

Alaska’s SHARP Program - Logic Model

Goal of SHARP: To build, enhance & sustain support-for-service in Alaska through interagency collaboration.

Resources	Outputs		Changes in Target Audience Outcomes/Impacts		
	SHARP Program Activities	Target Audience that SHARP activities will impact	Short-term – changes in beliefs, thoughts, knowledge	Mid-term – changes in actions, behaviors	Long-term – changes in population-base
SHARP office, SHARP Director, Ancillary DHSS staff, & Fiscal DHSS IT	Building program visibility, web site & email correspondence, documents production; phone calls, meetings, presentations at prof & trade events; technical assistance & problem solving; conducting solicitations	Clinicians (professional Medical, dental, & behavioral healthcare practitioners)	Awareness of Alaska SFSP opportunities; increased interest in taking jobs & staying in AK	Applying to AK jobs, & SHARP program; with Sites applying as well	More Alaska job applicants, & steadily rising appls to SHARP, seen as priority option
Knowledge-base & expertise of SFSP Assorted funding sources, & related Project Officers:	Producing & offering service contracts (MOAs); implementing; monitoring, funding MOAs; building relationships with clinicians, sites & funding sources; quarterly payments	Clinicians (professional Medical, dental, & behavioral healthcare practitioners)	More clinicians in SHARP program and interested in staying; improved job satisfaction	Signed service contracts/MOA, staying thru end of contracts; improved; more debt paid off;	More clinicians staying longer in job & AK; less churning; improved distribution
AMHTA, State-GF; HRSA, Employer-match Advisory Council & other interagency partners, for input, guidance, and prog. Resilience	Grant-writing, program management, report-writing, presentations, conduct TA / teleconferences; build Advisory Council membership & process; external PR & visibility steps; TA	System leaders (trade & prof. tribal entities, CEOs, gov’t leaders, DHSS & federal staffers)	Awareness of what & why SFSP works; how working in other states, knowing how sites, patient, clinicians benefit	Interagency collaboration that produces funds, visibility, gives guidance, championing SFSP in S.O.C.	Achieving a SFSP system: exists, reliable, adequate, large enough, and sustainable, & well distributed
Key stakeholders & opinion leaders	Producing & offering MOA/contracts with Sites; implementing; monitoring, funding MOAs; build relationships with clinicians, sites & funding sources; billing for employer match	Healthcare Sites (e.g. clinics & hospitals, esp. safety-net; others	Awareness of why SFSP exist; how to apply; expected results	Sites compete well; attracting & retaining good clinicians; applying to SHARP	Reduce locums, disrupted care, loss of agency expertise, lost billings.
Patient population & other interested parties	Visibility campaigns, esp. with sites; installing & maintaining SHARP clinicians in clinics; monitoring that service provision is to priority pops	Priority patient pop (Medicaid, Medicare & the uninsured)	Awareness that H.C. personnel are stable, expert, and available	Increased access to H.C., reduced waits, seeing same clinicians	Decrease ER, mortality, morbidity, and hospital readmit