identified marketing efforts recruit interested students into health-related registered apprenticeships. As needed, assist AHCAC with 	DOLWD ASHNHA UAA COH & AHA	Zack Fields Dennis Murray Robert McClung



	targeted training initiatives.		
3. Support the implementation of the Behavioral Health Aide Registered Apprenticeship.	<ul style="list-style-type: none"> Through identified marketing efforts recruit interested students into health-related registered apprenticeships. As needed, assist ANTHC with targeted training initiatives. 	ANTHC DOLWD ABHA UAA COH	Laura Baez Xio Owens Tom Chard Zack Fields AHCW Coordinator
4. Support the implementation of Registered Apprenticeship Program for Counselor Technician, Behavioral Health Technician, and Chemical Dependency Counselor.	<ul style="list-style-type: none"> As requested, assist RADACT with implementation of their Registered Apprenticeship opportunities. 	DOLWD RADACT ABHA	Janet Carter Zack Fields Tom Chard

III. Health Workforce Policies and Infrastructure

Objective 1: Through a viable workforce presence, support and implement identified occupational priorities, findings, and recommendations related to Medicaid Expansion, Reform and Redesign.

Action	Specific Steps	Key Organizations	Champion
1. Assist the healthcare system with finding solutions to driving down the cost of healthcare.	<ul style="list-style-type: none"> Review health professional wages and benefits, scope of practice, and availability. Review healthcare cost drivers to develop recommendations. Work with providers to enhance healthcare business plans. Design and develop healthcare administrative degree(s). 	DHSS ABHA AHCW UAA COH	Tom Chard AHCW Coordinator
2. As requested, assist with the planning and implementation of the ASO – Administrative Service Organizations.	<ul style="list-style-type: none"> As requested... 	DBH ABHA DHSS	Randall Burns Deb Erickson Tom Chard
3. Advocate for healthcare policy supportive of Alaska at the national, state and local level, as needed.	<ul style="list-style-type: none"> Attend weekly Trust legislative teleconferences. Review UA Capitol Report Briefings. 	AHCW Core Team UAC COH	AHCW Coordinator
4. As requested, assist the Department of Health and Social Services and the Trust with statewide redesign efforts.	<ul style="list-style-type: none"> Assist employers with understanding the importance of hiring beneficiaries. 	DHSS Trust AHCW ABHA AMHB GCDSE ABADA ACoA	AHCW Coordinator
5. Federal and state grant-writing capacity.	<ul style="list-style-type: none"> Work with UA Campuses to fund a health-related grant writer or coordinate application submissions and processes. 	UA COH Development Dept.	AHCW Coordinator

Objective 2: Through a viable workforce presence, support and implement identified occupational priorities, findings, and recommendations related to Criminal Justice Reinvestment.



Action	Specific Steps	Key Organizations	Champion
1. Assist the Department of Corrections and local communities with reentry efforts.	<ul style="list-style-type: none"> Assist the system with developing the workforce needed. Assist employers with understanding the importance of employing inmates reentering the community. 	DOC DHSS Trust UA COH UAA/CHD AKTC SHARP 3 DOLWED AWIB	Lisa Cauble AHCW Coordinator

Objective 3: Work with the Licensing Boards on certifications, regulations, and licensing changes as statewide reforms and transformation efforts are implemented.

Action	Specific Steps	Key Organizations	Champion
1. The Substance Use Disorder/Addiction system is drafting regulatory changes to licensing and certification.	<ul style="list-style-type: none"> Review SUD licensing and certification regulations and respond during the public comment period. Assist the SUD system of care with implementation of the new licensing and certification regulations. 	DHSS ABHA AHCW AKCBHC	Randall Burns Tom Chard
2. Industry has requested increased trainings in science-based / evidenced-based practices.	<ul style="list-style-type: none"> Add science-based addictions information and education to curriculum. 	UA COH BHA UAA/CHD AKTC	Lisa Cauble AHCW Coordinator
3. Targeted licensing boards collect additional data at licensing and renewal.	<ul style="list-style-type: none"> Work with industry and providers to identify additional data needs. Convene meetings between licensing boards and provider associations to work together on data needs and methods for collection. 	ASHNHA ABHA AADD AHCW	Dennis Murray Tom Chard AHCW Coordinator

Objective 4: Ensure information about the Alaska Health Workforce Coalition is presented and available to interested parties.

Action	Specific Steps	Key Organizations	Champion
1. Develop an internal communication plan.	<ul style="list-style-type: none"> Set monthly AHCW Core Team meetings. Set quarterly AHCW Coalition meetings. Ensure AHCW Scorecard is kept current. 	AHCW Manager Core Team Members Coalition Members	AHCW Coordinator
2. Develop an external communication plan.	<ul style="list-style-type: none"> Present AHCW activities and updated Scorecard to stakeholders through 	DOLWD DHSS	AHCW Coordinator



	conferences, summits, associations and meetings. <ul style="list-style-type: none"> Market healthcare workforce jobs to Alaskans. 	UA Campuses Health Industry	
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IV. Health Workforce Recruitment and Retention.

Objective 1: Support, advocate and market access to healthcare by assisting in the development and implementation of the SHARP III Program.

Action	Specific Steps	Key Organizations	Champion
1. Promote access to healthcare by supporting the existing success of the SHARP program. Create shareable materials; provide information at meetings, etc.	<ul style="list-style-type: none"> Promote discourse and public comment on proposed regulatory changes during public comment period. Promote and implement new program. Promote and report successful recruitment and retention efforts. 	SHARP Advisory Council DHSS Trust ABHA DOC Employers Philanthropic Groups	Robert Sewell Tom Chard AHWC Coordinator
2. Secure fiscal and industry support for SHARP 3.	<ul style="list-style-type: none"> Work with the SHARP Advisory Committee on marketing and recruitment of employers and philanthropic groups. 	SHARP Advisory Council AHWC	Robert Sewell Tom Chard AHWC Coordinator

Objective 2: With the Alaska Primary Care Office, monitor SDMS effects and outcomes for Alaska's Health Professional Shortage Areas.

Action	Specific Steps	Key Organizations	Champion
1. Identify the findings of the AK Health Professional Shortage Areas.	<ul style="list-style-type: none"> Monitor the July 2017 Federal Register Findings. Determine if there are any Auto-HPSA organizations providing services within a determined service area. And if, there are private non-profit organizations that are not auto-HPSAs who may be impacted by loss of geographic HPSA or significant reduction of score in a HPSA. 	DHSS Primary Care Office AHWC	Jill Lewis Nancy Merriman

V. Health Workforce Data.

Objective 1: Determine the research and data project needed to assist the state with programming during FY18/19.

Action	Specific Steps	Key Organizations	Champion
1. The Trust, DOLWD R&A and UAA COH will work together to develop a healthcare data project which uses existing data sets but new	<ul style="list-style-type: none"> Develop a scope of work and deliverables for DOLWD or a 	Trust DOLWD R&A UAA	Dan Robinson AHWC



measurements that is based in “real time”.	<p>contractor to conduct and complete a data and research project.</p> <ul style="list-style-type: none"> • Hold key stakeholder meetings to ensure the data project is relevant and meets current needs. • Manage FY18/19 Data Project • Ensure findings are available. 	Stakeholders	<p>Coordinator Michael Baldwin Heidi Weiland</p>
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Appendix A.

2012 – 2015 Action Agenda Summary

The Alaska Health Workforce Coalition (the Coalition) was launched to develop a coordinated, cohesive, and effective approach to addressing the critical needs for health workers in Alaska.

The Coalition is a public-private partnership comprised of leadership representatives from government, health industry, educational facilities and associated organizations which operate dozens of hospitals, long-term care facilities, behavioral health facilities, and clinics. These businesses employ approximately 33,800 individuals and pay wages totaling approximately \$1.8 billion. The Coalition ensures that employers and the industry drive state workforce development efforts and improve system efficiency through collaboration across the private and public sectors. Coalition Core Team members include:

- Alaska Behavioral Health Association (ABHA)
- Alaska Area Health Education Centers (AHEC)
- Alaska Native Tribal Health Consortium (ANTHC)
- Alaska Primary Care Association (APCA)
- Alaska State Hospital and Nursing Homes Association (ASHNHA)
- Alaska Workforce Investment Board (AWIB)
- Alaska Mental Health Trust Authority (AMHTA)
- Department of Education and Early Development (DEED)
- Department of Health and Social Services (DHSS)
- Department of Labor and Workforce Development (DOLWD)
- University of Alaska (UA)/University of Alaska Anchorage (UAA)

In 2010, the Coalition published the Alaska Health Workforce Plan, strategizing goals and objectives for increasing and improving Alaska's behavioral health and healthcare workforce. The Plan was accepted by the Alaska Workforce Investment Board (AWIB) as Alaska's plan for health workforce. The Coalition's 2012-2015 Action Agenda outlined the initial priority occupations and initiatives requiring immediate attention to ensure Alaskans have improved access to care across the state. Most of the forty-three original strategies have been completed, leading to the development of this 2017-2021 Action Agenda. The revised Action Agenda is the continuation of the implementation plan for the Alaska Health Workforce Plan 2010, endorsed by the Alaska Workforce Investment Board and many other groups representing state and industry health leaders.

The Coalition priorities are aligned with Governor Walker's statewide priorities - Medicaid Expansion, Reform and Redesign; Healthy Alaskans 2020; Criminal Justice Reform; and the Alaska Health Workforce Coalition Plan. Many of these priorities and efforts complement one another. For example, Medicaid Reform directly impacts Criminal Justice Reform by providing needed services to individuals being released from prison.

Forty-seven of Alaska's 50 fastest-growing occupations are in the healthcare sector, and the Alaska Health Workforce Coalition is leading and supporting that job growth. Health care workforce development is essential to maintain the state's overall economic health during this period of low oil prices and associated impacts.



Over the last year, Coalition members have met to improve the efficiency of collective workforce development efforts to avoid duplication and expand system capacity. The Coalition focuses on strategies to engage, train, recruit, retain and sustain the health care workforce.

Various strategies such as “Growing Our Own” will develop and inform policy that achieves greater access, improved quality and increased affordability through accessible training and professional development and education.

Annually, the Alaska Health Workforce Coalition Core Team engaged in a process to review and refresh the Coalition’s purpose, priorities and processes by reviewing and updating the Coalition Charter. Some of the Coalition’s discussions centered on:

- Successful accomplishment of goals in the 2012-2015 Action Agenda;
- Concerns about emerging issues not reflected in the current priorities;
- Leadership transitions within the Core Team; and,
- Meaningful engagement and process improvement for maximum effectiveness.

2012-2015 Action Agenda

Forty-three goals were reviewed during the quarterly Coalition meetings. To date, thirty-two have been completed; seven are on track for completion; five need additional attention; and, due to environmental and policy factors two goals will not be met.

The 43 goals focused on certain Occupational Priorities and Systems Change and Capacity Building Initiatives identified in the 2012-2015 AHCW Plan as:

Occupational Priorities 2012-2015	Systems Change and Capacity Building 2012-2015
<ul style="list-style-type: none">• Primary Care Providers• Direct Care Workers• Behavioral Health Clinicians• Physical Therapists• Nurses• Pharmacists	<ul style="list-style-type: none">• Health Professional Loan Repayment and Incentives Program• Training and Professional Development• Aligning Regulatory Policies that Impact the Health Workforce• Engage and Prepare Youth for Health Careers• Health Workforce Recruiting• Health Workforce Data

AHCW Context

- Understanding the shared need was essential to galvanizing collective action. Health care is one of the largest, fastest growing, and most dynamic industries in Alaska with employers in virtually every community. Health care accounts for 10 percent of total employment and has grown 30 percent over the last decade, three times faster than overall job growth.
- Multiple data sources existed to describe the need for health workers, but an industry wide projection had not been developed, nor had occupational priorities been identified to focus resources.
- Health reform, an aging workforce, rapidly changing technology and care models further complicate the challenges to developing, recruiting and retaining an adequate and qualified health workforce. While these hold true throughout the nation, Alaska’s challenges are exacerbated by our remote nature, vast geography and small population which leave many rural communities without access to health care due to lack of health providers.
- For more than a decade, individual entities and a variety of discrete projects and partnerships initiated actions to enhance Alaska’s health workforce and ensure an adequate and qualified health workforce. Yet these lacked cohesion and identity; without alignment and focus, they could



- not leverage the diverse skills and resources that each partner brought nor gain the attention of state policy leaders and funders.
- The American Recovery and Reinvestment Act of 2009 was a catalyst for members of the health sector to actively work together on a comprehensive health workforce plan. Without a statewide coalition and coordinate set of priorities and plans, access to such funds and significant improvements were less likely to be achieved.
 - Individuals in the Alaska's health sector had seen the impact of industry/ education coalitions for oil and gas (Alaska Process Industry Careers Consortium) and construction (Alaska Construction Academy) in coming together, even though competitive firms, to define specific priorities and skill standards, and promote targeted investments in workforce development programs to meet industry needs.
 - The Department of Labor and Workforce Development (DOLWD) Alaska Workforce Investment Board (AWIB) recognized health as a priority occupation and invited the sector to document workforce needs using a template developed for the oil and gas industry. While the template did not fully meet industry needs, the request from AWIB encouraged the Coalition to develop a model that suited the complexities of the health sector.
 - A Workforce Focus Area emerged for behavioral health (initially called the Behavioral Health Initiative Partnership, BHIP) with joint funding and staff to support the Alaska Mental Health Trust Authority, University of Alaska, and the Department of Health and Social Services. Joint industry/university planning and development also occurred with increasing frequency and intensity for medical/clinical professions. These early models of resource sharing and collaboration across major stakeholders paved the way for the emerging Coalition.

The creation of the Alaska Health Workforce Coalition has resulted in several benefits to its members and the Alaska health system as a whole including:

- An industry-led workforce plan with tangible actions, accountable outcomes, and committed resources.
- Use and integration of data to establish occupational priorities.
- Actions focused on occupational and systems change priorities that drive health workforce activities and investments by members and other stakeholders. Unified approach to advocacy for policy changes and funding opportunities.
- Increased resource commitments, actions and emerging results that all serve to build the Alaska health workforce.

I. AHCW Core Team and Coalition – Charter

Vision: Alaska has a well-qualified and sustainable workforce to meet the current and future healthcare needs of its residents.

Purpose: The Alaska Health Workforce Coalition is a public-private partnership created to develop, facilitate, implement, and support a statewide system to ensure Alaska has a well-qualified and sustainable workforce to meet the current and future healthcare needs of its residents. The system, through various strategies such as “Growing Our Own” will address and emphasize access, policy, affordability, local training and professional development, education, effectiveness and efficiency.

Principles:

1. **Inclusive** - The Coalition encourages participation and membership (appropriate levels to be defined) by all relevant stakeholders to advance the development, implementation, and support of the statewide plan.
2. **Coordinated** - Ensure a coordinated approach for planning, resourcing, and implementation of strategies, recognizing that collaborative efforts often lead to increased opportunities, funding and resources.
3. **Cooperative** - Recognizing that the healthcare industry is complex and multifaceted, partners agree to share information and respect the larger system as well as the component parts/members. Stakeholders participate fully in the plan development, implementation, and support processes.



4. **Strategic** - The implementation effort recognizes that the health care workforce development effort demands both short-term and long-range approaches to success.
5. **Innovative** – Recognizing the continuous changes in health care and its workforce needs, the Coalition will remain adaptive and flexible in its membership, strategic priorities, and practices.
6. **Results Focused** – The Coalition will assure effective and efficient use of resources by clearly defining priorities, setting specific goals, defining key strategies, advancing work plans, and reporting/evaluating the results.

II. Membership Expectations / Agreement

As an active member of the Alaska Health Workforce Coalition Core Team, organizations are expected to contribute to Coalition efforts and also can expect certain benefits and results from the Coalition. The following information defines these expectations and agreements in broad terms while also providing a summary of the high-level areas of focus for each organization.

The Coalition agrees to provide the following services for active members:

- Develop and maintain the statewide, industry-wide Alaska Health Workforce Plan.
- Develop and maintain the Action Agenda, including an agreed set of industry priorities for occupations and systems change / capacity building efforts.
- Provide a well-organized system of documenting, reporting and advancing progress and results.
- Develop shared policy and advocacy recommendations through consensus of Core Team members to ensure clarity, inclusion and alignment.
- Provide effective communications to members about activities, opportunities and results.
- Establish, support and grow connections among the wide and diverse array of public and private partners interested in health workforce issues in Alaska.
- Identify, align, link and leverage member assets to advance and achieve Coalition goals.
- Larger system impact; providing positive impact across the system.

Core Team Members agree to provide the following in support of the Coalition:

Partnership Roles	General Description
1. Fund Coalition Staff/Infrastructure	1. Provide resources for staff, coordination, and infrastructure including direct expenses for events, materials, etc.
	2A. Support and/or provide resources to advance specific Occupational Priority goals and objectives.
	2B. Support and/or provide resources to advance specific Systems Change & Capacity Building goals and objectives.
3. Advocacy	3. Provide direction to support to AHCW legislative and policy / regulatory priorities.
	4A. Participate in Coalition events / activities -- engage in dialogue, shape the vision for the future, accomplish priorities established within the action agenda.
	4B. Engage and provide outreach and information sharing to engage your constituents and organizations in AHCW activities, advocacy and results.
5. Health Workforce Data Committee	5. Define, gather, align, leverage, analyze and share data and information about Alaska's health workforce to drive strategy and priorities for the future.
6. Innovation Strategies for Care & Training	6. Provide forward looking innovations and response/adaptations to changes in the delivery system with appropriate strategies for Alaska; working across organizations to take successful strategies to scale.

The Coalition developed an overall approach to the way they continually identify and respond to address health workforce issues. The elements include:



- Building a foundation of data by compiling, creating and analyzing data from a variety of sources.
- Using data and with broad stakeholder input, a set of priorities are defined for Occupations, as well as Systems Change and Capacity Building initiatives.
- Develop and maintain actionable plans in the form of broad strategies supported by specific, measurable objectives. Monitor results and remain vigilant to recognize and adapt to emergent opportunities and challenges.

III. Priority Occupations

a. Primary Care Providers

- i. The UAA School of Nursing implemented a Doctor of Nursing Practice (DNP) program and graduated its first cohort.
- ii. The School of Nursing's Family Nurse Practitioner program expanded and its Psychiatric/Mental Health Nurse Practitioner program began to admit every, rather than every other, year.
- iii. The Physician Assistant program began a Master's program alongside its Bachelor's program. This program is a partnership with the University of Washington.
- iv. The Medical program, also a partnership with the University of Washington and three other states (WWAMI), reconfigured its structure. The first 18 months of medical education are now offered in Alaska, and the last two clinical years can also be taken in state.
- v. SHARP I and II held contracts with 254 loan repayment and incentive program participants.
- vi. Alaska physician APGAR recruitment and retention study was completed.

b. Direct Care Workers

- i. Alaska Core Competencies for Direct Care Workers had twenty-seven agencies involved with introducing and training staff members in the Alaska Core Competencies during FY17 and 290 supervisors were introduced and trained on how to use the Alaska Core Competencies Assessment Tool between FY12-FY17.
- ii. The Full Lives Conference, the only annual training conference in AK specifically designed for an audience of Direct Care Workers, celebrated 17 years in March, 2017.
- iii. The Frontline Leadership Institute, focusing on teaching leadership skills to supervisors working directly with DSP's, trained 314 supervisors between FY09-FY17. Forty-nine supervisors completed FLI training in FY 17.
- iv. The AKTC LMS continued to offer training opportunities through a "one stop" training website complete with training catalog and registration/payment/tracking of training completion process for DSP's and the workforce serving AMHTA beneficiaries.
- v. The Alliance for Direct Service Worker website was successfully linked with the DOLWD Job Center websites.
- vi. Additional sites for Certified Nurse Assistant training were approved.

c. Behavioral Health Clinicians

- vii. AK-Psychology Internship Consortium (AK-PIC) has had a total of 65 graduates since 2010.
- viii. The Master's of Social Work (MSW) program was made available entirely through distance delivery.
- ix. Licensed Marriage and Family Therapists (LMFTs) are being considered as Medicaid reimbursable occupation, expanding the behavioral health clinician pool.
- x. The Behavioral Health Continuing Education (BHCE) Series, offered through the AKTC, continues to provide much needed distance delivered trainings for



professional licensed BH clinicians throughout the state. Total BHCE's offered: FY 14, 33 BHCE's; FY 15, 34 BHCE's; FY 16, 52 BHCE's and in FY17, 109 BHCE's were available to BH licensed Clinicians.

- xi. ANTHC is developing a new Behavioral Health Aide Registered Apprenticeship with support from the Alaska Department of Labor and Workforce Development and the U.S. Department of Labor.
- xii. The Regional Alcohol and Drug Abuse Counselor Training Program (RADACT) has become a sponsor of the Behavioral Health Aide Registered Apprenticeships, making this apprenticeship accessible across the state.

d. Physical Therapy Careers.

- i. A Physical Therapy Assistant Program was developed and implemented in 2016. This year-long program graduates approximately 12 students per year.
- ii. Work continued to identify a partner institution to offer Physical Therapy education in Alaska. Space and equipment were procured for a Doctorate of Physical Therapy (DPT) program.

e. Nursing.

- i. As described above, the nurse practitioner programs were expanded and the Doctor of Nursing Practice (DNP) added.
- ii. School of Nursing curricula were updated and all programs were accredited.
- iii. The School is working with stakeholders to implement initiatives to reduce barriers to expansion of the nursing programs.
- iv. Surveys related to the need for specialty nurses and availability of clinical simulation in communities are in process.
- v. A perioperative specialty program was coordinated by ASHNHA and had several cohorts graduate.
- vi. Bi-annual meetings take place between School of Nursing, Alaska State Hospital and Nursing Home Association Nurse Executives, and other nurse leaders, with frequent interaction in between.
- vii. The Alaska Career College contributes to nurse training and education.

f. Pharmacists

- i. UAA has partnered with Idaho State University to establish a Pharmacy Doctorate (PharmD) program in Anchorage. This program is up and running.
- ii. UAA also has an agreement with Creighton University for five Alaska seats in their distance PharmD program.

IV. Systems Change and Capacity Building

- a. **Health Professional Loan Repayment and Incentives (SHARP).** This support-for-service program was designed, developed, funded and is administratively managed by the Department of Health and Social Services to strengthen recruitment of health professionals that are in high demand and difficult to recruit to the state. Most were recruited for rural and small communities where shortages are most acute ensuring access to healthcare services for residents throughout Alaska, including recipients of Medicaid, Medicare and low-income individuals and families on a sliding fee scale. To date, the SHARP program has successfully enrolled 254 participants. A new iteration that seeks to increase available resources and provide for sustainable program growth is in the works. This new iteration will rely much more heavily on private employers and partners by design.
- b. **Training and Professional Development – Alaska Training Cooperative (AKTC), Learning Management System (LMS) & Alaska CACHE.** The Alaska Training Cooperative and the Alaska Area Health Education Centers (AHEC) partnered to develop and implement the Training Cooperative's learning management system for behavioral health professionals, and the Alaska CACHE continuing education clearinghouse for other health professionals.



Training vendors - including the university, industry partners, and others - can post offerings to the sites. Inquiring professionals can identify educational opportunities and register through the sites. They are provided a record of their educational achievements. AHEC staff also work with educational providers to obtain continuing education units (CEUs and CMEs) for participants.

In FY16, the Alaska Training Cooperative (AKTC) continued to successfully support the program's mission through statewide coordination and brokering of training via distance, blended and in-person formats for direct service providers and their supervisors: 4,737 unduplicated training participants from 569 provider agencies in 105 communities statewide, offered a total of 250 trainings presented directly by AKTC staff serving as instructors, and supported 138 training technical assistance events for a total of 388 training events, representing an increase of 22% over FY 15 training events (319).

There were 10,671 registered Users in the LMS (Total 2009-2016) with 3,206 Active Users in FY 16. Over 12,603 visits to the LMS website were recorded, 580 training opportunities were listed and 513 training events used the LMS system for registrations, training completions and/or payment options.

The Division of Behavioral Health (DBH) is partnering with the Alaska Training Cooperative (FY17/18) to develop and implement a statewide training plan following DBH staff and behavioral health provider readiness surveys that identified several opportunities for targeted training to help transition to a service delivery system operating under an Administrative Services Organization (ASO) in more of a managed care environment.

The Alaska Department of Labor and Workforce Development and the U.S. Department of Labor guided and supported the following entities to develop and implement the Registered Apprenticeships listed:

- One hundred individuals are participating the Alaska Primary Care Association programs for Community Health Workers, Clinical Medical Assistants, Medical Office Assistants, and Certified Biller/Coders;
 - Sixteen individuals are participating in the Alaska Health Care Apprenticeship Consortium programs for Surgical Technologists and Central Sterile Processing Technicians; and,
 - The Alaska's Area Health Education Centers (AHECs) have expanded pre-apprenticeship training to expand the pipeline of workers entering primary care and behavioral health occupations.
- c. **Aligning Regulatory Policies which Impact Health Workforce.** The Background Check Unit move to electronic fingerprint scanning, developed a new database and set up a system which accepts payment by credit cards.
- d. **Engage and Prepare Alaska Youth for Health Care Careers.** Alaska's AHEC's youth intensive career exploration programs have been expanded to include Behavioral Health Camps, Pre-Apprenticeship Academies, and creation of a health science strand of youth programming in partnership with the ANSEP. Career and Technical Education programs with health science tracks continue to expand and flourish with new programs and HOSA - Future Health Professionals - chapters across the state.
- e. **Health Workforce Recruiting.** AHCW members spent some time learning about and marketing 3RNet, an interactive technologies and communication website. 3RNet works to improve rural and underserved communities' access to quality health care through recruitment of physicians and other healthcare professionals, development of community based recruitment and retention activities. The Department of Health Social Services is a member which allows all Alaskan healthcare employers to use free of charge. The SHARP loan repayment and incentives program has been described above.
- f. **Health Workforce Data.** After completion of the AKSHOT project, the 2012 Health Workforce Vacancy Study was completed. Several issues were identified with this study: 1) definitions of "vacancy" varied among respondents, making the results less reliable, 2) as



designed, the instrument was complex, especially for large employers, and 3) this necessitated excessive staff time and travel to assist employers complete the survey. A 2014 study, the Alaska Health Workforce Profile, instead asked employers to indicate whether a particular health occupation or profession was difficult to recruit and calculated the percentage of employers that said a profession was hard to recruit. While this provided a fresh look at workforce data, the results did not provide the scale of this difficulty (e.g. Did 80% of employers have difficulty recruiting 10 nurses or 100 nurses?). In designing subsequent employer surveys, these issues will be considered.



Appendix B. - Acronyms

3RNET- National Rural, Recruitment and Retention Network

AADD – Alaska Association of Developmental Disabilities

ABADA – Advisory Board on Alcoholism and Drug Abuse

ABHA – Alaska Behavioral Health Association

ACOA – Alaska Commission on Aging

AHCAC – Alaska Health Care Apprenticeship Consortium

AHEC - Area Health Education Center

AHWC – Alaska Health Workforce Coalition (Core Team & Coalition)

AKSHOT – Alaska State Health Occupations Taxonomy (DOLWD)

AKCBHC – Alaska Commission for Behavioral Health Certification

AKCRHHW – Alaska Center for Rural Health & Health Workforce

AKTC – Alaska Training Cooperative

AHA – Allied Health Alliance

AMHB – Alaska Mental Health Board

ANSEP - Alaska Native Science and Engineering Program

ANTHC – Alaska Native Tribal Health Consortium

APCA – Alaska Primary Care Association

APU – Alaska Pacific University

ASHNHA – Alaska State Hospital and Nursing Home Association

ASO – Administrative Services Organization

AWIB – Alaska Workforce Investment Board

BH – Behavioral Health

BHA – Behavioral Health Alliance

BOR – Board of Regents (University of Alaska)

CAS – College of Arts & Sciences

CHD – Center for Human Development

DBH – Division of Behavioral Health

DEED – Department of Education and Early Development

CHW – Community Health Worker

CLA – College of Liberal Arts

COH – College of Health

CTE – Career and Technical Education

DHSS – Department of Health and Social Services

DJJ – Division of Juvenile Justice

DOC – Department of Corrections

DOLWD – Department of Labor and Workforce Development

SDS – Division of Senior and Disability Services

DSP – Direct Support Professionals (Direct Care Workers)

GCDSE – Governor's Council on Disabilities and Special Education

HOSA – Future Health Professionals (formerly Health Occupations Students of America)

PT – Physical Therapy

R & A – Research and Analysis (DOLWD)

RADACT – Regional Alcohol and Drug Abuse Counselor Training Program

SHARP – Provider Support for Service of Health Care Practitioners

SOC – Standard Occupational Code (DOLWD)

SON – School of Nursing

SSPC – Statewide Suicide Prevention Council

TABI – Traumatic and Acquired Brain Injury

Trust – Alaska Mental Health Trust Authority

UA – University of Alaska

UAA – University of Alaska Anchorage

UAF – University of Alaska Fairbanks

UAS – University of Alaska Juneau

WWAMI – Washington, Wyoming, Alaska, Montana and Idaho (University of Washington has partnered to train and prepare physicians in these western states)

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