

MEMO

To: Verné Boerner, Chair - Program and Planning Committee, Chair
Through: Steve Williams, Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: July 15, 2022
Re: FY21 Closed Grant Report for Trustees

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

FY21 Closed Grant Report

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its FY24/25 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 FY24/25 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.

FY21 Closed Grant Selection Criteria

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

- a. Only FY21 closed grant projects (Authority Grants and MHTAAR grants)
- b. Only FY21 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 FY21 closed grant projects recommended for continued funding in the FY24/25 budget. (NOTE: If the FY24/25 recommendation is below the \$100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 38 grants that met the criteria and are included in the report.

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 beneficiaries¹. 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 FY21 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.

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) framework² 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

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 FY24/25 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.....	6
The Alaska Training Cooperative.....	36
Supported Employment Workforce.....	76

Project Title: SHARP Loan Repayment (FY21)	
Grantee: Division of Public Health	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Workforce Development/Training
Years Funded: FY08 to Present	
FY21 Grant Amount: \$200,000.00	
High Level Project Summary: <p>FY21 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 workforce recruitment strategy has been instrumental in securing 190 healthcare professional contracts in FY 21. The Trust's \$200,000 investment in FY 21 resulted in a return \$2,583,975 from a combination of federal Health Resources and Services Administration (HRSA) and Alaska agency monies.</p> <p>SHARP exists to recruit and retain healthcare professionals with the hope of improving the distribution of practitioners across the state. There were 190 contracts in FY 21. Of these, 97 were new contracts represented by 46 organizations: 17 Tribal, 28 non-tribal. The SHARP program increases access to healthcare providers and on-going care as evidenced by the 151,159 care visits provided by these contracted practitioners in FY 21. This represents a 73% increase over FY20, which means more Trust beneficiaries are receiving care. The Trust program staff recommends funding this initiative in FY24.</p>	

Project Title: SHARP Loan Repayment (FY21)

Staff Project Analysis:

FY22 Staff Project Analysis: In FY 21, 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: 158,941 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 FY24.

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 \$1,500,000 provider dollars. Notable is SHARP clinicians provided care to over 100,000 Alaskans in FY21. This is a vital workforce recruitment and retention tool, which has a foundation of working in Alaska for the last 12 years.

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 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 expanded 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 - FY21 Grant Report Executive Summary: Program Description

SHARP's Purpose

Alaska's SHARP Program is a public-private partnership working to improve the recruitment, retention and distribution of selected health professionals, and is operated by the State of Alaska. SHARP is a statewide support-for-service effort to provide financial support to the selected practitioner's standard wage and benefit, which features two types of support-for-service benefit: (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's purpose is to address the shortages and maldistributions of health professionals by increasing the number and improving the distribution of healthcare professionals.

SHARP-1

SHARP-1 was Alaska's first state-operated support-for-service program component. All financial support from the AMHTA to SHARP has been largely for the partial resourcing of SHARP-1 service contracts. SHARP-1 began in 2009 and has continued vigorously up to the present. SHARP-1 service contracts are based on selected primary care clinicians providing care in federally designated Health Profession Shortage Area (HPSA) locations. This program component is predicated on the state winning periodic partnership grants from the federal Health Resources and Services Administration's (HRSA's) State Loan Repayment Program (SLRP). Alaska is now in the fourth year of its fourth competitive federal HRSA-SLRP grant-cycle. 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. SHARP must submit an annual report to the AMHTA.

SHARP-3

SHARP-3 is Alaska's third state-operated support-for-service program component. SHARP-3 is based on a state legislative bill (SB-93) that passed unanimously in both chambers (May 2019) and was then signed into law (AS 18.29) by Governor Dunleavy on August 1st, 2019. A related full regulations package was presented for Public Comment during May-July 2020, then received final review by Alaska's Department of Law, and thereafter was signed by the Lt. Governor Kevin Myers on 11/24/20 and was promulgated on 12/25/21. SHARP-3 features include (a) advanced blended funding; (b) use of tax exemption for loan repayment; (c) ongoing work to establish a multi-year operations fund managed by an external fiscal agent; (d) adjustable funding-source proportions between employer and contributor(s); (e) a range of possible contributors; and (f) remarkable flexibility as to which occupations are eligible to participate. During SFY'21, we began the implementation of SHARP-3 on 1/4/21 with the opening of SHARP-3 ongoing application and admittance process.

Program Activities (FY'21)

Quarterly Program Cycle

SHARP executes the following work processes on a quarterly basis: (a) calendar-quarter of service; (b) employer invoices, (c) quarterly work reports; (d) clinician payments; (e) contracts management; (f) data management; (g) budget management; (f) program reporting; (g) interagency relations; (h) applications management; (i) the monthly admittance cycle, and (j) program visibility steps.

Quarterly Work Report

The Quarterly Work Report (QWR) process yields our most fundamental metric, the clinician productivity data set. All clinicians and employers 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) to what degree. The data provide (1) an unduplicated count of patients seen; (2) care-visits served, and (3) by payer type (e.g., Medicaid, Medicare). All employer match invoices and ensuing support-for-service payments are based on the program's receipt of these required quarterly reports.

Reports to Stakeholders

Reports to SHARP Council: Council convenes quarterly in business meetings that are publicly noticed. The Council membership is composed of nominated opinion-leaders from across Alaska's healthcare system. In each of those meetings, in my capacity as SHARP director, I present varied data and trends as to SHARP's programmatic progress.

Annual SHARP-3 Report: With the passage of AS 18.29, SHARP is required to present an annual program report to Alaska's SHARP Council. I have now done twice during the SHARP-3 era, once for CY-2019 delivered on 7/1/20, and once for CY-2020 delivered on 7/1/21.

SHARP-1 Reports to HRSA: The following several reports were submitted to HRSA: (a) Annual Performance Report for period ending 2021 was submitted 9/26/21; (b) Non-Competing Continuation (NCC) Report was submitted 4/23/21; (c) SAMS census reports were submitted almost monthly for entire year; and (d) HRSA-SLRP Special ARPA Advisory Report was submitted 4/21/21. As well, the Federal Fiscal Report (FFR) for period ending 2020 was submitted, dated as 2/25/20. However, the FFR for SFY'21 has yet to be submitted, and that is because the typical due-date is 1/21/22.

Annual AMHTA Reports: The AMHTA-required Annual Performance Report for SFY-2020 was submitted on 11/5/20. The AMHTA-required Annual Spring Progress Report for SFY'21 was submitted on 3/25/21.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

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: YOUR PROGRESS ON PERFORMANCE MEASURE 1
PM-1(a): Number of Clinicians and Contracts: As compared to SFY'20, SFY'21 saw a very distinct rise both in the number of distinct practitioners (up 71, or 73%), and the number of service contracts (up 93, or 96%). Overall, over the last five state fiscal years, the average number of distinct practitioners who were SHARP participants per year was 116, and the average number of service contracts per year was 126. This is considered to be a rather substantial increase in the overall impact of SHARP during the last fiscal year. (See Table PM1(a), on Report, pg. 13)

Behavioral Health specifically: As regards behavioral health practitioners specifically, there were 27 distinct BH clinicians who participated in SFY-2021 (16% of the whole), and those held an accompanying 29 service contracts (out of a total of 190 for the whole cohort). Thus during SFY'21, behavioral health practitioners remained very difficult to recruit and/or retain, and while this has always been a challenge, this shortage appeared to grow much more acute than during prior years. Certainly, some of this shortage was due to the COVID-19 pandemic, but this shortage here in Alaska

has endured for at least the last decade. To help remedy this shortage, one (of perhaps several) reasonable program response(s) is for SHARP to conduct a “special solicitation” for behavioral health practitioner-applicants. (See Table PM1(a), on Report, pg. 13)

PM1(B) & (c): Number of communities served and number of employer practice-sites. As compared to SFY’20, SFY’21 saw a very distinct rise both for the number of communities served (23 to 27, or 17%) and number of practice sites (37 to 46, or 24%). SHARP practitioners continue to be found in every region of the Alaska, and in non-profit, government and for-profit organization. Tribal health organizations continue to have more the SHARP practitioners than do the non-tribal entities. (See Table PM1(b&c), on Report, pg. 14).

Performance Measure 2: Document the number of partnering dollars that match Trust funds in this project.

Grantee Response to Performance Measure 2:

Finding: As compared to SFY’20, SFY’21 saw an increase in funds-expenditure: (a) for HRSA (11%); (b) for AMHTA (9%); (c) for employer match (38%); and (d) for MSHF (new category, re: \$50,000 contribution). In addition, another new program-receipt category is presented: regulation-required Administrative Fee, which for SFY’21 totaled \$79,280. In sum, for SFY’21, AMHTA’s simple return on investment was 1,525%, up from its SFY’20 return on investment of 1,284%. Between SFY’20 and SFY’21, practitioner contract expenditure grew by \$605,968 (i.e. by 28%) (See Table PM2, on Report, pg. 15)

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:

PM3(a) Total expenditure (dollars), by region, by occupation. Finding: For SFY’21, the region with largest expenditure was Southwest (including YKHC & BBAHC, totaling \$789,460), followed by Anchorage (at \$709,851). As to occupation, physician expenditure was the highest at \$1,047,034, followed by pharmacists, another Tier-1 discipline. That region with the lowest SHARP expenditure was, by far, the Interior region (at \$57,793). (For detail, see Table PM3(a), on Report, pg. 15)

PM3(b) Count of patients, by region, by occupation. Finding: For SFY’21, the region with largest expenditure was Southwest (including YKHC & BBAHC, totaling \$789,460), followed by Anchorage (at \$709,851), whereas the least expenditure occurred practitioners in the Interior region. As to occupation, physician expenditure was the highest at \$1,047,034, followed by pharmacists, another Tier-1 discipline. During SFY’21, SHARP practitioners work in every region of Alaska. (See Table PM3(b), on Report, pg. 16)

PM3(c) Count of number of care visits served, by region, by occupation. Finding: As compared to SFY’20, SFY’21 saw an increase in count of total care visits served. This rise was substantial, from 87,239 to 151,159 (an increase of 63,920, or 73%). Further, increments in care visits served by program were for every region of the state. (See Table PM3(c), on Report, pg. 17)

PM3(d) Count of number of prescriptions serviced by program pharmacists, by region. Finding: As compared to SFY’20, SFY’21 saw a decrease in the reported number of prescriptions serviced by SHARP pharmacists. Total prescriptions moved from 134,135 to 121,588, that is, a reduction by 9%. The reason for this decrement still unclear, though it appears that changes in pharmacy staffing were a partial cause. In addition, sizeable reductions occurred in the Anchorage, Northern and Southeast

regions, however, new activity was reported in Gulf Coast, and Southwest. (See Table PM3(d), on Report, pg. 17)

Performance Measure 4: Provide periodic updates on SHARP 1 and the implementation of SHARP 3.

Grantee Response to Performance Measure 4:

PM4(a) SHARP-1 update. Finding: In May 2018, SHARP applied for its fourth competitive federal grant from the U.S. Health Resources and Services Administration (HRSA). 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. Further, during the reporting period, SHARP received a previously requested Notice of Grant Award (NGA 4/20/21) for carryover funds totaling \$824,965 in federal funding, with the requirement that the program also receive at minimum another \$824,965 in non-federal matching funds, and therefore the total increment summing to at least \$1.65M. We then announced a SHARP-1 special solicitation for applicants for period 4/19-21 to 6/18/21. This resulted in 28 SHARP-1 clinician service contracts derived from that solicitation, and further, an additional 15 SHARP-1 employer recruitment prerogative (ERP) contracts. (see Report, pg. 18)

PM4(b) SHARP-3 update. Finding: There is evidence of broad and growing interest in SHARP-3 statewide. During SFY'21, we concluded the SHARP-3 (AS 18.29) regulations public comment period on 7/10/20, from which only laudatory comment and modest suggestions were garnered. Then, after assorted continued review and delay, SHARP-3 regulations were promulgated on 12/25/20. The SHARP-3 solicitation for applicants on opened on 1/4/21. That solicitation then remained open and will continue to remain open because (a) the SHARP-3 option is wholly market-driven and (b) because enabling statute AS 18.29 has no sunset date. As of this writing, we have now issued 21 SHARP-3 practitioner service contracts, and further, we have issued an additional 15 SHARP-3 employer recruitment prerogative contracts. Admissions Committee has continued to meet monthly, and thus, we are likely to continue issuance of at least some new SHARP-3 contracts each month for the foreseeable future. (see Report, pg. 18)

PM4(c) Total practitioner census and total number of service contracts during period.

Total Practitioner Census: During SFY'21 there were 168 distinct practitioner-participants, an increase of 71 (73%) as compared to the 97 practitioners in program during SFY'20. The most recent five-year average number of practitioners per year (SFY'17-SFY'21) stood at 116. (See PM-1A)

Total Count of Service Contracts: During SFY'21 there were 190 distinct service-contracts, an increase of 93 (96%) as compared to 97 service contracts that existed at some point in SFY'20. The most recent five-year average count of contracts per year (SFY'17-SFY'21) stood at 126. (See PM-1A)

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:

PM5(a1) Count of number of underserved persons who received care from SHARP practitioners (unduplicated patients, within clinician, within quarter). The term "underserved" means those either received Medicaid, Medicare or federal health benefits (e.g. I.H.S.), or who are uninsured.

Finding: Of the 158,941 patient-counts (unduplicated patients, within clinician, within quarter) for SFY'21, note that 45,104 patient-counts were for private insurance, and the second highest payer

category was Medicaid at 44,210. (for detail, see Report, pg. 19, where data are presented by payer-type, by practitioner-occupation).

PM5(a2) Count of number of care visits for underserved clientele who received care from SHARP practitioners (unduplicated patients, within clinician, within quarter). The term "underserved" means those either received Medicaid, Medicare or federal health benefits (e.g. I.H.S.), or who are uninsured.

Finding: Of the 151,159 care-visits reported (unduplicated within clinician) for SFY'21, note that 51,065 care visit-counts were for private insurance, and the second highest payer category was Medicaid at 43,606 (for detail, see Report, pg. 19, where data are presented by payer-type, by practitioner-occupation).

PM5(a3) Count of number of prescriptions serviced for underserved clientele who received that care from SHARP pharmacists (unduplicated patients, within clinician, within quarter). The term "underserved" means those either received Medicaid, Medicare or federal health benefits (e.g. I.H.S.), or who are uninsured.

Finding: Of the 121,588 prescriptions-service that were reported for SFY'21, note that 35,285 prescriptions were for patients with federal health benefits, and principally that being from the Indian Health Service. Medicaid was the second highest payer category, with 28,122 prescriptions serviced (see Report, pg. 19; data presented by payer-type).

PM5(b): Use current SHARP data and the Criminal Justice Reinvestment to help determine targeted occupations for upcoming SHARP application processes.

Finding: PM5(b1) Patients that received care from SHARP clinicians (1) in Correctional Facilities, and (2) on Probation or Parole - by occupation (Unduplicated patient count, within clinician, within quarter).

Finding: In comparing SFY-2021 vs. prior SFY-2020, there occurred a substantial increasing in the number of patients in the criminal justice system who received care (4,719 for SFY'21 vs. 3,129 for SFY'20, an increase of 51%). The same trend is evidence in number of care visits served (9,365 for SFY'21 vs. 7,190 for SFY'20, an increase of 30%).

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:

Finding: 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. During SFY' 21, The program prepared SHARP-1 thirty (30) "Employer Recruitment Prerogative" (ERP) contracts for use by the Norton Sound Health Corporation, and those were issued in early SFY' 22.

SHARP-1: Fifteen (15) ERP contracts were as SHARP-1 Off-Cycle, composed of 10 ERPs for professional nursing staff (RNs and ANPs) and another 5 ERPs for licensed behavioral health clinicians.

SHARP-3: Fifteen (15) ERP contracts were in SHARP-3, composed of 10 ERPs for professional nursing staff (RNs and ANPs) and another 5 ERPs for licensed behavioral health clinicians.

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:

Finding 7(a): For SFY'21, a total of 23 clinicians provided at least some SUD treatment services.

Finding 7(b): For SFY'21, the number of unduplicated patients seen (within quarter, within clinician) was 2,031, a rise of 574 (or 39%) as compared to SFY'20.

Finding 7(c): For SFY'21, the total care visits provided stood at 2,373, a decrease of 298 (11%) as compared to SFY'20. Possible causes of difference in trends include either (1) practitioners are too busy for intensive services, or (2) there was more focus on "prevention" (which may include fewer visits) than "treatment."

(for detail, see Report, pg. 21, where data are for patients, for care-visits, and for prescriptions served - by practitioner-occupation).

Alaska's SHARP Program

Annual Report for SFY 2021

Period: 7/1/20 – 6/30/21

to

The Alaska Mental Health Trust Authority

Program Description and Performance Measures

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SHARP – Alaska's Healthcare Workforce Incentive Program

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Table of Contents		
Section	Sub-Section	Page
Program Description	SHARP's Purpose: SHARP-1 and SHARP-3	3
Program Activities	Quarterly Program Cycle	4
	Quarterly Work Report	4
	Reports to Stakeholders	4
	Reports to Council	4
	Annual SHARP-3 Report	4
	SHARP-1 Reports to HRSA	4
	Annual Reports to AMHTA	4
Program Successes	SHARP-3 Regulations	5
	Applicant Solicitations	5
	SHARP-1 Solicitation	5
	SHARP-3 Solicitation	5
	Institutionalization of Program	6
	Data Management: AHEC RSA	6
	Budget Management: Acct Tech	6
	Program Funding	6
	Administrative Fee	6
	Mat-Su Health Foundation	6
	External Relations	7
	SHARP Council	7
	Admissions Committee	7
	Partnership Funding Committee	7
	Feedback from Clinicians	7
	Program Visibility	8
	Publications	9
	Presentations	9
	Other Documents	10
Program Challenges	Institutionalization of Program	11
	Data Management: AHEC RSA	11
	Budget Management: Acct Tech	11
	Funding: Administrative Fee	12
	Behavioral Health Clinicians	12
Acknowledgements		12
Performance Measures	Tables of Findings	13
	PM1(a) Clinicians & Contracts	13
	PM1(b) Employers & Communities	14
	PM2 Total Partnering Dollars	15
	PM3(a) Payments by Region & Occupation	15
	PM3(b) Patients by Region & Occupation	16
	PM3 (c) Care Visits by Region & Occupation	17
	PM3(d) Prescriptions service by Region	18
	PM4(a) Program Update: SHARP-1	18
	PM4(b) Program Update: SHARP-3	18
	PM4(c) Practitioner & Contract Totals	18
	PM5(a) Underserved Populations	19
	PM5(b) Criminal Justice Populations	20
	PM6 Employer Recruitment Prerogative	21
	PM7 Substance Abuse Disorder Services	21
	PM8 Locum Tenens Replacement	22

Alaska's SHARP Program
Annual Report for SFY 2021 to the Alaska Mental Health Trust Authority
Period: 7/1/20 – 6/30/21
Program Description and Performance Measures

Program Description: SFY-2021

SHARP's Purpose

Alaska's SHARP Program is a public-private partnership working to improve the recruitment, retention and distribution of selected health professionals, and is operated by the State of Alaska. SHARP is a statewide support-for-service effort to provide financial support to the selected practitioner's standard wage and benefit, which features two types of support-for-service benefit: (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's purpose is to address the shortages and maldistributions of health professionals by increasing the number and improving the distribution of healthcare professionals.

SHARP-1

SHARP-1 was Alaska's first state-operated support-for-service program component. All financial support from the AMHTA to SHARP has been largely for the partial resourcing of SHARP-1 service contracts. SHARP-1 began in 2009 and has continued vigorously up to the present. SHARP-1 service contracts are based on selected primary care clinicians providing care in federally designated Health Profession Shortage Area (HPSA) locations. This program component is predicated on the state winning periodic partnership grants from the federal Health Resources and Services Administration's (HRSA's) State Loan Repayment Program (SLRP). Alaska is now in the fourth year of its fourth competitive federal HRSA-SLRP grant-cycle. 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. SHARP must submit an annual report to the AMHTA.

SHARP-3

SHARP-3 is Alaska's third state-operated support-for-service program component. SHARP-3 is based on a state legislative bill (SB-93) that passed unanimously in both chambers (May 2019) and was then signed into law (AS 18.29) by Governor Dunleavy on August 1st, 2019. A related full regulations package was presented for Public Comment during May-July 2020, then received final review by Alaska's Department of Law, and thereafter was signed by the Lt. Governor Kevin Myers on 11/24/20 and was promulgated on 12/25/21. SHARP-3 features include (a) advanced blended funding; (b) use of tax exemption for loan repayment; (c) ongoing work to establish a multi-year operations fund managed by an external fiscal agent; (d) adjustable funding-source proportions between employer and contributor(s); (e) a range of possible contributors; and (f) remarkable flexibility as to which occupations are eligible to participate. During SFY'21, we began the implementation of SHARP-3 on 1/4/21 with the opening of SHARP-3 ongoing application and admittance process.

Program Activities (FY'21)

Quarterly Program Cycle

SHARP executes the following work processes on a quarterly basis: (a) calendar-quarter of service; (b) employer invoices, (c) quarterly work reports; (d) clinician payments; (e) contracts management; (f) data management; (g) budget management; (f) program reporting; (g) interagency relations; (h) applications management; (i) the monthly admittance cycle, and (j) program visibility steps.

Quarterly Work Report

The Quarterly Work Report (QWR) process yields our most fundamental metric, the clinician productivity data set. All clinicians and employers 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) to what degree. The data provide (1) an unduplicated count of patients seen; (2) care-visits served, and (3) by payer type (e.g., Medicaid, Medicare). All employer match invoices and ensuing support-for-service payments are based on the program's receipt of these required quarterly reports.

Reports to Stakeholders

Reports to SHARP Council: Council convenes quarterly in business meetings that are publicly noticed. The Council membership is composed of nominated opinion-leaders from across Alaska's healthcare system. In each of those meetings, in my capacity as SHARP director, I present varied data and trends as to SHARP's programmatic progress.

Annual SHARP-3 Report: With the passage of AS 18.29, SHARP is required to present an annual program report to Alaska's SHARP Council. I have now done twice during the SHARP-3 era, once for CY-2019 delivered on 7/1/20, and once for CY-2020 delivered on 7/1/21.

SHARP-1 Reports to HRSA: The following several reports were submitted to HRSA: (a) Annual Performance Report for period ending 2021 was submitted 9/26/21; (b) Non-Competing Continuation (NCC) Report was submitted 4/23/21; (c) SAMS census reports were submitted almost monthly for entire year; and (d) HRSA-SLRP Special ARPA Advisory Report was submitted 4/21/21. As well, the Federal Fiscal Report (FFR) for period ending 2020 was submitted, dated as 2/25/20. However, the FFR for SFY'21 has yet to be submitted, and that is because the typical due-date is 1/21/22.

Annual AMHTA Reports: The AMHTA-required Annual Performance Report for SFY-2020 was submitted on 11/5/20. The AMHTA-required Annual Spring Progress Report for SFY'21 was submitted on 3/25/21.

Program Successes (SFY'21)

SHARP-3 Regulations

During SFY'21, SHARP-3 (AS 18.29) regulations were finalized. This was the culmination of a several-years process. It took four years of planning and focused advocacy to get SHARP-3 (AS 18.29 revision) passed by the Legislature, which then occurred unanimously in May 2019. The Governor then signed the SHARP-3 into law on 8/1/19. However, it would be well more than another year before regulations were revised and approved up through DPH-DHSS. The regulations were then signed by the Lt. Governor on 11/25/21 and promulgated on 12/25/20. The SHARP-3 solicitation for applicants began 1/4/21.

Applicant Solicitations: SHARP-1 and SHARP-3

SHARP-1 Solicitation: During SFY'21, the program opened two new application cycles. (a) SHARP-1 received a "carryover" notice of grant award (NGA, 4/20/21) for receipt of \$824,965 in federal funds, with the requirement that the program receive at minimum another \$824,965 in non-federal matching funds, the increment thus totaling at least \$1,65M. Thus, SHARP-1 opened a special solicitation for applicants from 4/19-21 to 6/18/21. We issued 28 SHARP-1 clinician service contracts derived from that solicitation, and an additional 15 SHARP-1 employer recruitment prerogative (ERP) contracts.

SHARP-3 Solicitation: During SFY'21, SHARP-3 (AS 18.29) regulations were promulgated on 12/25/20, and we then began our SHARP-3 solicitation for applicants on 1/4/21. That solicitation will now remain ongoing because this program option is wholly market-driven, and, because enabling statute AS 18.29 has no sunset date. As a result, thus far, we have issued 21 SHARP-3 practitioner service contracts, and an additional 15 SHARP-3 employer recruitment prerogative contracts. As mentioned, the Admissions Committee meets monthly, and we thus expect that we will continue to issue a few new SHARP-3 contracts issued each month.

Institutionalization of Program

As a program, SHARP is arriving at a long-sought plateau, one characterized by stability, routinization of its processes. Often termed "institutionalization," there are several factors, both internal and external, that contribute to this phase of a program's life cycle. During SFY'21, we made solid gains in (a) data management, (b) budget management, (c) external relations and (d) funding diversification. There still remains substantial work to ensure this key achievement.

Data Management: RSA with AHEC

SHARP uses several different types of data sets regarding applicants, admitted practitioners, employers, budget, catchment areas, interagency governance, and program visibility. During SFY'21, we made solid progress in data management. This was because we have increasingly relied on contracting out for data analytic work, which is provided through a now-recurring annual "reimbursable services agreement" (RSA) with the University of Alaska's "Area Health Education

Center” (AHEC). The AHEC analyst that we have work with there is Lauren Stredny who has provided excellent, timely and ongoing analytic support.

In a further improvement produced during SFY’21, we will now have a larger and more robust RSA commitment for now-current SFY’22, which features a permanent, dedicated half-time analyst position, now filled, by Ms. Natalie Uy. In a key second portion of the RSA, SHARP is to acquire a newly tailored, large relational database created by an experienced AHEC sub-contractor, Security Works (principal Brian Hays). Acquisition of this type of analytic capacity has been long-sought, and thus we’re happy to announce that delivery is scheduled for 1/31/22.

Budget Management: Accounting Tech-3

SHARP’s operating budget has continued to grow in both size and complexity. Expenditures are now more than \$2,500,000 per year and growing. This is because SHARP-1 now has more participants than ever, and we have also added SHARP-3, a whole new program component established by a recently revised state law (AS 18.29). Further, SFY’21 was the first time that SHARP had the opportunity to collect a per-contract administrative fee. Taken together, this has mean that SHARP must install a dedicated budget management assistance. Thus, during SFY’21 we planned for the hiring and launch of an Accounting Technician-3 position, which will help greatly in managing the expected budget complexity in the years ahead. During SFY’22 we have now hired for that position, and the person is Della Fisher, who is doing an excellent job.

Funding: Administrative Fee

Adequate operational capacity is one of the keys to any successful program, and it has become yet more clear that SHARP’s administration cost has needed to be systematically addressed. Ever since program inception, SHARP has never had adequate operational capacity, and that’s because there has never been a dedicated revenue stream for such. Instead, operations have been supported by a series of short-term patches, most all of which have focused on only paying for the SHARP Director’s position. Sources have alternately included: (a) federal PCO grant, until it ran short; (b) SHARP-2 (initial AS 18.29), until the law sunset; and then (c) DPH via state GF. Historically, both our federal HRSA-SLRP grant and our AMHTA grant have been disallowed for resourcing administrative tasks of any sort (that is, those funds have been targeted only for the SHARP clinician contracts themselves (partnered with required employer-match)).

In a key success during SFY’21, we proposed language adopted for SHARP-1 (7 AAC 80.045) and SHARP-3 (7 AAC 24.061) state regulations that allow and require SHARP to charge a per contract “administrative fee” of 5%. Through this, SHARP now realizes over \$35,000 per quarter to help pay for operations.

Funding: Mat-Su Health Foundation

The mission of Mat-Su Health Foundation (MSHF) is to improve the health and wellness of Alaskans living in the Mat-Su borough. Amongst other things, the MSHF provides philanthropic funding to range of organizations that support or provide healthcare there. Because there have been many practitioners who are either were and/or are SHARP participants, the MSHF has taken

a keen interest in SHARP. Three examples will serve. (a) For several years now, and to the present, the Foundation has served as an ex-officio member of SHARP Council and is currently represented by MSHF program officer Vandana Ingle. (b) During SFY'21 the MSHF made a \$50,000 contribution to help fund numerous SHARP clinician contracts. (c) And finally,

External Relations: SHARP Council

The program's central interagency oversight body is Alaska's SHARP Council, which is led by two co-chairs, and consists of 15 voting members and currently four more as ex-officio. Council become steadily more institutionalized since its inception in 2008. During the reporting period (SFY'21), Council was yet more formalized by promulgation (on 12/25/21) of state regulation (7 AAC 24) that codified numerous Council processes (7 AAC 24.300 – 7 AAC 24.350). Amongst other features, these allow for the creation sub-committees. Thus, during Spring 2021 two were established: (a) the Partnership Funding Committee, and (b) the SHARP Admissions Committee. Overall, we anticipate that the Council will remain one of SHARP's key attributes, one necessary for years to come in helping to ensure SHARP's sustainability

External Relations: Admissions Committee

The Council's Admissions Committee was established by resolution in February 2021, and ever since has convened monthly via public notice. All program applicants are considered by blind case-code, through committee review. At present, the Committee has six voting members include a chair, none of whom are DHSS department employees.

External Relations: Partnership Funding Committee

During February 2021 the Council also established its Partnership Funding Committee (PFC), which is tasked with assessing and potentially approaching varied private funding sources. During SFY'21 the PFC met twice, and decided to contract with a known organizational consultant, the McKinley Group (aka McDowell). As a result, the Mat-Su Health Foundation and the Alaska Mental Health Trust Authority jointly funded the McKinley consult, which occurred during first quarter SFY'22, and focused on three issues: (a) steps to garner private philanthropy, (b) creation of a long-discussed fiscal agent, and (c) much enhanced program visibility. The McKinley report is now completed, has been presented to Council, and is to form the basis for specific steps towards institutionalization.

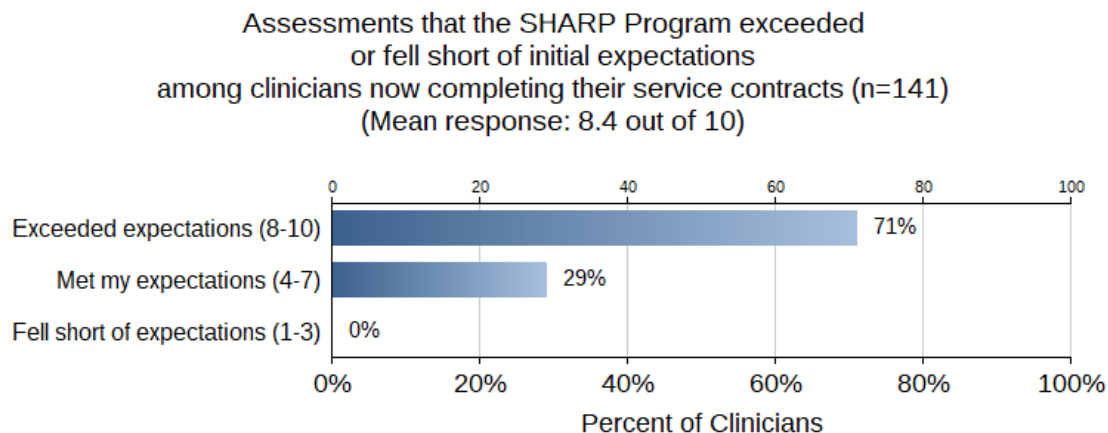
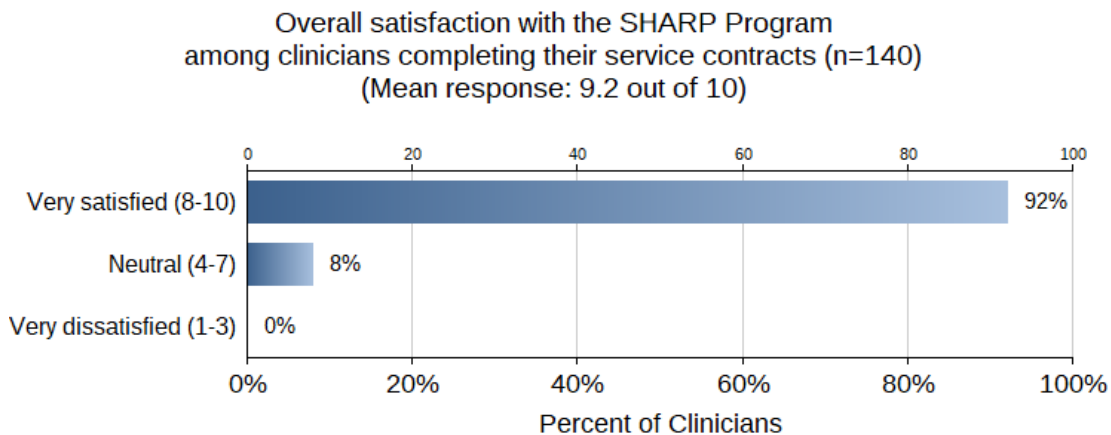
Stakeholder Feedback: Clinicians

SHARP contracts with a multi-state clinician retention collaborative and data management system, historically known as "Practice Sights" and now also known as "PRISM." PRISM poses periodic online surveys to both our practitioners and their site administrators to thus further understand their perceptions of their work, and their employers, as well as SHARP. During SFY'21, PRISM provided us with clinician-participant feedback garnered from "end of year" and "end of contract" questionnaires for the period July 2013 through December 2020. Overall, the three tables below show that our clinicians' assessed views are extremely positive as regards Alaska's SHARP Program: (a) 86% would "definitely" recommend SHARP to other practitioners;

(b) 92% of participants state that they were “very satisfied” with SHARP, and (c) 100% of responding clinicians reported that SHARP met or exceeded their initial expectations.

Likelihood of recommending the SHARP Program to other practitioners among clinicians completing their service contracts (n=140) *				
Definitely not	Unlikely	50-50; Unsure	Probably	Definitely
0 (0%)	1 (1%)	1 (1%)	17 (12%)	121 (86%)

* data not available from 2012 survey



Program Visibility: Presentations and Publications

Like in other years, SFY’21 saw a SHARP make a focused visibility effort, which included several publications and numerous public presentations. In total, there were at least: (a) four publications, (b) 14 presentations, (c) three other documents, and (d) receipt of one letter of commendation. These SFY’21 documents are listed here-below.

Publications				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Sewell, R.G.	Alaska SHARP Program: Annual Report to Alaska's SHARP Council - SFY 2020	Alaska Department of Health & Social Services, Division of Public Health. pp. 1-10	Juneau, AK	07/01/20
Pathman, D.E., Sewell, R.G., Rauner, T., Overbeck, M., Fannell, J., & Resendes, J.	Outcomes of States' Loan Repayment and Loan Forgiveness Programs: Perspectives of Safety Net Practice Administrators	Medical Care (submitted 10/13/20)	Publication	10/13/20
Sewell, R.G.	Alaska SHARP Program: Annual Report to Alaska's SHARP Council - SFY 2021	Alaska Department of Health & Social Services, Division of Public Health. pp. 1-13	Juneau, AK	06/29/21
Pathman, D.E., Sonis, J., Harrison, J.N., Sewell, R.G., Fannell, J., Overbeck, M., and Konrad, T.R.	Experiences of safety net practice clinicians participating in the National Health Service Corps during the COVID-19 pandemic	Public Health Reports (10/25/21) [DOI: 10. 1177/ 0033 3549 2110 54083 journals. sagepub. com/ home/ phr]	Publication	10/25/21

Presentations				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Sewell, R.G.	SHARP Program: Options for Education Loan Repayment while Providing Care to the Underserved in Alaska	Alaska's Area Health Education Center, & Alaska Center for Rural Health. Annual AHEC Scholars Conference	Anchorage, AK	07/14/20
Sewell, R.G.	Role of Support-for-Service in Alaska's Healthcare Workforce: Recent Progress and the Road Ahead	Alaska Family Medical Residency Program - Residents Meeting, August 2020	Anchorage, AK	08/06/20
Sewell, R.G.	SHARP: Current Status, and Panel of Applicants to Consider for Program Admittance	Alaska's SHARP Council: Quarterly Business Meeting	Anchorage, AK	08/19/20
Sewell, R.G.	Role of Support-for-Service in Alaska's Healthcare Workforce: Recent Progress and the Road Ahead	Healthy Alaskans Coalition Meeting	Juneau, AK	08/21/20
Sewell, R.G.	Alaska's SHARP Program: Update to Tribal Dental Directors	Alaska Area Tribal Dental Directors Meeting	Anchorage, AK	11/12/20
Sewell, R.G.	Alaska's SHARP Program and Intersection with Crisis Now	Alaska Healthcare Workforce Coalition - Quarterly Meeting	Anchorage, AK	11/17/20
Sewell, R.G.	Introduction to Alaska's New SHARP-3 Program Option for Behavioral Health Organizations	Alaska Behavioral Health Association: Stakeholders Meeting	Anchorage, AK	12/03/20

Presentations (continued)				
Sewell, R.G.	Value of SHARP-3 for Providence Critical Access Hospitals, & Orientation to the SHARP-3 Guidelines Manual	Providence Critical Access Hospitals - Monthly Meeting of CEOs & their HR Directors	Gulf Coast	01/11/21
Sewell, R.G.	Alaska's SHARP Program: Update to Division of Behavioral Health	Alaska Division of Behavioral Health, DHSS, Monthly DBH Staff Meeting - Teach Me Tuesdays	Anchorage, AK	01/12/21
Sewell, R.G.	Alaska's SHARP Program: Support for CHC Staffing	Alaska Primary Care Association - Monthly Meeting - Lunch and Learn	Anchorage, AK	01/20/21
Sewell, R.G.	Alaska's SHARP Program: Recent Progress in SHARP-1 and Upcoming SHARP-3 Options	Alaska's SHARP Council: Quarterly Business Meeting	Statewide	02/04/21
Sewell, R.G.	Alaska's SHARP Program: News from the Frontier	Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants Workgroup	Maryland	03/12/21
Sewell, R.G.	Alaska's SHARP Program: Update for Alaska Behavioral Health Association	Alaska Behavioral Health Association: Stakeholders Meeting	Anchorage, AK	05/06/21
Sewell, R.G.	Alaska's SHARP Program: SHARP-3 Opportunities for Alaska Public Health Nursing	AK Public Health Nursing - Senior Leadership Team Meeting	Anchorage, AK	05/10/21
Sewell, R.G.	Current Status of Alaska's SHARP Program. Briefing to Alaska Association on Developmental Disabilities	Alaska Association on Developmental Disabilities: Monthly Membership Meeting	Anchorage, AK	06/10/21

Other Documents				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Gray, Molly	Opening of SHARP-3 Anticipated - SFY 2021	Alaska Pharmacists Association - Quarterly Newsletter (3rd Quarter, 2020)	Anchorage, AK	08/14/20
Sewell, R.G.	SHARP-3: A new approach to the recruitment and retention of healthcare practitioners	Radio interview on KSRM - Kenai - with Anthony Moore	Kenai, AK	01/12/21
Sewell, R.G.	SHARP-3 and the recruitment and retention of healthcare workers in underserved communities	Radio interview on KHSN - Haines - with Claire Stremple	Haines, AK	01/12/21
Awards				
<u>Author(s)</u>	<u>Title</u>	<u>Forum</u>	<u>Location</u>	<u>Date(s)</u>
Pathman, D.	Letter of Commendation, and Honorarium - 2021	Commendation from Lead Researcher: Donald Pathman, MD MPH	Chapel Hill, NC	06/21/21

Program Challenges (SFY'21)

The Institutionalization of SHARP

Commonly in program development, institutionalization results from the implementation of a sustainability plan. While SHARP has made clear progress on a number of its key component tasks, there is still no sustainability plan. In general, if a program does not plan for sustainability, then that is not achieved, and so, this lack of a formal plan remains worrisome. Thus, a key Council milestone for SFY-2022 must be to install a “Institutionalization Plan” for SHARP.

Data Management: RSA with AHEC

Throughout SFY'21, as in the entire prior decade, the lack of a relational database remained an ongoing challenge. SHARP is a program that is at the intersection of different sets of driving 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. To date, SHARP has now issued more than 470 practitioner-specific service contracts and has increasingly struggled, though thus far still successfully, in managing at least some elements of all the above-listed data sets by use of Excel flat-files alone. However, many of the program's key questions and indicators are basically relational. We need to analyze these varied data sets in relation to one another because widely assorted opinion-leaders pose such questions. In the end, the only way to acquire this relational data management capacity was to outsource the work, a strategy which has proven increasingly successful, in no small part due to the excellent work of Ms. Lauren Stredny employed by our external partner, the University of Alaska's Area Health Education Center (UA-AHEC).

For SFY'21, several barriers littered the route to resourcing, issuing and then staffing a much-needed UA-AHEC reimbursable services agreement (RSA), with which to enhance our data management capacities. Happily, those steps are now accomplished, yet each one required way too long, and therefore set SHARP's institutionalization timeline back by at least six months. Now, the process is definitely on track, with a new Data Analyst (Ms. Natalie Uy) having been finally hired (11/4/21) and who is off to a solid start. Further, a sub-contractor (Security Works) is now working to produce SHARP's first-ever relational database, and to launch on 1/31/22.

Budget Management: Accounting Tech-3

As mentioned, SHARP's operating budget continues to grow quickly in both size and complexity. As a result, SHARP's 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, however we did make progress towards the addition of this needed capacity during SFY 2021, for ensuing realization now in SFY'22.

To address this, Dr. Sewell advocated ardently over most of the last decade for the assignment of a dedicated professional accounting staffer to the program, an effort that met with no receptive audience. However, receptivity improved during SFY'21 with the installment of state regulation that provided a program-wide five percent administrative fee. That fee revenue (\$35K/quarter and rising) is now enough to pay for an Accounting Technician-3 position, the PD and PCN for which were planned during late SFY'21. Yet, it then took another five months before the position was filled, upon which Ms. Della Fisher started on 11/1/21, which has been an exciting development.

Funding: Administrative Fee

Adequate operational capacity is one of the keys to any successful program, and it has become yet more clear that SHARP's operational cost must be systematically paid for. As mentioned, in a key success during SFY'21, we succeeded in adoption of state regulations for SHARP-1 (7 AAC 80.045) and for SHARP-3 (7 AAC 24.061), both of which require that SHARP charge a per contract "administrative fee" of 5%. However, even though those regulations were destined to produce rather significant ongoing revenues, the creation of those regulations took way too long, the process having been weighed down by inordinately internal processes. This set back the institutionalization of SHARP at least another nine months. Nonetheless, today, we are finally realizing administrative fee revenues of at least \$35,000 per quarter and rising.

Behavioral Health Clinicians

During SFY'21, behavioral health practitioners remained very difficult to recruit and/or retain, and while this has always been a challenge, this shortage appeared to grow much more acute than during prior years. Certainly, some of this shortage was due to the COVID-19 pandemic, but this shortage here in Alaska has endured for at least the last decade. To help remedy this shortage, one (of perhaps several) reasonable program response(s) is for SHARP to conduct a "special solicitation" for behavioral health practitioner-applicants.

Acknowledgements

SHARP is operated by the State of Alaska, Department of Health and Social Services. The SHARP-1 service contracts were 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 (AMHTA); required partial employer match-funds; and the Mat-Su Health Foundation. SHARP-3 contracts were funded by the employers.

Dr. Robert Sewell serves as SHARP Program Director, whose his position during SFY'21 was paid for by State of Alaska General Funds allocated to the Division of Public Health. Della Fisher is here thanked for her assistance in both SHARP's Quarterly Work Report process and our employer invoicing and clinician payments process. Ms. Lauren Stredny, Research & Program Evaluator for Alaska Center for Rural Health and Health Workforce (University of Alaska AHEC) is thanked for her work in key data management and analytic tasks; work supported by our grant from the AMHTA.

Annual Report for SFY 2021 to the Alaska Mental Health Trust Authority Performance Measures

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'21.

Finding: As compared to SFY'20, SFY'21 saw a very distinct rise both in the number of distinct practitioners (up 71, or 73%), and the number of service contracts (up 93, or 96%).

	Distinct Practitioners in Year						Contracts in Year					
	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	AVG	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	AVG
Behavioral	44	28	34	14	27	29	48	28	38	14	29	31
Dental	18	6	16	14	17	14	20	6	16	14	21	15
Medical	68	34	66	69	122	72	77	34	75	69	138	79
Admin	0	0	0	0	2	0	0	0	0	0	2	0
Total	130	68	116	97	168	116	145	68	129	97	190	126
	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	AVG	SFY'17	SFY'18	SFY'19	SFY'20	SFY'21	AVG
Counselor (LPC)	10	8	13	6	8	9	11	8	13	6	8	9
Dental Hygienist	6	0	0	0	0	1	6	0	0	0	0	1
Dentist	12	6	16	14	17	13	14	6	16	14	21	14
Marriage & Family	1	1	1	1	1	1	1	1	2	1	1	1
Nurse (RN)	10	5	14	13	22	13	10	5	17	13	25	14
Nurse Midwife	1	1	2	1	1	1	2	1	2	1	1	1
Nurse Practitioner	12	8	13	11	19	13	13	8	15	11	24	14
Nurse Practitioner Doc	0	0	0	0	1	0	0	0	0	0	1	0
Pharmacist	14	5	14	15	25	15	14	5	14	15	29	15
Physical Therapist	2	2	0	0	2	1	2	2	0	0	2	1
Physician	25	15	24	28	47	28	31	15	28	28	51	31
Physician Assistant	11	2	3	3	8	5	12	2	4	3	8	6
Psychiatrist	6	3	2	1	3	3	8	3	3	1	3	4
Psychologist	4	3	4	2	3	3	5	3	5	2	5	4
Social Worker	16	9	10	2	5	8	16	9	10	2	5	8
T3 Other	0	0	0	0	6	1	0	0	0	0	6	1
Total	130	68	116	97	168	116	145	68	129	97	190	126
Increase from SFY'20 to SFY'21 =>						71	Increase from SFY'20 to SFY'21 =>					
						73%						

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

Finding: As compared to SFY'20, SFY'21 saw a very distinct rise both for the number of communities served (23 to 27, or 17%) and number of practice sites (37 to 46, or 24%).

Communities Served	Employers
Anchorage	Alaska Behavioral Health
	Alaska Native Tribal Health Consortium
	Department of Corrections
	Anchorage Neighborhood Health Center
	Denali Family Services
	Mountain View Urgent Care
	Providence Medical Group
	Southcentral Foundation
Aniak	Yukon Kuksokwim Health Corporation
Bethel	Yukon Kuksokwim Health Corporation
Copper Center	Copper River Native Association
Craig	PeaceHealth
Delta Junction	Cross Road Health Ministries
Dillingham	Bristol Bay Area Health Corporation
Fairbanks	Tanana Chiefs Conference
Glennallen	Cross Road Medical Center
Haines	South East Alaska Regional Health Consortium
Homer	Seldovia Village Tribe Health & Wellness
Hooper Bay	Yukon Kuksokwim Health Corporation
Juneau	South East Alaska Regional Health Consortium
Kenai	Kenai Indian Tribe
	Odyssey Family Practice
	Peninsula Community Health Services of Alaska
Kotzebue	Maniilaq Association
Metlakatla	Annette Island Service Unit
Nome	Norton Sound Health Corporation
Palmer	Compassionate Directions Institute
	Co-Occurring Disorders Institute
	Providence Medical Group - Mat-Su
Petersburg	Petersburg Medical Center
Seward	Seward Community Health Center
	Department of Corrections
Sitka	Sitka Counseling
	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
	Denali Family Services
	Department of Corrections
	Mat-Su Health Services, Inc.
Willow	Department of Corrections
	Sunshine Community Health Center

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

Finding: As compared to SFY'20, SFY'21 saw an increase in funds-expenditure: (a) for HRSA (11%); (b) for AMHTA (9%); (c) for employer match (38%); and (d) for MSHF (new category, re: \$50,000 contribution). In addition, another new program-receipt category is presented: regulation-required Administrative Fee, which for SFY'21 totaled \$79,280. In sum, for SFY'21, AMHTA's simple return on investment was 1,525%, up from its SFY'20 return on investment of 1,284%.

Partnering Dollars to Match Trust Funds *					Admin		Sub-Total	AMHTA
Funding Source	HRSA	AMHTA	MSHF	Employer	Fee Rev	Totals	Not AMHTA	ROI
SFY'20	\$ 818,304	\$ 155,169		\$ 1,174,619	\$ -	\$ 2,147,477	\$ 1,992,924	1284%
SFY'21	\$ 909,890	\$ 169,470	\$ 50,000	\$ 1,624,085	\$ 79,280	\$ 2,753,445	\$ 2,583,975	1525%
Change	\$ 91,585	\$ 14,301	\$ 50,000	\$ 449,466	\$ 79,280	\$ 605,968	\$ 591,051	240%
Percent Change	11%	9%		38%		28%	30%	
* Expenditures on contracts, and, Admin Fee collection								
* Personnel cost not included								

Performance Measure 3(a): Provide the Trust with a summary report of the overall program, including data on award of support-for-service (LRP & direct incentive) by region and by profession.

Finding: For SFY'21, the region with largest expenditure was Southwest (including YKHC & BBAHC, totaling \$789,460), followed by Anchorage (at \$709,851). As to occupation, physician expenditure was the highest at \$1,047,034, followed by pharmacists, another Tier-1 discipline.

Education Loan Repayment and Direct Incentive*								
Discipline	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
Counselor (LPC)	\$ 34,987	\$ 6,019		\$ 26,620				\$ 67,626
Dentist	\$ 7,900	\$ 39,272		\$ 41,173	\$ 115,974	\$ 36,313	\$ 156,658	\$ 397,290
Marriage & Family Tx		\$ 2,500						\$ 2,500
Nurse (RN)	\$ 70,340	\$ 23,625		\$ 38,899	\$ 51,879	\$ 4,751	\$ 29,579	\$ 219,072
Nurse Midwife					\$ 11,159			\$ 11,159
Nurse Practitioner	\$ 40,186	\$ 78,134		\$ 41,927	\$ 10,394		\$ 74,726	\$ 245,368
Nurse Practitioner Doc		\$ 6,159						\$ 6,159
Pharmacist	\$ 70,009	\$ 40,121			\$ 86,704	\$ 6,700	\$ 325,770	\$ 529,304
Physical Therapist						\$ 10,500		\$ 10,500
Physician	\$ 333,960	\$ 85,034	\$ 48,899	\$ 35,703	\$ 229,468	\$ 126,993	\$ 186,976	\$ 1,047,034
Physician Assistant	\$ 24,489	\$ 28,228	\$ 8,894	\$ 11,857			\$ 15,750	\$ 89,219
Psychiatrist	\$ 41,344							\$ 41,344
Psychologist	\$ 58,850					\$ 5,495		\$ 64,345
Social Worker (LCSW)	\$ 27,785			\$ 21,263	\$ 15,750			\$ 64,798
T3 Manager		\$ 2,639			\$ 3,938			\$ 6,577
T3 MSW Social Worker						\$ 3,938		\$ 3,938
T3 Other Behavioral		\$ 5,279				\$ 3,938		\$ 9,216
Grand Total	\$ 709,851	\$ 317,010	\$ 57,793	\$ 217,441	\$ 525,266	\$ 198,626	\$ 789,460	\$ 2,815,447
*Funds spent based on SFY'21 quarterly reports								

Performance Measure 3(b): Provide the Trust with a summary report of the overall program, including data on Patients Served* (Unduplicated patient count, within clinician, within quarter), by region and by profession.

Finding: As compared to SFY'20, SFY'21 saw an increase in count of total patients served (as an unduplicated count of patients, within clinician, within quarter). This rise for the program was substantial, from 112,359 to 158,941 (increase of 46,582, or 41%).

Discipline	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
Counselor (LPC)	359	52		147				558
Dentist	385	655		787	3,785	2,285	3,143	11,040
Marriage & Family Tx		14						14
Nurse (RN)	4,657	933		3,092	1,664	307	1,153	11,806
Nurse Midwife					424			424
Nurse Practitioner	2,838	3,362		3,406	2,459		3,470	15,535
Nurse Practitioner Doc		261						261
Pharmacist	6,824	14,079			12,070	591	27,759	61,323
Physical Therapist						84		84
Physician	13,018	2,794	1,133	529	5,355	5,383	20,269	48,481
Physician Assistant	1,670	1,938	1,855	832			925	7,220
Psychiatrist	570							570
Psychologist	133							133
Social Worker (LCSW)	586			209	581			1,376
T3 Manager		-			-			-
T3 MSW Social Worker						35		35
T3 Other Behavioral		46				35		81
Grand Totals	31,040	24,134	2,988	9,002	26,338	8,720	56,719	158,941
	*counts include pharmacists					SFY'20 Patient Count =>		112,359
	*patients are unique within each quarter					Difference SFY'20 vs. SFY'21 =>		46,582
						Percent change =>		41%

Performance Measure 3(c): Provide the Trust with a summary report of the overall program, including data on Care Visits Served, by region and by profession (unduplicated visit count, within clinician).

Finding: As compared to SFY'20, SFY'21 saw an increase in count of total care visits served. This rise was substantial, from 87,239 to 151,159 (an increase of 63,920, or 73%). Further, increments in care visits served by program were for every region of the state.

Discipline	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
Counselor (LPC)	2,756	257		1,053				4,066
Dentist	401	941		995	3,785	3,195	3,980	13,297
Marriage & Family Tx		96						96
Nurse (RN)	7,812	1,329		5,774	1,791	540	1,514	18,760
Nurse Midwife					635			635
Nurse Practitioner	3,947	4,519		5,108	3,259		4,144	20,977
Nurse Practitioner Doc		298						298
Pharmacist	-	-			-	-	-	-
Physical Therapist						580		580
Physician	19,160	3,474	2,805	684	7,761	8,545	32,884	75,313
Physician Assistant	2,025	1,667	3,266	988			1,236	9,182
Psychiatrist	1,132							1,132
Psychologist	788							788
Social Worker (LCSW)	1,556			1,151	2,457			5,164
T3 Manager		-			-			-
T3 MSW Social Worker						173		173
T3 Other Behavioral		493				205		698
Grand Total	39,577	13,074	6,071	15,753	19,688	13,238	43,758	151,159
(* Visit counts do NOT include pharmacists)								SFY'20 Care Visit Count => 87,239
								Difference SFY'20 vs. SFY'21 => 63,920
								Percent change => 73%

Performance Measure 3(d): Provide the Trust with a summary report of the overall program, including data on prescriptions serviced by program pharmacists, by region.

Finding: As compared to SFY'20, SFY'21 saw a decrease in the reported number of prescriptions serviced by SHARP pharmacists. Total prescriptions moved from 134,135 to 121,588, that is, a reduction by 9%. The reason for this decrement still unclear, though it appears that changes in pharmacy staffing were a partial cause. In addition, sizeable reductions occurred in the Anchorage, Northern and Southeast regions, however, new activity was reported in Gulf Coast, and Southwest.

	Anchorage	Gulf Coast	Interior	Mat-Su	Northern	Southeast	Southwest	Totals
SFY'20	60,879				45,094	12,003	16,159	134,135
SFY'21	28,442	13,401	-	-	26,585	3,323	49,837	121,588
								SFY'20 prescriptions serviced => 134,135
								Difference SFY'20 vs. SFY'21 => (12,547)
								Percent change => -9%

Performance Measure 4: Provide periodic updates on (a) SHARP-1 and (b) the implementation of SHARP-3 during SFY'2021 (7/1/20 – 6/30/21). As well, (c) provide the total practitioner census, and contract counts, for the program during SFY 2021.

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). 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. Further, during the reporting period, SHARP received a previously requested Notice of Grant Award (NGA 4/20/21) for carryover funds totaling \$824,965 in federal funding, with the requirement that the program also receive at minimum another \$824,965 in non-federal matching funds, and therefore the total increment summing to at least \$1.65M. We then announced a SHARP-1 special solicitation for applicants for period 4/19-21 to 6/18/21. This resulted in 28 SHARP-1 clinician service contracts derived from that solicitation, and further, an additional 15 SHARP-1 employer recruitment prerogative (ERP) contracts.

Answer: 4(b) SHARP-3 update

There is evidence of broad and growing interest in SHARP-3 statewide. During SFY'21, we concluded the SHARP-3 (AS 18.29) regulations public comment period on 7/10/20, from which only laudatory comment and modest suggestions were garnered. Then, after assorted continued review and delay, SHARP-3 regulations were promulgated on 12/25/20. The SHARP-3 solicitation for applicants on opened on 1/4/21. That solicitation then remained open and will continue to remain open because (a) the SHARP-3 option is wholly market-driven and (b) because enabling statute AS 18.29 has no sunset date. As of this writing, we have now issued 21 SHARP-3 practitioner service contracts, and further, we have issued an additional 15 SHARP-3 employer recruitment prerogative contracts. Admissions Committee has continued to meet monthly, and thus, we are likely to continue issuance of at least some new SHARP-3 contracts each month for the foreseeable future.

Answer: 4(c) Total practitioner census and total number of service contracts during reporting period.

Total Practitioner Census: During SFY'21 there were 168 distinct practitioner-participants, an increase of 71 (73%) as compared to the 97 practitioners in program during SFY'20. The most recent five-year average number of practitioners per year (SFY'17-SFY'21) stood at 116. (See PM-1A)

Total Count of Service Contracts: During SFY'21 there were 190 distinct service-contracts, an increase of 93 (96%) as compared to 97 service contracts that existed at some point in SFY'20. The most recent five-year average count of contracts per year (SFY'17-SFY'21) stood at 126. (See PM-1A)

Performance Measure 5(a): Use current Alaska data associated with (a) Alaska’s underserved populations (Medicaid, Medicare, uninsured and federal health beneficiaries).

Answer: 5(a) Alaska’s underserved populations - (unduplicated patients, within clinician, in 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)	361	4	29	87	77	558
Dentist	4,786	318	1,431	1,360	3,145	11,040
Marriage & Family Therapist	13		-	-	1	14
Nurse (RN)	2,027	1,415	3,103	4,316	945	11,806
Nurse Midwife	212	2	46	81	83	424
Nurse Practitioner	5,181	2,695	688	3,328	3,643	15,535
Nurse Practitioner Doc	95	81	7	16	62	261
Pharmacist	16,111	3,443	19,172	9,494	13,103	61,323
Physical Therapist	11	52	4	-	17	84
Physician	12,746	6,749	4,435	3,479	21,072	48,481
Physician Assistant	1,972	1,193	293	1,045	2,717	7,220
Psychiatrist	165	274	-	33	98	570
Psychologist	45	17	1	60	10	133
Social Worker (LCSW)	402	115	592	154	113	1,376
T3 Manager	-	-	-	-	-	-
T3 MSW Social Worker	21	1	-	4	9	35
T3 Other Behavioral	62	6	-	4	9	81
Total	44,210	16,365	29,801	23,461	45,104	158,941
Care Visits*						
Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Counselor (LPC)	3,363	63	142	38	460	4,066
Dentist	5,668	432	1,668	1,508	4,021	13,297
Marriage & Family Therapist	87		-	-	9	96
Nurse (RN)	2,779	2,368	3,395	8,884	1,334	18,760
Nurse Midwife	314	2	90	108	121	635
Nurse Practitioner	7,730	3,548	861	4,422	4,416	20,977
Nurse Practitioner Doc	106	93	8	18	73	298
Pharmacist	-	-	-	-	-	-
Physical Therapist	58	400	39	-	83	580
Physician	17,614	11,700	5,629	3,658	36,712	75,313
Physician Assistant	2,965	1,721	382	1,163	2,951	9,182
Psychiatrist	337	510	-	60	225	1,132
Psychologist	408	225	1	67	87	788
Social Worker (LCSW)	1,484	518	2,482	214	466	5,164
T3 Manager	-	-	-	-	-	-
T3 MSW Social Worker	101	1	-	4	67	173
T3 Other Behavioral	592	53	-	13	40	698
Total	43,606	21,634	14,697	20,157	51,065	151,159
(*Visit counts do NOT include pharmacists)						
Prescriptions Served						
Discipline	Medicaid	Medicare	Fed Hlth Ben (I.H.S., VA)	Sliding or No Fee, Full Fee, & Other	Private Insurance	Total
Pharmacist	28,122	9,391	35,285	26,759	22,031	121,588

Performance Measure 5(b): Use current SHARP data and the Criminal Justice Reinvestment to help determine targeted occupations for upcoming SHARP application processes.

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

Patients Served			
Discipline	Correctional Facilities	Probation or Parole	Total
Counselor (LPC)		12	12
Dentist	467		467
Nurse (RN)	3,363		3,363
Nurse Practitioner	355	27	382
Physician	322		322
Physician Assistant		173	173
Total SFY'21	4,507	212	4,719
<i>Prior SFY'20 Counts =></i>	3,053	76	3,129
<i>Change SFY'20 vs SFY'21</i>	1,454	136	1,590
<i>Percent Change</i>	48%	179%	51%
Care Visits			
Discipline	Correctional Facilities	Probation or Parole	Total
Counselor (LPC)		62	62
Dentist	562		562
Nurse (RN)	7,542		7,542
Nurse Practitioner	472	43	515
Physician	444		444
Physician Assistant		240	240
Total SFY'21	9,020	345	9,365
<i>Prior SFY'20 Counts =></i>	6,911	279	7,190
<i>Change SFY'20 vs SFY'21</i>	2,109	66	2,175
<i>Percent Change</i>	31%	24%	30%

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. During SFY’21, The program prepared SHARP-1 thirty (30) “Employer Recruitment Prerogative” (ERP) contracts for use by the Norton Sound Health Corporation, and those were issued in early SFY’22.

SHARP-1: Fifteen (15) ERP contracts were as SHARP-1 Off-Cycle, composed of 10 ERPs for professional nursing staff (RNs and ANPs) and another 5 ERPs for licensed behavioral health clinicians.

SHARP-3: Fifteen (15) ERP contracts were in SHARP-3, composed of 10 ERPs for professional nursing staff (RNs and ANPs) and another 5 ERPs for licensed behavioral health clinicians.

Performance Measure 7: Demonstration-1 – Recruitment and Retention of Substance Abuse Disorder 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 care visits served.

Finding 7(a): For SFY’21, a total of 23 clinicians provided at least some SUD treatment services.

Finding 7(b): For SFY’21, the number of unduplicated patients seen (within quarter, within clinician) was 2,031, a rise of 574 (or 39%) as compared to SFY’20. **Finding 7(c):** For SFY’21, the total care visits provided stood at 2,373, a decrease of 298 (11%) as compared to SFY’20. Possible causes of difference in trends include either (a) practitioners are too busy for intensive services, or (b) there was more focus on “prevention” (which may include fewer visits) than “treatment.”

Discipline	Patients	Visits	Prescriptions
Nurse Practitioner	811	1151	
Pharmacist	295		570
Physician	555	604	
Physician Assistant	231	303	
Psychiatrist	58	159	
Social Worker	67	133	
T3 Other Behavioral	14	24	
Total	2,031	2,374	570
Prior SFY’20 Counts =>	1,457	2,672	848
Change SFY’20 vs SFY’21	574	(298)	(278)
Percent Change	39%	-11%	-33%

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.

Findings: 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.”

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’22. To address this, we are systematically 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.

The contracts-data are now being further analyzed to help us understand how well SHARP is impacting the use of temporary staffing, The completion of that analysis is now a task for SFY’22.

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Questions? Submit those by clicking→ [SHARP Inquiry Submission Form](#)



Submitted: November 14, 2021

P-0972 – SHARP – Annual Report to AMHTA – SFY 2021

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	
FY21 Grant Amount: \$984,000.00	
High Level Project Summary: FY21 High Level Project Summary: <p>The Alaska Training Cooperative (AKTC) oversees and delivers non-academic trainings, professional development and continuing education programs to the behavioral health workforce who serve Trust beneficiaries across the state. Professional development includes opportunities for direct support workers (DSPs), supervisors, and licensed clinicians in the field to enhance their capacity and competence in serving Trust beneficiaries through training and technical assistance.</p> <p>The AKTC's support of workforce development is a key factor in helping to retain the direct care workforce. Across Alaska, agencies are struggling to meet the needs of community members' care and treatment due to the lack of staff. The AKTC is within the University of Alaska Anchorage's Center for Human Development, which provides multiple platforms for delivering training and support. This includes ECHO, Zoom, Moodle, and in person. This level of support gives the AKTC trainers the ability to reach agency staff across the state. The University provides a strong platform for the AKTC to operate and be able to meet the training needs of beneficiary serving agencies.</p> <p>It is recommended by Trust staff that this project be funded in the FY24 budget.</p>	

Project Title: The Alaska Training Cooperative

Staff Project Analysis:

FY21 Project Staff Analysis: The direct care professional (DSP) workforce is the primary staffing support for Trust beneficiaries to receive care and support in improving their lives. The AKTC is the primary entity for providing the DSP workforce with training and technical support across the state. Alaska is a geographically and culturally diverse state, which means you need a nimble and responsive training entity like the AKTC to support the DSP staff from Ketchikan to Kotzebue. This is not an easy task, and one that the AKTC has developed over the years with experienced staff and a systematic, evaluative process for providing what is needed at the agency level. This iterative process has involved meeting the changing needs of evidenced-based practices and moving the industry to certification of direct care staff at all levels, but primarily the DSP position. It is critical to have a responsive organization like the AKTC that can meet the changing needs of the industry, which ultimately helps provide quality services to Trust beneficiaries.

The AKTC met their performance measures by providing 135 trainings in 171 communities to 5,648 individuals during FY21. These trainings occurred among 568 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.

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 FY24 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 - FY21 Grant Report Executive Summary: Successes: The Alaska Training Cooperative (AKTC) continued for a fifth year to align and implement training assistance for statewide Medicaid Expansion, Reform and Redesign. During FY 21, the AKTC mainly focused on 1115 Waiver Implementation and Systems of Care through trainings to the direct service and behavioral health professional workforce to increase competencies, training opportunities and access as well as evaluation that supports the implementation of the 1115 Waiver in Alaska.

The AKTC successfully supported the program's mission through statewide coordination and brokering of training mainly via distance formats due to the COVID-19 pandemic for behavioral health licensed professionals, direct service providers and their supervisors: 4,054 unduplicated training participants from 568 provider agencies in 171 communities statewide, offered a total of 135 trainings presented in 171 Alaskan communities directly by AKTC staff serving as instructors, and supported 48 training technical assistance events for a total of 183 training events. Out of 183 training events, 11 were based in urban areas and 172 were provided in urban and rural areas through distance delivered training platforms.

The AKTC worked collaboratively with 91 provider agencies to support staff with access to trainings through the AKTC/CHD Learning Management System (LMS). The LMS catalog lists trainings (distance, blended or in-person when safe) offered to providers statewide. There were 5,422 Active Users in the LMS (FY21). The LMS website recorded 30,181 "user visits" in FY21 (an increase of 3,149 (12%) additional user visits over FY 20 (27,032) visits) with 573 training opportunities listed in the training catalog and 183 training events used the LMS system for registrations, training completions and/or payment options. (Attachments A & B)

There were 48 technical assistance-training events specifically targeted for supporting professional community trainings, distance delivered formats and conferences serving (1,579) unduplicated training participants.

The AKTC was able to utilize \$957,972.38 (97.35%) of the \$984,000 allocated Trust program funds in FY21. A total of \$26,027.62 (2.65%) were lapsed funds. (Attachment C)

During FY21, the AKTC continued to transition workforce training formats into distance delivered and anytime trainings successfully reaching out to service providers serving Trust beneficiaries.

Mental Health First Aid for Public Safety was delivered in 12 individual events in Anchorage, Ketchikan, Kodiak, Nome, Dillingham, and Juneau, certifying 162 Law Enforcement Officers. Thirty-three people were certified in the Adult MHFA virtual course from A.W.A.I.C., the Division of Behavioral Health, and the Archdiocese of Anchorage.

Crisis Prevention Institute's (CPI) Non-Violent Crisis Intervention Virtual/Blended course was delivered to 40 people in 4 separate courses delivered to Ptarmigan Clinic, Anchorage Neighborhood Health Center, and A.W.A.I.C.

A new Web-based anytime training was created in FY 21 at the request of Alaska State Office of Residential Licensing to help provide distance delivered access to Assisted Living Home Orientation training on regulations and safety. Fall Prevention Training for Direct Service Providers working in Assisted Living Settings was also fully implemented and accessible in FY 21 at no cost to participants.

Overall, web-based “anytime” training opportunities created for direct service providers were highly utilized in FY21 and included 1,103 training access events (“seats”) including: Assisted Living Housing Licensing Orientation - Application (13), Assisted Living Housing Licensing Orientation - Regulations (13), Fall Prevention for Direct Service Providers (73), Anger Management (60), Ethics and Boundaries (68), Mental Health Basics (54), Prevention of Abuse and Neglect (27), Introduction to Developmental Disabilities (62), Assistance with Self-Administered Medication (730), and Psychiatric Advance Directives (3).

Customized training was also delivered via Zoom in FY 21 to Anchorage Neighborhood Health Center on Managing Challenging Behavior (99 participants). QPR Suicide Prevention training was provided to the Bethel Office of Children’s Services staff and the staff of the Sunshine clinic in Talkeetna (55 participants). Five Secondary Trauma and the Direct Service Provider was delivered and included Fire/EMS workers, Criminal Re-entry Coalitions, Family Caregiver DSPs and Alaska Legal Services staff. Introduction to Motivational Interviewing was delivered to 125 participants and Trauma Informed Care for the Frontlines was delivered to 155 participants.

During FY21, (7) Behavioral Health Continuing Education (BHCE) evidence-based practice events were delivered to the behavioral health workforce. One hundred and thirty-six (136) behavioral health professionals attended the BHCE series with CEUs preapproved by the National Board of Social Works Alaska Chapter (NASW-AK), Alaska Board of Professional Counselors, the National Board of Certified Counselors, and the Alaska Commission on Behavioral Health Certification. The FY21 series provided a total of 17 CEUs, including Alaska Native Specific (6 CEUs), Ethics (3 CEUs), and General Education (8 CEUs).

To meet the need for Alaskan Native Specific CEUs, the AKTC added additional virtual “Traditional Health Based Practices (THBP)” trainings. A total of 104 behavioral health professionals attended the 6 THBP events, providing additional 48 Alaskan Native Specific CEUs to the workforce and the Community Health Aide Program Certification Board and Alaska Nurses Association preapproved THBP events for CEUs.

Direct Service Professional trainings continued in FY21 with (4) AK Core Competencies (AKCC) trainings for 29 agencies in 19 communities that sent 68 staff with 55 DSP’s (81%) completing all 10 training modules. Trainings were delivered through (4) web-delivered format. AKTC partnered again in FY21 with the AK Health Education Center (Southcentral Region) and offered all 10 AKCC trainings in (4) PATH Pre-Apprenticeship Academies. Twelve (12) Basic Concepts of Care Coordination trainings, as required by State of AK Senior & Disabilities Services, were delivered in FY21 with 117 participants receiving completion certificates.

Challenges/Lessons Learned: Continued restrictions due to COVID-19 have limited the delivery of certain training topics which may be less impactful online or present safety concerns. Virtual MHFA courses have been difficult to deliver due to design problems and restrictions in place by the National Council on Mental Wellbeing. The limited number of CPI and MHFA Virtual Instructors continues to challenge the response to increasing requests statewide.

Overall, the pandemic caused a (-20%) 47 less trainings offered reduction in total AKTC training opportunities between FY20 - FY21 and a (-10%) 641 less reduction is training seats in FY21 reflecting a (-4%) 170 decrease is unduplicated number of FY21 training participants.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 4,054

Performance Measure 1:

1115 Waiver Implementation and Systems of Care, the AKTC will:

- a. Implement competencies, training and evaluation that supports the 1115 Waiver. (addresses Comp Plan: Goal 9.1 - b, c, and d, and 9.2 – a, c, d & f).
 - i. Support Qualified Addictions Professional (QAP) certification competencies and statewide training efforts.
 - ii. Support partnerships with DHSS to expand access to evidenced-based trainings.
 1. Assist with DBH SBIRT training plan implementation.
 2. Pursue and assist with access to additional evidenced-based training such as moral reconnection therapy, ASAM for Addictions professionals, cognitive behavioral therapy and suicide prevention— Safety Planning Intervention (SPI - specifically addresses Comp Plan Goals 9.2(c, e).
- b. Assist with training needs and addressing workforce-training gaps that support Trust initiatives such as the Crisis Now Model/System of Care. (addresses Comp Plan: Goal 9.1 - b, c, and d, and 9.2 – a, c, d & f).
- c. 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:

The AKTC hosted a stakeholder meeting with Alaska Behavioral Health Association to determine the viability of the AKTC LMS to track substance abuse professionals' progress toward Qualified Addiction Professional (QAP) qualifications. The QAP qualification is required by the State of Alaska to bill Medicaid under the 1115 Waiver.

The goal for the project: Enable a behavioral health professional to search the LMS catalog to find training that satisfies the requirements for both the QAP and Chemical Dependency Counselor (CDC) Certification. The catalog links to Regional Alcohol and Drug Abuse Counselor Training (RADACT), National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Training, Northwest Addiction Technology Transfer Center (Northwest ATTC), and other training entities. The catalog serves as a "one stop shop" for SUD professionals looking for training to meet certification requirements. Currently the LMS catalog has 53 links to state and national trainings relevant to the QAP.

The AKTC collaborated with DHSS to implement Collaborative Assessment and Management of Suicidality (CAMS) training; proven through multiple randomized clinical trials to be the best evidenced-based assessment, intervention, and treatment to reduce suicide ideation. Goals meet: Federal government’s National Strategy for Suicide Prevention (Goal 7), as well as Alaska’s Recasting the Net: Promoting Wellness to Prevent Suicide in Alaska (Strategy 2.6), to ensure community and clinical health care providers are trained in evidence-based, suicide-specific assessments, management and delivery of effective clinical care. Project funding was through the AK CARES Grant Program to help mitigate the impact of COVID-19 on mental health symptoms and risk factors for suicide. Attachment D - FY 21 CAMS Project Data

In FY21, the AKTC worked closely with DBH to offer Introduction to Screening, Brief Intervention, and Referral to Treatment (SBIRT) for rural behavioral health providers. The AKTC provided a two-hour “Introduction to SBIRT” training to the Yukon Kuskokwim Health Corporation and Norton Sound Health Corporation. The training was offered twice so staff at each agency could attend. Thirty-two behavioral health professionals completed the training. The AKTC then opened the training up to behavioral health providers statewide. Twenty-six professionals completed the training.

AKTC Training Coordinator Tom McRoberts received training and coaching from the Northwest Mental Health Technology and Transfer Center (MHTTC) to implement the Safety Planning Intervention (SPI) Training Program. The SPI is a brief evidence-based intervention to prevent suicidal behavior. Participants completed a practice interview of the SPI with a role play participant and were graded using a SPI performance measurement tool. Three participants completed the practice interview in June 2020, and two completed in July 2021. All participants achieved an “Excellent” rating for their practice interview.

Attachment L – Crisis Now

The AKTC collaborated with the DOC to provide training with outreach to University students. Fifty-seven DOC staff received training Static-99R, Static-2002R, and STABLE-2007 (all evidenced-based risk assessment instruments). Twenty-five DOC staff, 16 University students, and 16 other behavioral health professionals received training on Sex Offenders and Victims: Current Trends. Twenty-three participants received 6.5 Alaska Native Specific CEUs and 6.5 General CEUs preapproved by the NASW-AK.

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:

Attachment B – AKTC LMS Data

- a. 573 training catalog listings - An increase of 121 listed events (21%) over FY 20 (452)
- b. Accessing LMS: 5,422 active LMS users - increase of 109 (2%) over FY 20 (5,313)
Training Registrations: 7,027 – decrease of 218 (-3%) less than FY 20 (7,245)
Training Completions: 4,572 - decrease 1,168 (-20%) less than FY 20 (5,436)
- c. 207 Venues/Forums where the AKTC trainings and LMS information were shared in FY21 –
This is an increase of 74 (36%) over FY 20 (133)

(Attachment (E) – AKTC Marketing Venues)

In addition, a total of 89 Constant Contact marketing flyers (64 AKTC training specific and 25 other training entity opportunities) were sent to a variety of email lists for a total of 10,125 email individual contacts receiving regular information on training and event opportunities.

Service Provider/Agency list – 656

AK Commission Behavioral Health Certification Peer Support list – 191

State of Alaska Licensed Assisted Living Facilities – 393

Behavioral Health Continuing Education Contacts – 283

Main CHD/AKTC list – 8,902

Total 10,125 contacts

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:

Attachment A – FY21 AKTC Training Data

- i. Total # 183 decrease of 47 (-20%), less than FY 20 (230)
 # of AKTC trainings (135) decrease of 61 (-31%) less than FY 20 (196)
 # of AKTC tech assistance events (48) increase of 14 (41%) over FY 20 (34)
- ii. Total unduplicated attendees 4,054, decrease of 170 (-4%) less than FY 20 (4,224) from 568 unduplicated participant agencies; 2,832 AKTC unduplicated training attendees decrease of 909 (-24%) less than FY 20 (3,741); 1,579 AKTC unduplicated technical assistance attendees increase of 853 (117%) over FY 20 (726).
- iii. Attachment G - AKTC Training List & Attachment H – AKTC Technical Assistance Trainings
- iv. 183 total AKTC training events.
- v. 5,648 training “seats”, decrease of 641 (-10%) less than FY 20 (6,289).
- vi. (1) Rural trainings - 172 increase of 32 (23%) over FY 20 (140), (2) Urban trainings - 11 decrease of 79 (-88%) less than FY 20 (90).

Changed training delivery to all distance/virtual due to COVID-19 impacts which made a majority of AKTC trainings accessible to both urban and rural participants. The 11 urban trainings were invitation only or agency specific training events.

- vii. 171 communities: Same list of communities represents where AKTC training & technical assistance were provided AND communities where unduplicated participants come from: Attachment I – FY21 AKTC Training Participant Communities.
- viii. (1) Face-to-face 18 decrease of 118 (-92%) less than FY 20 (128); (2) Distance delivered 165 increase of 63 (62%) over FY 20(102); (3) Web delivered/web-based anytime training 144 - an increase of 46 (47%) over FY 20 (98). UAA mandated change in training delivery to all distance/virtual due to COVID-19 safety impacts which made a majority of AKTC trainings distance delivered.
- c. Satisfaction data was collected from (3,196) 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 94.2% percent based on 3,010 responses indicating strongly agree and agree. The satisfaction question breakdown is as follows: 56.3% (1,798) indicated Strongly Agree, 37.9% (1,212) indicated Agree, 1.6% (50) indicated Disagree, and 4.2% (136) indicated Strongly Disagree. Attachment J – FY 21 AKTC Satisfaction Data

In comparison to the past five years, AKTC positive satisfaction rates continued to reflect an overall satisfaction percentage of over 90%: 96% (FY17), 94% (FY18), 94% (FY19), 94.9% (FY20) and 94.2% FY 21. NOTE: FY 21, 3,196 evaluations collected – decrease of 1,426 (-31%) less than FY 20 (4,622). The decrease in collected evaluations is directly related to the transition from in-person training to virtual/distance delivered events. Having “live” Instructors on site to collect evaluations as participants exit the training room contributes to higher numbers of completed evaluations collected verses trying to collect forms that have to

<p>be sent via email or, having to click a virtual link to go to another web site and then complete an evaluation has led to an unfortunate and significant decrease in collected evaluations.</p> <p>Attachment K - AKTC Post/Pre Evaluation Data</p>
<p>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.</p>
<p>Grantee Response to Performance Measure 4: Activities/Accomplishments and Challenges:</p> <ul style="list-style-type: none"> • A highlighted AKTC collaboration training area with AK Department for Early Education continues to be the focus on Youth Mental Health First Aid (YMHFA) training. Approximately 200 community and school employees received certification in Youth MHFA (Title IV funded) conducted through 16 virtual trainings targeting 10 AK communities in FY 21. <p>Challenge: COVID-19 and working remotely, especially delivering online YMHFA training via Zoom. The virtual YMHFA classes are labor intensive for the coordinator/instructor due to the loading of rosters into National Council LMS to obtain a Zoom link, to distribute electronic pre-work, to check on participant progress on that pre-work and reminders to complete the work, as well as the pre- and post-class technology support required to assist participants navigate an external system that is not user intuitive.</p> <ul style="list-style-type: none"> • In FY 21, the AKTC YMHFA Training Coordinator also provided 101.5 hours of technical support through several means: (1) participation in meetings held by the AST Mat Su CIT Coalition, whose goals include: increasing the training of first responders in Mental Health First Aid for Public Safety, creating Coalition policies and procedures, and coordination of AST Mat Su CIT Academy #4 coming in FY 22; (2) the preparation, delivery, and/or instruction: Question Persuade Refer (QPR), Trauma Informed Care (TIC), Motivational Interviewing (MI), Adverse Childhood Experiences (ACES), Adult Mental Health First Aid, Self-care and Stress Management, Alaska Afterschool Conference, and Alaska Peer Support Conference, in partnership with CHD Training Coordinators or other non-CHD instructors; and (3) Crisis Now Mat Su preparation and implementation meetings. • In FY21, three Frontline Leadership Institutes were distance delivered (Cohort # 32-34). A total of 69 participants attended and 57 (83%) completed the virtual trainings. In FY 20, one of the planned FLI's had to be postponed and was added to the FY 21 roster making three opportunities for FLI training available to stakeholders. <p>Challenge: Twelve participants did not complete the post Institute Learning Connections and did not complete the Institutes. This was a difficult year for participants and their agencies to commit to the length of participation due to low staffing rates and COVID-19 pandemic workforce shortages at participant agencies causing interruptions impacting attendees focus during the Institutes.</p> <ul style="list-style-type: none"> • 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, trained 683 DSP's (869 individuals registered; completion rate of 79%).

Challenge: Incomplete and incorrect registration remains a tracking challenge for this training due to the high number of registrants. Invoicing and payment completion by agencies for this training remained very low in FY 21.

Lesson Learned: FY21's overall lesson was re-group, lead via resilience and assist with transitions to support stakeholders and AKTC staff (through good, patient, customer service) into a virtual distance delivered training world based on COVID-19 impacts. To support these transitions, the AKTC offered many trainings at low to no cost to ensure stakeholder access to needed workforce trainings.

Alaska Training Cooperative Training Data	Year 1	Year 2	Year 3	Year 4
Attachment A Training Data FY 17 - FY 21				
FY 21 AKTC July - June Trust Report	FY17	FY18	FY19	FY20
Training Seats	5,330	6,532	7,556	6,289
Unduplicated Number Training Participants	3,753	4,201	4,618	4,224
Provider Agencies	507	557	548	491
Communities	88	85	117	107
Trainings	168	217	236	196
Technical Assistance	88	82	83	34
Total Training Events	256	299	319	230
Training Events % Change Between FY	22%	17%	7%	-28%

Year 5	% +/-
FY21	
5,648	-10%
4,054	-4%
568	16%
171	60%
135	-31%
48	41%
183	-20%
-20%	

Alaska Training Cooperative LMS Training Data	Year 1	Year 2	Year 3	Year 4
FY 21 July - June AKTC Trust Report				
Attachment B LMS FY 17 - FY 21				
	FY 17	FY 18	FY 19	FY 20
Active LMS Users	5,026	6,008	5,878	5,313
Listed Trainings in LMS Catalog	324	408	477	452
# of Agencies using LMS for Marketing	34	68	67	74
# of Trainings using LMS for Registration	288	272	271	216
# of Participants using LMS for Registration	4,440	6,356	5,539	7,245
# of Participants Tracked/Completion of Training	4,253	4,580	5,436	5,740

Year 5
FY 21
5,422
573
91
183
7,027
4,572

University of Alaska Annual Report

PARTNER: <div style="text-align: center;"> University of Alaska Anchorage College of Health Center for Human Development </div>	PROJECT PERIOD	REPORT PERIOD
PROJECT TITLE: 1384.13 The Alaska Training Cooperative (FY21)	FROM 7/1/2020	TO 6/30/2021

PROJECT BUDGET	QUARTERLY EXPENSES	YEAR TO DATE EXPENSES	BALANCE OF PROJECT FUNDS	% REMAINING
\$984,000		\$957,972.38	\$26,027.62	2.65%

			REPORT PERIOD		
DTF PROGRAM	PROJECT BUDGET	QUARTERLY EXPENSES	YEAR TO DATE EXPENSES	BALANCE OF FUNDS	% EXPENDED
Personal Services	\$ 838,299.00		\$ 806,040.78	\$ 32,258.22	84.14%
Travel	\$ 6,303.00		-	\$ 6,303.00	0.00%
Contractual	\$ 137,189.00		\$ 149,693.80	\$ (12,504.80)	15.63%
Supplies	\$ 2,209.00		\$ 2,237.80	\$ (28.80)	0.23%
Equipment	-			-	0.00%
Other	-			-	0.00%
Totals	\$ 984,000.00		\$ 957,972.38	\$ 26,027.62	97.35%

Budget Notations: Percentage expended represents the year to date budget line of the total expenses.

Attachment D – FY 21 AKTC CAMS Project Data

In the fall of 2020, the State of Alaska Division of Behavioral Health (DBH) and the Alaska Training Cooperative (AKTC) at the University of Alaska, Anchorage Center for Human Development collaborated to implement the State of Alaska CAMS Training Project. The Collaborative Assessment and Management of Suicidality (CAMS) Framework is proven through multiple randomized clinical trials to be the best evidenced-based assessment, intervention, and treatment to reduce suicide ideation. An important goal of the federal government's National Strategy for Suicide Prevention (Goal 7), as well as Alaska's Recasting the Net: Promoting wellness to prevent suicide in Alaska (Strategy 2.6) is to ensure community and clinical health care providers are trained in evidence-based, suicide-specific assessments, management and delivery of effective clinical care. In Alaska, suicide is the first leading cause of death for ages 15 to 24, and the fifth leading cause of death overall. The project was funded through the AK CARES Grant Program to help mitigate the impact of COVID-19 on mental health symptoms and risk factors for suicide.

Beginning October 21, 2020, the AKTC offered continuing education (CE) CAMS training to behavioral health clinical staff, students pursuing work as a licensed clinical behavioral health professional, and mental health medical providers. Training courses were organized sequentially in four parts:

- A Three-hour Anytime Online Course
- 2 Education Half Day Courses
- 3 Seven-hour Practical Role Play Sessions
- 27 sixty-minute follow up Consultation Calls tailored to behavioral health professionals working with adults, youth/children, or special populations

A TOTAL of 241 unduplicated behavioral health professionals completed one or more of CAMS courses and consultation calls (Three-hour Anytime Online Courses, Education Half Day Sessions, Seven-hour Practical Role Play Sessions, and Consultation Calls). Of those 241 professionals, participants received the following CEUs:

- 73 participants received 3 CEUs for the Three-hour Anytime Online Courses
- 49 participants received 3.5 CEUs for the Education Half Day Session
- 131 participants received 7 CEUs for the Seven-hour Practical Role Play Session

Attachment (E) – FY 21 AKTC Marketing Venues

FY 21 Venues/Forums (207) Marketing of AKTC & LMS information and trainings shared:

1. (12) Monthly ABHA meetings, teleconference, statewide, first Thursday of every month, AKTC Training Update listing our on-line classes, live classes, and distance delivered offerings for staff and community members.
2. (12) Monthly Anchorage Suicide Prevention coalition meeting, third Thursday of every month
3. (10) AADD monthly meeting where AKTC training opportunity flyers are distributed via email.
4. (10) AGENet monthly meeting where AKTC training opportunity flyers are distributed via email.
5. (12) PCA Association monthly meeting where AKTC training opportunity flyers are distributed via email.
6. Re-Entry Coalition/Services Fairbanks.
7. 20th Full Lives Conference Virtual
8. CHD Facebook page
9. (12) Regional Criminal Re-Entry meetings
10. The Alaska Training Institute/NAADAC Conference
11. Alaska Commission on Aging staff
12. AgeNet: Annual membership meeting – Hybrid (virtual & in-person)
13. Catholic Social Services
14. Catholic Community Services/Southeast
15. Municipality of Anchorage
16. Alaska Care Coordination Network
17. Alaska Disabilities and Aging Coalition
18. Alaska Behavioral Health
19. AK State Senior & Disabilities Services
20. National Council on Behavioral Health
21. NAMI Anchorage
22. NAMI Juneau
23. Alaska Department of Health & Human Services/DBH & SDS
24. Alaska State Troopers

25. Alaska Humanities Forum
26. The Anchorage Downtown Partnership
27. AK Nurses Association
28. Juneau Youth Services
29. Volunteers of America
30. Akeela
31. The ARC of Anchorage
32. (4) AK Department of Corrections Training Virtual
33. CAMS Training Web-based training collaboration with DBH
34. Alzheimer's Resources of Alaska
35. A Perfect Fit
36. App Care
37. Aspen Creek Senior Living Center
38. Beans' Café
39. Birchtree Residential Care LLC
40. Blooming Heart
41. Bristol Bay Area Health Corporation
42. AGAPE Care Coordination
43. Anchorage Treatment Solutions
44. Campfire Alaska
45. Charis Place ALH
46. Charlena Angel ALH
47. CHOICES, Inc
48. Center for Community/Compass Homecare
49. Central Peninsula Independent Living Center
50. CharLena Angel Assisted Living Home
51. Cindy & Vic's R&R Inc.
52. Clouds Rest Commons, Inc
53. Comfort Keepers
54. Cook Inlet Tribal Counsel
55. Coordination Centre Fairbanks
56. Community Connections
57. Connecting Ties, Inc
58. Consumer Direct Care Network AK
59. Creative Care
60. Grace Home ALH
61. Eastern Aleutian Tribes

62. Fairbanks Resource Agency
63. Fitchetts Assisted Living Home
64. Focus Outreach, Inc
65. Frontier Assisted Living
66. Gentle Hands Care
67. GeoGroup Cordova Center
68. Good Samaritan Assisted Living
69. Happy Valley Assisted Living
70. Homer Senior Citizens, Inc.
71. Hope Community Resources, Inc.
72. ndependent Living Center
73. Infinite Options Care Coordination Services
74. Interior Alaska Center for Non-Violent Living
75. Kenaitze Indian Tribe
76. Ketchikan Indian Community
77. Kodiak Island Housing Authority
78. LifeWorks-Hearts and Hands Adult Day
79. Liliyanns Home Care
80. Mat-Su Health Services Inc.
81. Maxim Healthcare Services
82. Morning Star Ranch
83. My Home LLC
84. Municipality of Anchorage
85. Nadon Family Home
86. Nine Star Education & Employment Service
87. Ninilchik Point of Care Coordination
88. Nome Community Center
89. North Slope Borough
90. North Star Council on Aging/Fairbanks Senior Center
91. One Source Home Care LLC
92. Orchard Assisted Living
93. Raindrop Services LLC
94. REACH Inc.
95. ResCare HomeCare Alaska
96. Riverquest Group Home
97. Seven B Sisters Care Coordination
98. Shine Bright Care, LLC

99. South Central Area Health Education Center
100. South Peninsula Behavioral Health Services
101. Southeast Alaska Independent Living
102. Sterling Silver Assisted Living
103. Strong Solutions
104. Treasures Angels, Inc
105. The Manor ALH
106. Hope Community Resources, Inc
107. Youth Advocates of Sitka
108. Seaview Community Services
109. Norton Sound Health Corporation
- 110.State of Alaska, Assisted Living Home, New Providers Orientation Web-based
110. LINKS Resource Center
111. Cook Inlet Housing Authority
112. Alaska Area Health Education Centers, PATH Academies
113. Covenant House
114. Yukon Kuskokwim Health Corporation
115. Traditional Health Based Practices (6) Trainings
116. All BH CE Trainings (7)
117. BH CE Contact List and AKPA-MH Google Group - email notice about CE trainings, as well as notice about LMS Portfolio function as licensure renewal dates approach.
118. As ACBHC approved training provider, by arrangement all training announcements are posted by ACBHC on their Facebook page.
119. NASW-AK posts info on CE trainings to their website, by arrangement.
120. State of AK Social Work Licensing Examiner forwards CE training info to State Social Work email list, by collaborative arrangement.
121. Alaska Rock Gym
- 122.WHOMS
123. (15) Basic Concepts of Care Coordination trainings (webinar/zoom training formats)
124. Conflict Resolution Skills/AVP Workshop Virtual
125. Providence Medical Center/Crisis Recovery Center
126. Birchwood Behavioral Health

127. Hand of Peace, Inc. Board of Directors meeting Virtual
 128. AVP-AK Regional Council meeting
 129. AK Child & Family
 130. (12) AADD Hot Topics/Statewide
 131. Mat-Su CIT Coalition
 132. Access AK
 133. School Districts: Kenai & Anchorage
 134. Highland Academy
 135. Nunamiut School
 136. Nikolaevsk School
 137. Eagle River Christian School
 138. CASA and OCS staff
 139. AK Division of Vocational Rehabilitation
 140. AARP
 141. Denali Family Services (Anchorage & Wasilla)
 142. Anchorage Senior Center
 143. Mat-Su Health Foundation
 144. AK Mental Health Trust Authority
 145. Crossroads Counseling & Training Service
 146. Fairbanks Native Association
 147. Fairbanks Rescue Mission
 148. AK Peer Support Conference
 149. Genacta In-Home Care
 150. Hearts and Hands of Care, Inc.
 151. Trinion Quality Care Services
 152. AK AIMH
 153. 6th Annual Aging & Disabilities Summit Virtual
 154. DD Vision Workgroup
 155. DSP Workforce Workgroup
 156. Governor's Council on Disabilities & Special Education
 157. Reducing Recidivism Conference Virtual
 158. Frontline Leadership Institute # 32, 33 & 34
 159. Reducing Recidivism & Re-entry Conference
 160. – 207. *All (48) AKTC Training Technical Assistance Events
- *see Attachment (G)



Attachment F – FY 21 AKTC Participant Agencies

FY21 Unduplicated Participant Agencies - 568

1by Grace TEFRA Services, LLC	Alaska Center for the Blind and Visually Impaired
1st Choice Care Coordination	Alaska Child & Family (Formerly ACS)
99 Plus 1, Inc	Alaska Commission for Behavioral Health Certification
A - Z Speech Therapy	Alaska Community Care
A Perfect Fit AK	Alaska Community Integrity
A Yunek Touch	Alaska Community Training Center
Aaron Assisted Living LLC	Alaska Correctional Ministries
AARP Alaska	Alaska Family Services (AFS)
Abacus Care Coordination	Alaska Housing Finance Corporation (AHFC)
Ability Occupational Therapy Services	Alaska Humanities Forum
Above the Horizon LLC	Alaska Independent Care Coordination
Abra ALH	Alaska Laborers' Local 341
Abused Women's Aid in Crisis, Inc. (AWAIC)	Alaska Legal Services Corporation
Access Alaska, Inc.	Alaska Literacy Program
ADRC North	Alaska Marriage & Family Therapy Associates
Advent Care Coordination	Alaska Mental Health Board
Advocate for Victims of Violence, Inc	Alaska Military Youth Academy (AMYA)
Advocates for Victims of Violence (AVV)	Alaska Native Justice Center
Aeon Counseling	Alaska Native Medical Center
AEYC-SEA	Alaska Native Tribal Health Consortium (ANTHC)
Agape Care Coordination	Alaska Native Women's Resource Center
Agnew	Alaska Network on Domestic Violence and Sexual Assault
Aiding Women In Abuse and Rape Emergencies (AWARE)	Alaska Nurses Association
AK Care Coordination Services LLC.	Alaska Pacific University (APU)
AK DEED	Alaska Police and Fire Chaplains
AK Nurtured Living, LLC	Alaska Premier Assisted Living
AK Waiver & Tefra Planning	Alaska Primary Care Association
Akeela, Inc.	Alaska Psychiatric Institute
Akiak Native Community	Alaska Psychiatric Institute (API)
Alaska Association on Developmental Disabilities (AADD)	Alaska Public Defender Agency
Alaska Behavioral Health	Alaska Regional Hospital
Alaska Behavioral Health Association	Alaska Revival Center
Alaska Benefits Consulting	Alaska Rock Gym
Alaska Center for Children and Adults (ACCA)	



Alaska Spine and Pain
 Alaska State Hospital and Nursing Home Association
 Alaska State Library
 Alaska Veteran Affairs Healthcare System
 Alaska Vocational Outreach Services
 Alaska Youth and Family Network (AYFN)
 Aleutian Pribilof Islands Association
 Align Services
 Alkermes
 All About You Care Coordination LLC
 Alpine Chiropractic Center
 Al-Star Care Coordination
 Alzheimer's Resource of Alaska
 American Probation & Parole Association
 American Red Cross of Alaska
 AmeriCorps
 Amplify Life
 Anchor House Assisted Living Home
 Anchorage Care Coordination, LLC
 Anchorage Christian Counseling Center
 Anchorage Community Mental Health Services (ACMHS)
 Anchorage District Attorney's Office
 Anchorage Fire Department (AFD)
 Anchorage Fracture and Orthopedic Clinic
 Anchorage Health Department
 Anchorage Neighborhood Health Center (ANHC)
 Anchorage Pioneer Home
 Anchorage Police Department (APD)
 Anchorage Probation & Parole
 Anchorage Public Library
 Anchorage Reentry Coalition
 Anchorage School District (ASD)
 Anchorage Treatment Solutions
 Anchorage Wellness Court
 Anchored Abode Assisted Living Home, LLC.
 AppCare
 Archdiocese of Anchorage

Arctic Care Services, LLC
 Arctic Circle Counseling & Consulting
 Arctic Fox Services
 Arctic Slope Native Association
 Articulate Speech & Language Therapy, LLC
 Aspen Creek Senior Living
 Assets, Inc.
 Assistive Technology of Alaska (ATLA)
 Association of Village Council Presidents (AVCP)
 Aurora Advocacy LLC
 Aurora Assisted living Home
 Aurora Behavior Services
 Aurora Benefits Consulting
 Aurora Specialized Services, Inc.
 Bartlett Regional Hospital
 Bean's Cafe
 Because you matter, My wish for you foundation, LLC
 Benedict Assisted Living Home
 Bering Sea Women's Group
 Big Lake Country Club Assisted Living Homes
 Birchtree Residential Care LLC
 Birchwood Assisted Living Home, LLC
 Blooming hearts
 Borealis Behavioral Health, LLC
 Boulder Care
 Bourne's Care Coordination LLC
 Boys & Girls Club of Fairbanks
 Bridges of Wyoming
 BrightStar Care of Anchorage
 Bristol Bay Area Health Corporation (BBAHC)
 Bristol Bay Native Corporation (BBNC)
 Brother Francis Shelter Kodiak, Inc.
 Camai Community Health Center
 CampFire Alaska
 Care Coordination Resource of Alaska



Catholic Community Services/Southeast Senior Services
 Catholic Social Services
 CCS Early Learning
 Center for Community
 Center for Psychosocial Development (CPD)
 Central Council Tlingit & Haida Indian Tribes of Alaska (CCTHITA)
 Central Peninsula Hospital
 Champney Consulting
 Chantal Cohen Therapy, LLC
 Charis Place Assisted Living
 CharLena Angel Assisted Living Home
 Cheryl Junge LLC
 Chickaloon Village Traditional Council
 Child and Family Services
 Child Welfare Academy
 Choice Care LLC
 CHOICES, Inc.
 Chris Kyle Patriots Hospital
 Christian Health Associates
 Christine Inc.
 Chugachmiut
 Cincinnati Children's Hospital Medical Center - UCCEDD
 Cindy and Vic's R&R, Inc
 City of Dillingham
 City of Kenai
 City of Ketchikan
 City of Kodiak
 City of Nome
 City of Valdez
 City of Wasilla
 Clouds Rest Commons Inc
 Coastal Wellness and Counseling, LLC
 Comagine Health
 Comfort Keepers Home Care
 Comfort of Home Care Coordination
 Community Connections

Compass Homecare a division of Center for Community
 Connect Mat-Su
 Connecting Ties, Inc.
 Consumer Direct Care Network AK
 Cook Inlet Council on Alcohol and Drug Abuse
 Cook Inlet Housing Authority
 Cook Inlet Native Head Start
 Cook Inlet Tribal Council (CITC)
 Coordination Centre Fairbanks
 Copper River Native Association
 Cordova Community Medical Center (CCMC)
 Cottonwood Creek Elementary
 Covenant House Alaska
 Creative Care
 Creative Therapies LLC
 Creighton University
 Crossroads Counseling & Training Services
 Davila Corporation
 Daybreak, Incorporated
 Denai'na Wellness Center
 Denali Center
 Denali Family Services
 Disability Law Center of Alaska
 Division of Behavioral Health
 Division of Vocational Rehabilitation Debarr
 Drelani's Home
 Eagle Crest ALH LLC
 Eagle River Christian School
 Eastern Aleutian Tribes
 Easterseals Alaska
 Eielson A.F.Base Family Advocacy Program
 Emilio Care coordination
 Esperance ALH,LLC
 E-Therapist
 Fairbanks Adult Probation and Parole
 Fairbanks Climate Action Coalition
 Fairbanks District Attorney's Office



Fairbanks Family Wellness
 Fairbanks Memorial Hospital
 Fairbanks Native Association
 Fairbanks Native Association - Women &
 Childrens Center for Inner healing
 Fairbanks Rescue Mission
 Fairbanks Resource Agency
 Fairbanks Therapeutic Court
 Families Matter
 Family Centered Services of Alaska, Inc
 (FCSA)
 Family Centered Support Services
 Family Promise Matsu
 Fitchett's Assisted Living Home
 Focus Outreach Inc.
 Forget Me Not Care Home
 Foundation Health Partners
 Frontier Assisted Living Center
 Frontier Community Services
 Frontier Home Health Care
 Gastineau Human Services, Inc (GHS)
 Gateway Center For Human Servcies
 Genacta In-Home Care
 Genesis Recovery Services
 Gentle Hands Care
 GEO Group-Cordova Center
 Geocare
 George R. Kirchner LLC
 Glacier Assisted Living Home
 Global Connections to Employment
 Golden Hearts, Inc.
 Good Samaritan Assitant Living
 Goodwill Industries of Alaska
 Governors Council on Disabilities and
 Special Education (GCDSE)
 Grace Home Assisted Living
 Hab Academy LLC
 Happy Valley Assisted Living
 Head To Toe Holistic Healthcare
 Healing Connections Counseling, LLC

Healing Hand Foundation
 Healing Native Hearts Coalition
 Hearts and Hands of Care Inc
 Helpful Hands ALH LLC
 Helping Hand Care Coordination LLC
 Helping Ourselves Prevent Emergencies
 (HOPE)
 Homer Senior Citizens, Inc.
 Hoonah Department of Public Safety
 HOPE Community Resources, Inc.
 Hope Counseling and Consulting, LLC
 Horizon Care Coordination
 Hospice of Anchorage
 House of Transformations
 Housing First
 ICARE ASSISTED LIVING HOME
 Ilisagvik College
 In His Image LLC
 Inclusion Care Coordination, LLC
 Independent Care Coordination
 Independent Living Center, Inc.
 Infinite Options Care Coordination Services
 Institute on Human Development and
 Disability
 Interior AIDS Association
 Interior Alaska Center for Non-Violent Living
 (IACNVL)
 Interior Community Health Center
 Internation Association of Forensic Nurses
 (IAFN)
 Ionia
 Ironworkers Local 751
 Island Care Services
 J - Care Coordination LLC.
 JAMHI Health and Wellness
 JFK Partners, University of Colorado
 Anschutz Medical Campus
 Julie Davies LPC Inc
 Juneau Pioneers' Home
 Juneau Reentry Coalition



Juneau School District (JSD)
 Juneau Wellness Court
 Juneau Youth Services
 Karibu Home
 Kathy's Corner Assisted Living Home
 Kawerak, Inc.
 Kenai Peninsula Borough School District
 (KPBSD)
 Kenai Peninsula College
 Kenai Peninsula Community Care Center
 Kenai Peninsula Mental Health
 Kenai Peninsula Reentry Coalition
 Kenaitze Indian Tribe
 Kenaitze Indian Tribe Dena'ina Wellness
 Center
 Ketchikan Gateway Borough School District
 (KGBSD)
 Ketchikan Indian Community
 Ketchikan Wellness Coalition
 Keyser Care Coordination
 Kids' Corps Inc Head Start
 Kinship Counseling & Consulting
 Klamath Basin Behavioral Health
 KMB Consulting
 Knik Tribe
 Kodiak Area Native Association (KANA)
 Kodiak Care Management
 Kodiak Community Health Center
 Kodiak Island Borough School District
 Kodiak Island Housing Authority
 Kodiak Women's Resource & Crisis Center
 (KWRCC)
 Lakeside Assisted Living LLC
 Laughtership LLC
 Laura Norton-Cruz Consulting
 Law office of Jenn Messick
 LEND Center for Human Development
 Liberty Administrative Services
 Life Enrichment Services
 Life Journey LLC

lifetothefullestllc
 LifeWorks-Hearts and Hands Adult Day
 Liliyanns Home Care
 Linda's Place ALH
 LINKS
 Living Stone Home Care
 Love INC of the Tanana Valley
 Love INC. of the Kenai Peninsula
 Lower Kuskokwim School District (LKSD)
 Magellan Health Services
 Making a Difference Care Coordination
 Making A Difference Support Services
 Maniilaq Association
 Maniilaq Health Center
 Maple Springs Senior Living Community
 Maplewood campus
 Matanuska-Susitna Borough School District
 (MSBSD)
 Mat-Su Health Foundation
 Mat-Su Health Services Inc (MSHS)
 Mat-Su Regional Medical Center
 Mat-Su Services for Children & Adults
 (MSSCA)
 Mat-Su Triangle Club
 Mat-Su Youth Facility
 Maxim Healthcare Services
 McKinley Services
 McLaughlin Youth Center
 MillarRich, LLC.
 Morning Star Ranch
 Mountain Minds Matter
 Mountainside Wellness, LLC
 Municipality of Anchorage (MOA)
 My Home LLC
 Nadon Family Home
 Nana's House Assisted Living Home
 National Alliance on Mental Illness (NAMI)
 National Crisis Response Canines
 Native Village of Eyak
 Nauska Counseling



NeighborWorks Alaska
 Nettie's Care Coordination
 New England Communication Therapies
 Nine Star Education and Employment
 Services
 Ninilchik Point of Care Coordination
 Ninilchik Traditional Council
 No Limits Inc.
 Nome Community Center
 Nome Reentry Coalition
 North Slope Borough
 North Slope Borough Integrated Behavioral
 Health
 North Slope Borough School District
 (NSBSD)
 North Star Behavioral Health
 North Star Council on Aging, Inc/ Fairbanks
 Senior Center
 NORTHERN HOPE CENTER
 Northern Marianas College - UCEDD
 Norton Sound Health Corporation
 Nunamiut School
 Nustart Assisted Living
 Office of Children's Services
 Office of Public Advocacy
 Office of Public Advocacy- Adult and
 Juvenile Representation Section
 Office of the Long Term Care Ombudsman
 One Source Home Care Services LLC
 Open Sky Community Services
 Optum Health - Alaska
 Orchard Assisted Living
 Otter House, LLC
 Outer Coast
 Palmer Coordinated Resources Project
 Palmer Senior Citizens Center, Inc.
 Partners For Progress
 Partners Re-Entry Center - Anchorage
 Pathfinder Care Coordination
 Paws for Purple Hearts

PCR Alaska
 Peacehealth Ketchikan Medical Center
 Peninsula Community Health Services of
 Alaska (PCHS)
 Person Centered Care Coordination
 Petersburg Medical Center
 Planned Parenthood of the Great
 Northwest and Hawaiian Islands
 Playful Journeys, Inc
 Polaris House
 Premier Independent Care Coordination
 Presbyterian Hospitality House (PHH)
 Prestige Care of Anchorage
 Program for Infants and Children (PIC)
 Providence Adolescent Residential
 Treatment Program
 Providence Alaska Medical Center (PAMC)
 Providence Breakthrough
 Providence Cancer Center PAMC
 Providence Crisis Recovery Center
 Providence Family Medicine Center
 providence forest view
 Providence Health and Services Alaska
 (PHSA)
 Providence Horizon House
 Providence Kodiak Island Counseling Center
 (PKICC)
 Providence Medical Group Behavioral
 Health
 Providence Transitional Care Center
 Providence Valdez Behavioral Health
 Providence Valdez Counseling Center
 Ptarmigan Connections
 Public Defender Agency
 Public Safety Canada
 Quintessence Planning and Care
 Coordination
 Raindrop Services LLC
 Rainforest Recovery
 Rainwood Counseling LLC



REACH Inc.
 REACH Infant Learning Program
 Recover Alaska
 Reder
 Refrigeration and Food Equipment
 Renee Puma
 ResCare HomeCare Alaska
 Residential Youth Care Inc.
 Restore Incorporated Reentry Center
 Riverquest Group Home
 Riverside Assisted Living
 Rock Solid Care Coordination
 Rose International, Inc
 RuRAL CAP Rural Alaska Community Action
 Program, Inc.
 SAIL inc
 Samuel Simmonds Memorial Hospital
 SEARHC Southeast Alaska Regional Health
 Consortium
 SeaView Community Services
 Secret Garden Alaska
 SEFR Enterprises
 Set Free Alaska
 Seven B Sisters Care Coordination
 Shine Bright Care, LLC
 Sitka Counseling and Prevention Services
 Sitka Tribe of Alaska, Social Services
 Department
 Sitkans Against Family Violence
 Situs Ergonomics LLC
 South Central Alaska Area Health Education
 Center (AHEC)
 South Central Foundation- Dena A. Coy
 South Peninsula Behavioral Health Services
 (SPBHS)
 South Peninsula Hospital
 Southcentral Foundation
 Southeast Alaska Independent Living
 Southeast Regional Resource Center
 (SERRC)

Special Education Service Agency (SESA)
 Special Olympics Alaska
 Special Olympics Connecticut
 Special Olympics Inc
 Special Olympics Wisconsin
 Sprout Family Services
 Standing Together Against Rape (STAR)
 State of Alaska
 State of Alaska - Alaska Court System
 State of Alaska - Department of Corrections
 (DOC)
 State of Alaska - Department of Corrections
 ACCW
 State of Alaska - Department of Corrections
 Adult Probation/Parole
 State of Alaska - Department of Corrections
 GCCC
 State of Alaska - Department of Education &
 Early Development (DEED)
 State of Alaska - Department of Health and
 Social Services (DHSS)
 State of Alaska - Department of Labor &
 Workforce Development (DOLWD)
 State of Alaska - Department of Law
 State of Alaska - Department of Public
 Safety (DPS)
 State of Alaska - Dept. of Military &
 Veterans Affairs
 State of Alaska - Dept. of Transportation
 and Public Facilities
 State of Alaska - Division of Juvenile Justice
 State of Alaska - DOA Office of Public
 Advocacy
 State of Alaska - Long Term Care
 Ombudsman
 State Wide Independent Living Council of
 Alaska
 Sterling Silver Assisted Living
 Steven A. Cohen Clinic
 Stone Soup Group



Strengthening Families LLC
 Strong Care Castle
 Strong Solutions
 Summit Care Coordination
 Sunrise Community Living
 Sunshine Community Health Center
 Sunview Care ALH
 Supernova Advocates LLC
 Supreme Home LLC
 Tanana Chiefs Conference (TCC)
 Teladoc
 The Agency For Care Coordination
 The Alaska Mental Health Trust Authority
 The Alaska Training Cooperative (AKTC)
 The Aleut Community of St. Paul Island
 The All Alaska Pediatric Partnership
 The Arc of Anchorage
 The Bridge
 The GEO Group Inc.
 The Glory Hall
 The Home Depot
 The Knights of Ni, LLC
 The LeeShore Center
 The Manor LLC
 The Salvation Army
 Thread
 TIDES LLC
 Tlingit & Haida Head Start
 Tranquility Manor LLC
 Trinion Quality Care Services
 Trinity Family Counseling
 True North Assisted Living
 True North Psychological Services
 True North Recovery, Inc.
 Truuli Group
 Tundra Women's Coalition
 Turnagain Assisted Living LLC
 Turnagain Social Club Adult Day Services
 Turning Stones Care Coordination, LLC
 United Community Services, Inc.

United States Air Force
 United States Army
 United States Courts
 United States Department of Defense
 United States Department of Veterans
 Affairs
 United States Probation Office
 United States Public Health Service
 United Way of Mat-Su
 University of Alaska Anchorage (UAA)
 University of Alaska Anchorage Police
 Department
 University of Alaska Center for Human
 Development (CHD)
 University of Alaska Child Welfare Academy
 University of Alaska Fairbanks (UAF)
 University of Alaska Southeast (UAS)
 University of Utah
 UTOPIA LLC
 VA - Alaska Veteran Affairs Healthcare
 System
 Valley Care Coordination
 Valley CASA
 Valley Charities DBA Turn-A-Leaf Thrift Store
 Vertical Harvest
 Village Public Safety Officers
 Volunteers of America Alaska (VOA)
 Wasilla Area Seniors, Inc.
 Wasilla Police Department
 Wayne State University
 WE CARE LLC
 Wil la Mootk Counseling Center
 Wildflower Court
 Wildwood Correctional Center
 Wisdom Traditions Center
 Wolverine Academy
 Women in Safe Homes (WISH)
 Working Against Violence for Everyone
 (WAVE)
 Wyoming Institute for Disabilities



Yakutat Community Health Center
Yakutat Tlingit Tribe
Youth Advocates of Sitka, Inc.
Yukon Koyukuk Elder Assisted Living Facility
Yukon Kuskokwim Health Corporation
(YKHC)
Yuut Elitnaurviat



Attachment G – FY 21 AKTC Training List

FY21 AKTC Trainings - 135

2021 Full Lives Conference for Direct Service Professionals & Care Coordinators. Resilience Through Change	1
2021 Reducing Recidivism and Reentry Conference	1
Alaska Native Cultural and Relationship-Building Training	1
Alaska Native Cultural Health and Wellness Strategies	2
Anxiety: What is it? Why we need it? What can we do about it?	1
Compassion Fatigue for Alaskan Nurses: A COVID-19 Resilience Recovery Series	9
Conflict Resolution Skills BASIC Workshop Virtual Pilot	1
Dementia Care Provision: Reducing Risk By Changing Care Strategies	1
Does My Client Need Medicine?	1
Interdisciplinary Ethical Discussions	1
Introduction to Motivational Interviewing	2
Introduction to SBIRT- Screening, Brief Intervention and Referral to Treatment	2
Introduction to SBIRT- Screening, Brief Intervention and Referral to Treatment for Rural Behavioral Health Providers	1
Models of Couple Therapy and Applications: Keep Your Eye on the Prize	1
Pediatric Care Coordination	2
PRE-RECORDED: Indigenous Connectedness as a Framework for Relational Healing	1
PRE-RECORDED: Does My Client Need Medicine?	1
Release Your Resilient Spirit-Resilience Building During COVID-19 and Beyond	1
Sex Offenders and Victims: Current Trends	1
Trauma-Informed Care for the Frontlines	4
Fall Prevention Training for Direct Service Providers	1
Acquired and Traumatic Brain Injury Case Management (ATBI)	1
Alaska Core Competencies	24
Anger Reduction and Stress Management	1
Assistance with Self Administration of Medication (ASAM)	1
Basic Concepts of Care Coordination	11
CPI - Non-Violent Crisis Intervention (NCI)	4
Ethics and Boundaries	1
Frontline Leadership Institute	3
Mental Health First Aid for Public Safety	12
Introduction to Disabilities	1
Mental Health Basics	1
Mental Health First Aid	3
Positive Approach to Care Skills Workshop	6
Prevention of Abuse and Neglect of Vulnerable Adults	1
	1



Psychiatric Advance Directives	1
Question Persuade and Refer Suicide Prevention (QPR)	5
Self-Care and Stress Management	1
Traditional Health Based Practices (THBP)	6
Youth Mental Health First Aid (YMHFA)	16



Attachment H – FY 21 AKTC Technical Assistance Trainings

FY21 AKTC Technical Assistance Trainings - 48

2020 Statewide Sexual Assault Response Team (SART) Training	1
6th Annual Disability & Aging Summit	1
Advanced Training in Reflective Supervision/Consultation	1
Advanced Training Working with Survivors at the Intersection: Domestic Violence, Sexual Assault, and Substance Use	1
Alaska ABLE Plan	2
Alaska's Working Disabled Medicaid Buy-In	1
Alternatives to Restraints for Residents with Dementia	1
Asking the Hard Questions: A Direct Support Professional Panel Discussion	1
Assisted Living Housing Licensing Orientation - Application	1
Assisted Living Housing Licensing Orientation - Regulations	1
CALOCUS-CASII and ECSII Online Training	1
Creating Supportive Relationships: A Co-Learning Opportunity	1
Cultural and Linguistic Competency in Developmental Disability Services	1
Delivering IECMH Services in Partnership with Caregivers in Recovery	1
Delivering IECMH Services in Partnership with Office of Child Services (OCS) and Other Systems	1
DOC - Sexual Recidivism Risk Assessment Training: Static-99R and Static-2002R	1
Friendships and Dating Program Facilitator Training	4
Managing Problem Behavior	1
National Certificate in Employment Services (NCES)	3
Overview of the Individual Placement Support Employment Model for Individuals with Psychiatric Disabilities	1
PORTL Shaping Lab	1
Reflective Supervision/Consultation: Introduction & Foundations for Practice	3
STABLE-2007	2
Stroke Awareness	1
Supporting Relationships and Sexuality for People with Intellectual and Developmental Disabilities	1
Working with Individuals with Autism and Other Developmental Disabilities and Families from a Cultural Perspective	1
You CAN do it! Creating Accessible Digital Materials	2
Alaska Core Competencies - Trinion	1
Alaska Core Competencies - AHEC	1
Alaska's New Peer Support Professional Certification Program	2
Collaborative Assessment and Management of Suicidality (CAMS Framework)	1
Customized Employment	2
Friendships and Dating Program Facilitator Training	1



Friendships and Dating Program: Virtual Pilot for Existing Facilitators
Self Employment

1
2



THE ALASKA TRAINING COOPERATIVE

Attachment I – FY 21 AKTC Training Participant Communities

FY21 Unduplicated Participant Communities – 171

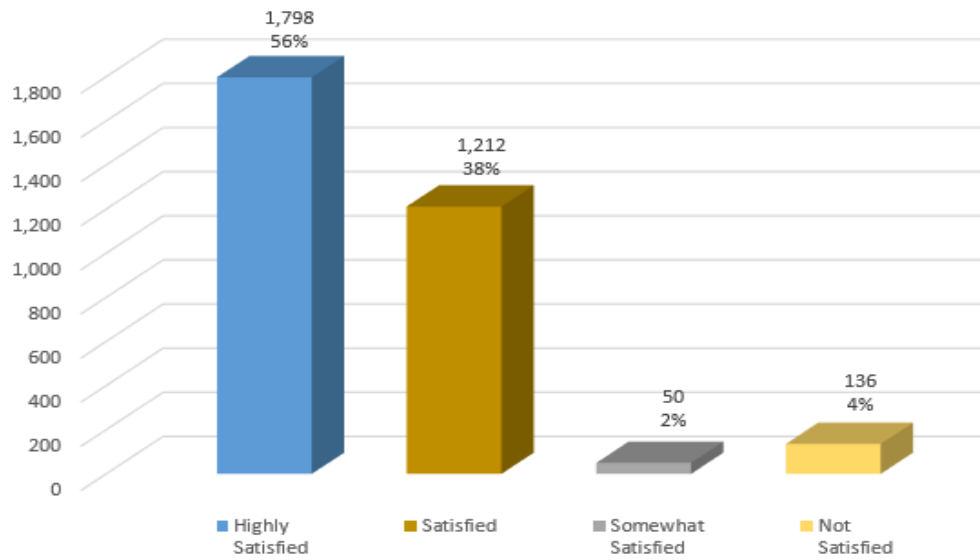
Anaktuvuk Pass	Delta Junction	Huntington Beach, CA
Anchor Point	Denver, CO	Indian
Anchorage	Detroit, MI	Issaquah, WA
Aniak	Dillingham	Jackson, MS
Appleton	Douglas, WY	JBER
Arctic Village	Douglasville, GA	Junction City, KS
Arizona City, AZ	Eagle River	Juneau
Ashland, OR	Eielson Afb	Kasilof
Athens, GA	Elim	Kenai
Auke Bay	Elkins, WV	Ketchikan
Aurora, IL	Ester	King Cove
Austin, TX	Eugene, OR	King Salmon
Bald Head Island, NC	Fairbanks	Kirkland, WA
Beaverton, OR	Federal Heights, CO	Kodiak
Bellevue, WA	Fort Wainwright	Kotzebue
Bellingham, WA	Fritz Creek	Kwethluk
Bend, OR	Galena	La Mesa, CA
Bethel	Gambell	Lacey, WA
Big Lake	Gillette, WY	Lake Ozark, MO
Brevig Mission	Girdwood	Lakebay, WA
Camp Hill, PA	Glendale, CA	Laramie, WY
Cantwell	Glennallen	Larsen Bay
Carlisle, PA	Golovin	Las Vegas, NV
Casper, WY	Graham, NC	Lewes, DE
Chandler, AZ	Grand Forks, ND	Lexington, KY
Chenega Bay	Gustavus	Lihue, HI
Chesapeake, VA	Haines	Lolo, MT
Chesterfield, MO	Hatboro, PA	Mesa, AZ
Cheyenne, WY	Haverhill, MA	Missoula, MT
Chickaloon	Hempstead, NY	Mount Prospect, IL
Chugiak	Hillsborough, FL	Mount Vernon, WA
Cincinnati, OH	Hoffman Estates, IL	Mt. Pleasant, SC
Copper Center	Holy Cross	Mountain Village
Cordova	Homer	Naknek
Craig	Hoonah	Napaskiak
Danville, CA	Houston	Nashville, TN



THE ALASKA TRAINING COOPERATIVE

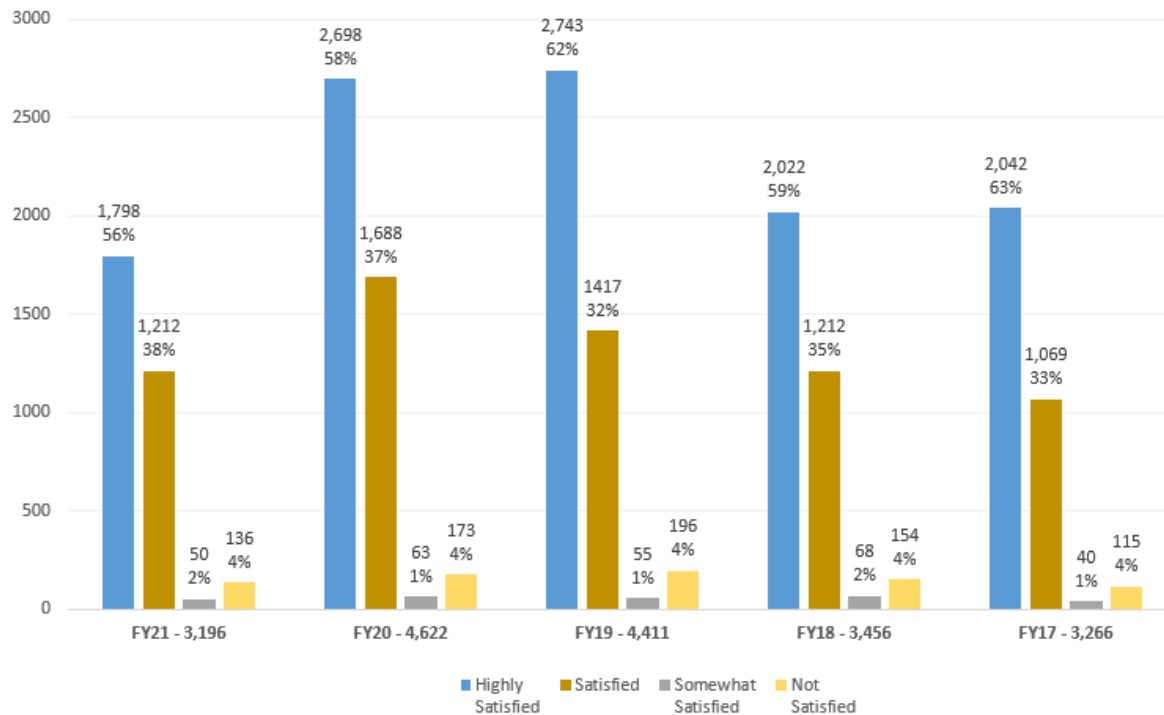
Naukati Bay	Southfield, MI
New Haven, CT	St. Michael
Nikiski	St. Paul Island
Ninilchik	Stebbins
Nome	Sterling
Norman, OK	Sun Prairie, WI
North Pole	Sutton
Olalla, WA	Tacoma, WA
Otsego, MN	Talkeetna
Ottawa, Canada	Teller
Palmer	Thorne Bay
Peoria, AZ	Tok
Petersburg	Toksook Bay
Phoenixville, PA	Tuntutuliak
Port Graham	Unalakleet
Princeton, NJ	University Place, WA
Provo, UT	Utqiagvik
Reno, NV	Valdez
Riverton, WY	Verona, WI
Saint Marys	Wales
Saipan, Northern Mariana Islands	Ward Cove
Salt Lake City, UT	Wasilla
Sand Point	Westminster, CA
Sandgap, KY	White Mountain
Sandusky, OH	Willow
Sandy, UT	Worcester, MA
Santa Monica, CA	Wrangell
Savoonga	Yakima, WA
Seattle, WA	Yakutat
Seward	
Shaktoolik	
Shoreline, WA	
Sitka	
Soldotna	

AKTC Training Satisfaction Data FY21 (3,196)



	Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
FY21	1,798	1,212	50	136
FY20	2,698	1,688	63	173
FY19	2,743	1,417	55	196
FY18	2,022	1,212	68	154
FY17	2,042	1,069	40	115

AKTC Training Satisfaction Data (FY17 - FY21) Five Year Tracking



Attachment K - FY 21 Post/Pre Training Evaluation Data

AKTC Post/Pre training 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 (33) AKTC training content areas that are associated with knowledge level indicators, there was a statistically significant increase in all (163) self-assessed knowledge levels during FY21.

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 (2.15 before training to 3.42 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 4.32, indicating strong motivation, based on participant self-assessment, to use what was learned in training when providing services to Trust beneficiaries or others.

- i. 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 3,000 statements were collected in FY21.

Attachment L – FY 21 AKTC Crisis Now/System of Care

PM# 1: 1115 Waiver Implementation and Systems of Care:

1a. Assist with training needs and addressing workforce-training gaps that support Trust Initiatives such as the Crisis Now/System of Care

The AK Training Cooperative was actively involved during FY 21 in addressing workforce training needs and gaps involving the Crisis Now/System of Care initiative:

1. In October, 2020, the UAA College of Health leadership through the Dean's office, convened an internal UA workgroup to focus on collaborative work on Peer Support and Crisis Now workforce training and academic courses. Heidi Brocious, Professor, UAA School of Social Work and Lisa Cauble, Director, AK Training Coordinator at UAA Center for Human Development were assigned in November, 2020, as the Co-Chairs of the Internal UA/UAA College of Health Peer Support Specialist and Crisis Now Workgroup.

The purpose of the internal workgroup was defined as:

“The purpose of this workgroup is to develop academic and training components that meet credentialing requirements for peer support certifications. The group will develop a training guide outlining opportunities within the University of Alaska system. The workgroup will ensure that training and educational programming prepares current and future peer support professionals within the behavioral health system with the knowledge and skills required to provide services within Alaska's peer support system including Crisis Now.” Dec. 11, 2020

Members of this workgroup include representatives from the UAA College of Health Dean's Office, School of Social Work (UAA, UAF and UAS campuses); Center for Human Development - AK Training Cooperative (UAA); Rural Human Services (UAF); Department of Human Services (UAA); Department of Psychology (UAA); Kenai Peninsula College, AK Center for Rural Health & Health Workforce/Area Health Education Center (UAA); School of Career Education (UAS) and Ionia (a peer support organization and community training resource).

The workgroup drafted and implemented a FY 21 \$33,308 grant proposal (Peer Support & Peer Centered Crisis Response Statewide Training Development) through the Trust for funding three training components: 1. Develop a Peer Support Specialist simulation training; 2. Make small customizations to the Center for Human Development Learning Management System for better organization/tracking of trainings that meet Peer Support Specialist I & II certification training and 3. Development of a comprehensive Peer Supervision training.

2. Internally, the AKTC's three Behavioral Health Training Coordinators (Jill Ramsey, Wendi Shackelford and Tom McRoberts) worked with AKTC Director (Lisa Cauble) to coordinate potential training responses to identified CN/Systems of Care training gaps and need areas. Outreach was conducted with AK Behavioral Health, Ionia, Bridges and the AK Commission for Behavioral Health Certification to help determine Peer Support Specialist certification training that overlapped with regularly offered AKTC trainings. With the LMS customization of a new Peer Support Interest area, this group made sure that these identified "overlapped" trainings were added under the new Interest Area.

Additionally, this group continued to attend all Trust led Behavioral Health Crisis Response/Crisis Now regional meetings (Fairbanks, Anchorage and Mat-Su) to be able to stay informed and to hear stakeholder workforce training concerns, need and gaps.

Project Title: Supported Employment Workforce	
Grantee: UAA-Center for Human Development	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Workforce Development/Training
Years Funded: FY21 to Present	
FY21 Grant Amount: \$100,000.00	
High Level Project Summary: FY21 High Level Project Summary: <p>The UAA Center for Human Development (CHD) oversees and manages the Supported Employment Workforce (SEW) project. SEW utilizes the best practices for equipping beneficiary provider service agencies with the skills and tools necessary to help their clients become ready for working in the community, gaining employment, and maintaining that employment. This funding supports CHD staff with the resources needed in providing the trainings for agency staff who oversee the job skills and employment process for the prospective beneficiary employees.</p> <p>This project falls into the Workforce Development and Training focus area and has been developed to support stakeholder agencies who want to provide the opportunity for their beneficiaries to gain employment. The best practices that are used include: Supported Employment, Customized Employment, Job Skills readiness, and Financial and Work Incentives Navigator training. The training process is provided in-person and via distance delivery.</p> <p>The FY21 Supported Employment grant funding enhances Goal 9 of the Comprehensive Integrated Health Plan. This funding allows for provider agencies to equip beneficiaries to gain meaningful employment and be competent in that pathway. It is recommended by Trust Program staff to fund this grant in FY24.</p>	

Project Title: Supported Employment Workforce (FY21)

Staff Project Analysis:

FY21 Staff Project Analysis: The Supported Employment Workforce (SEW) project is important as it supports Trust beneficiaries getting the skills and coaching support needed to gain employment that is a good fit for their personal skills and assets. The SEW utilizes evidenced-based tools and delivery in supporting this project. The National Certificate for Employment Services is the best practice system for supported employment. The UAA Center for Human Development (CHD) trained 152 and certified 113 participants in the model over nine different training sessions scheduled throughout the year. The staff trained in the model were in 13 different towns or village hubs. 99% of the participants responded that they were satisfied with the training and that their knowledge on the topic has increased.

The SEW courses were delivered via distance delivery, which the university is equipped to handle on a statewide basis. The Accessibility Series was held two times in FY21 with 77 participants completing the seminar. Through follow-up surveys, 160 Trust beneficiaries were served by the participants who completed the courses, certifications, and seminars. Trust program officers asked CHD staff to add an additional webinar on the Individual Placement Support model, which had 24 participants. CHD was responsive and met the performance measures for this grant. It is recommended this project be awarded grant funding in FY24.

Project Description: The UAA Center for Human Development (CHD) at the University of Alaska Anchorage will continue to expand workforce development and educational opportunities related to Trust Beneficiary Employment and Engagement strategies. A highly trained workforce is critical to ensure access to supported employment and related services as beneficiaries seek competitive integrated employment. CHD will respond to supported employment workforce needs identified in an FY20 needs assessment. CHD will also continue to implement a multi-level approach to benefits counseling to ensure service providers have the capacity and skills to assist Trust beneficiaries and their families to fully understand how earned income will affect their benefits as they work towards self-sufficiency. In addition, CHD collaborates and supports a statewide infrastructure that includes training, credentials and certification for Community Rehabilitation Providers (CRP's) to provide quality employment placement and retention services.

Grantee Response - FY21 Grant Report Executive Summary: This project provides the only trainings available in Alaska for service organizations to provide employment services to beneficiaries, which are required by the Division of Vocational Rehabilitation. Three types of trainings are offered.

- The National Certificate in Employment Services training (NCES; 45 hours) was first offered in Fall 2020 (9/13 - 11/16). Twenty-three participants enrolled, with 20 completing the training. The second offering of the NCES was in Spring 2021 (1/10 - 3/23). Eleven participated, with 8 completing the training. The third offering of the NCES was in late Spring 2021 (3/28 - 6/01). Twenty attended, with 13 completing the training. Forty of the 41 participants who completed the satisfaction survey agreed or strongly agreed that they were satisfied with the knowledge and skills gained from the training.

- The Customized Employment training (CE; 12 hours) was first offered in Fall 2020 (11/2 - 11/11). Four enrolled, with three completing all the assignments for DVR certification. The second training was offered in Spring 2021 (3/8 - 3/17). Six participants participated with one completing all the assignments for certification. Three of the four participants who completed the satisfaction survey agreed or strongly agreed that they were satisfied with the training and found it useful and relevant.
- The Self-Employment training (SE; 4 hours) was first offered in Fall 2020 (12/9 - 12/10). Nine enrolled, with four completing the assignments for certification. The second training was offered in Spring 2021 (5/12 - 5/13). Two enrolled with one completing the assignments for certification. All four participants (one did not list a response the first question) who completed the satisfaction survey agreed or strongly agreed that they were satisfied with the training, and all five participants found the trainings useful and relevant.
- The Accessibility Series (AS; 7.5 hours) seminar was offered in substitution of the Assistive Technology in the Workplace (ATWP) course due to the demand of the topic, in general, and was offered in Spring 2021 (5/11 - 6/8). Seventy-seven individuals participated in the seminar with 64 completing evaluation for the series. All sixty-four participants agreed or strongly agreed they were satisfied with the seminar.
- The Financial and Work Incentives Navigator training (FWIN) was offered as an asynchronous on-demand course. There were no participants in the course during FY21.

Overall, a total of 99 participants have engaged in the trainings provided during FY21. All the courses were distance delivered using Zoom. Participants were located in communities across the state: Anchorage, Eagle River, Mat-Su Valley, Fairbanks, Sitka, Juneau, Big Lake, Ketchikan, Haines, Homer, Ester, Soldotna, Talkeetna, Thorne Bay, and Utqiavik. Additionally, there were participants from other states: Tennessee, Pennsylvania, Massachusetts, Montana, Oregon, and Texas.

A follow-up survey was conducted to determine how many beneficiaries became employed, maintained employment, or participated in a work experience following the supported employment courses. Nine participants responded, and the response rate was 25%. The respondents indicated that they collectively served 130 beneficiaries within 90 days after the training. Assuming the respondents served the same number of beneficiaries every 90 days after the training, we can estimate by extrapolation that approximately 160 beneficiaries would have been served by them during FY21.

In addition, we offered a webinar on Individual Placement Support Individual Placement Support at the request of MHTA project officers which was not a performance measure. A total of individuals 24 participated from the following communities: 13 from Anchorage/Eagle River/Matsu; 2 Fairbanks; 1 Sitka; 1 Juneau; 1 Thorne Bay; 1 Ester; 1 Soldotna; 2 Homer; 1 Montana; 1 Pennsylvania) but did not get responses on survey questions. There were no responses to the satisfaction survey.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 54

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 53

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 53
Number of individual trained as reported for this project in FY21: 152
Performance Measure 1: Offer employment services training, as identified in the needs assessment, (if there are not at least 6 people who register the class will not be offered): <ol style="list-style-type: none"> 1. National Certificate in Employment Services – 3 times a year (fall, early spring and late spring) 2. Customized Employment – 2 times per year (fall and spring) 3. Self-Employment – 2 times per year (fall and spring) 4. Plan to Achieve Self Support – 2 times per year (fall and spring) 5. Work Incentives –online on demand course on Financial and Work Incentives 6. Assistive Technology in the Work Place - 1 time per year (this is a new course identified in the needs assessment and has to be developed; the schedule is TBD)
Grantee Response to Performance Measure 1: The National Certificate in Employment Services was offered 3 times; Customized employment was offered 2 times; Self Employment was offered 2 times; Assistive Technology was offered 1 time. In addition, a webinar on Individual Placement Support was offered once.
Performance Measure 2: # of individuals participating and # completing the NCES certificate (this is a competency-based training that requires participates to complete assignments in order to earn the certificate).
Grantee Response to Performance Measure 2: A total of 54 individuals participated in the NCES certificate course with 41 completing the certificate.
Performance Measure 3: # of individuals participating and # completing the customized employment training (this is a competency-based training that requires participates to complete assignments in order to earn the certificate).
Grantee Response to Performance Measure 3: A total of 10 individuals participated in the Customized Employment training with 4 completing the certificate.
Performance Measure 4: # of individuals participating in the self- employment training.
Grantee Response to Performance Measure 4: A total of 11 individuals participated in the Self Employment training with 5 completing the certificate.
Performance Measure 5: # of individuals participating and completing the financial and work incentives training (this is a competency-based training that requires participates to complete assignments in order to earn the certificate).
Grantee Response to Performance Measure 5: The Financial and Work incentive training is an online, on demand training. There were no individuals who participated in the training.
Performance Measure 6: # of individuals participating in the assistive technology in the work place training.
Grantee Response to Performance Measure 6: A total of 77 individuals participated in the Assistive Technology training, with 64 completing the certificate.
Performance Measure 7: # of participants, by community, who participate in training.

Grantee Response to Performance Measure 7:

A total of 136 participants from 13 Alaskan communities participated; and 11 individuals participated from 7 other states. A detailed chart is included as an attachment.

Performance Measure 8: participants will be satisfied with the training.**Grantee Response to Performance Measure 8:**

Out of the 41 participants who completed the NCES training, 41 responded to the course survey (response rate: 100%). The course survey asked their level of agreement with 6 statements about the course, followed by 3 open-ended questions. Out of the 4 participants who completed the CE training, 4 responded to the course survey (response rate: 100%). The course survey asked their satisfaction with the training, self-rated knowledge levels, and self-rated levels of preparation. Additionally, there were 2 open-ended questions at the end of the survey. Out of the 5 participants who completed the SE training, 5 responded to the course survey (response rate: 100%). The course survey asked their satisfaction with the training, self-rated knowledge levels, and self-rated levels of preparation. Additionally, there were 2 open-ended questions at the end of the survey. Sixty-four participants who submitted an evaluation for the Assistive Technology training agreed or strongly agreed they were satisfied with the seminar. Satisfaction data details and feedback are included as an attachment.

Performance Measure 9: # of beneficiaries who become employed, maintain employment, or participate in a work experience.**Grantee Response to Performance Measure 9:**

A follow-up survey was conducted to determine how many beneficiaries became employed, maintained employment, or participated in a work experience following the supported employment courses. The survey was distributed to 36 participants (31 from NCES, 4 from CE, and 1 from SE) 90 days after the training. Nine participants (7 from NCES and 2 from CE) responded, and the response rate was 25%.

The respondents indicated that they collectively served 130 beneficiaries within 90 days after the training. Of the 130 beneficiaries served, 90 were grouped as individuals with developmental disabilities, 32 were grouped as individuals with mental illness, and 7 were grouped as individuals with traumatic brain injury. Assuming the respondents served the same number of beneficiaries every 90 days after the training, we can estimate by extrapolation that approximately 160 beneficiaries would have been served by them during FY21. Participants of the NCES course were asked "How has the National Certificate in Employment Services course helped you provide services to your clients?"

Responses received were:

- I have used my what I learned in this course to be job Developer and have been successful with finding employment for many of my individuals.
- I was allowed the opportunity to talk about various cases I'm currently working with and was able to get input from others outside of the actual work.
- I have used the job development and job analysis consistently. Those two skills have helped me tremendously in my interactions and professional tasks with individuals who have developmental disabilities.
- I gained knowledge as well as refreshing the knowledge I already had.
- The NCES training opened up a whole new world of employment possibilities to me. Especially helpful were the wonderful presenters who shared their vast array of stories and challenges helping people with special needs out in the employment world. The people they spoke of working with, were just as varied and interesting as those I will be working with in SE Alaska.

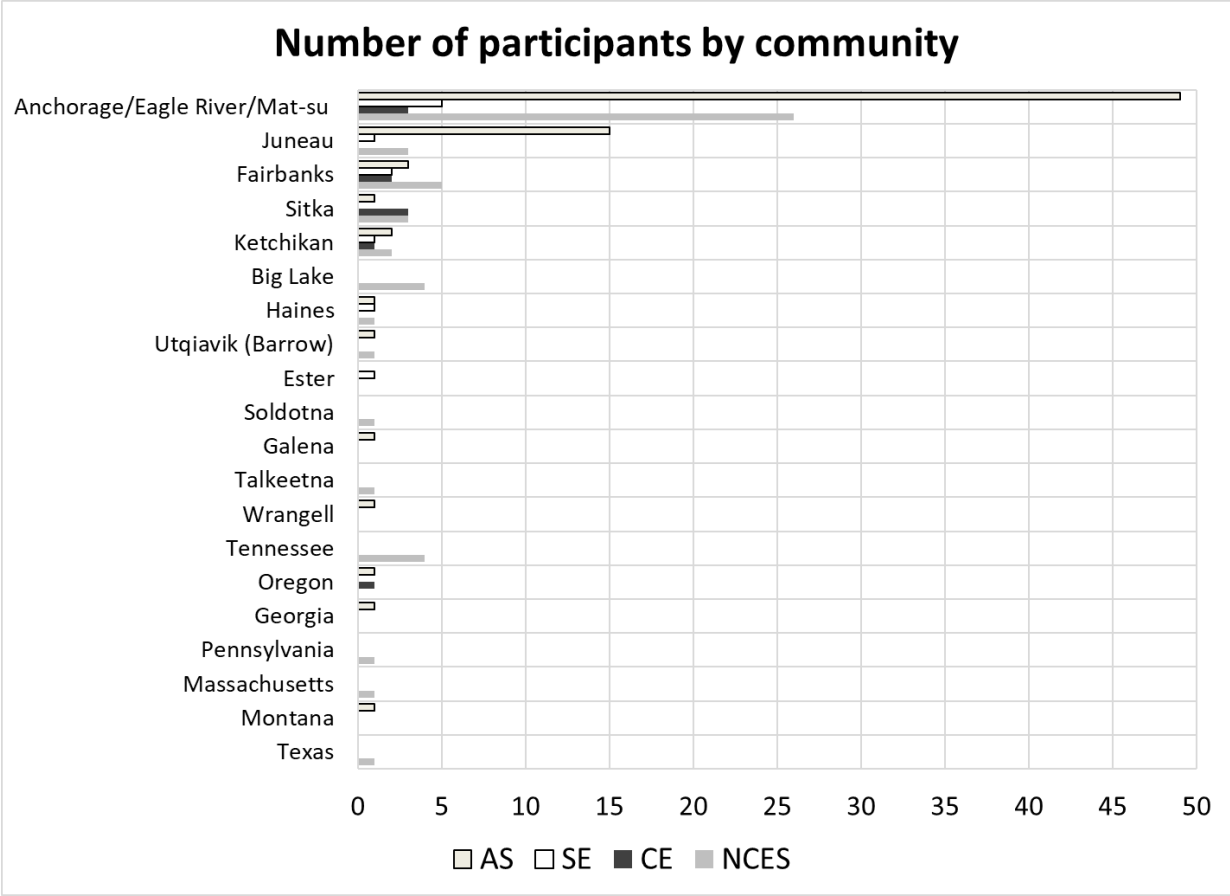
- I have been able to talk to employers effectively and better assists the individuals we serve.
- Reinforced the knowledge on how we can serve our customers in terms of employment issues, application and communication skills development.

Number of participants and completers

Course	Schedule	Number of participants	Number of participants who completed the course
NCES	9/13 - 11/16	23	20
NCES	1/10 - 3/23	11	8
NCES	3/28 - 6/01	20	13
CE	11/2 - 11/11	4	3
CE	3/8 - 3/17	6	1
SE	12/9 - 12/10	9	4
SE	5/12 - 5/13	2	1
AS	5/11 - 6/8	77	64
FWIN	On-demand	0	0
Total		152	113

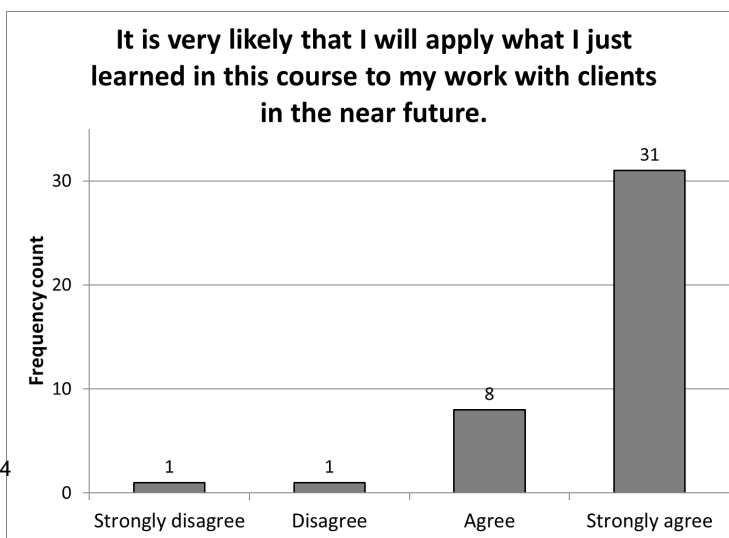
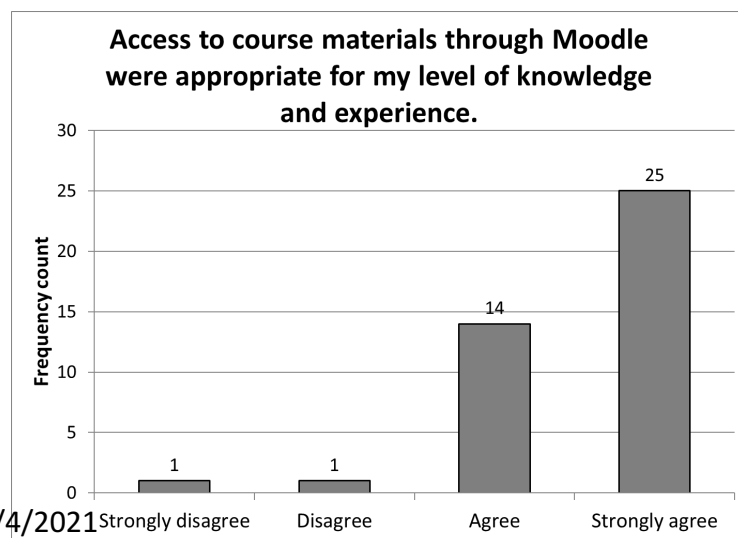
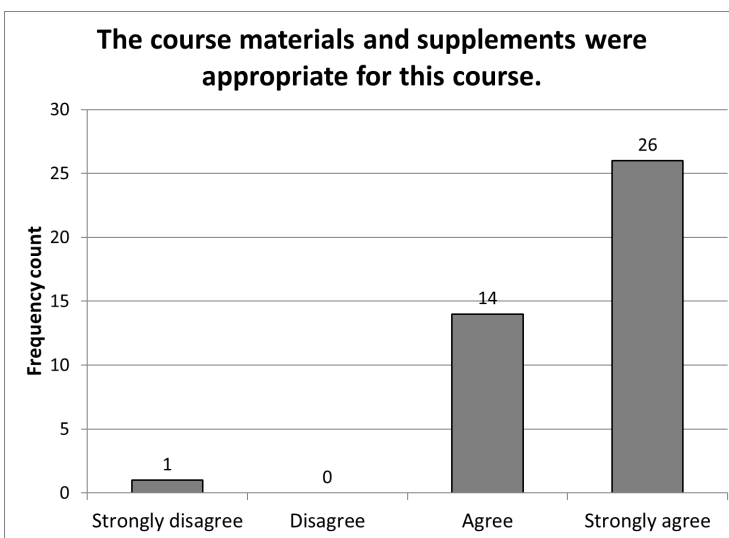
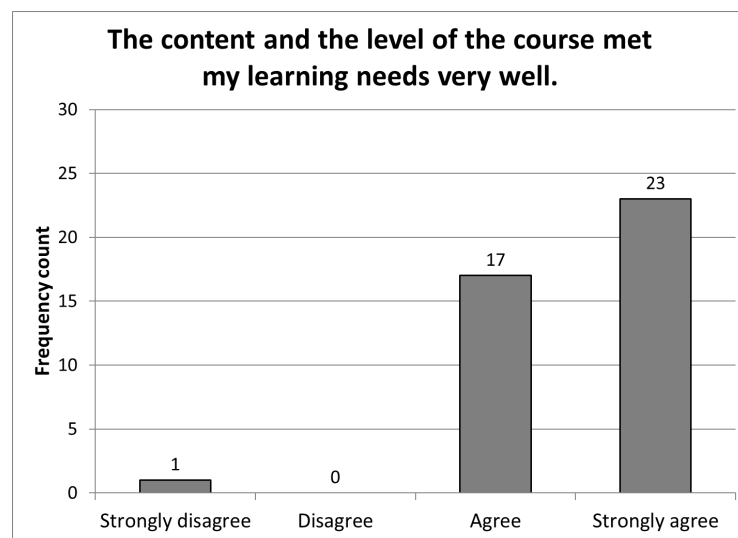
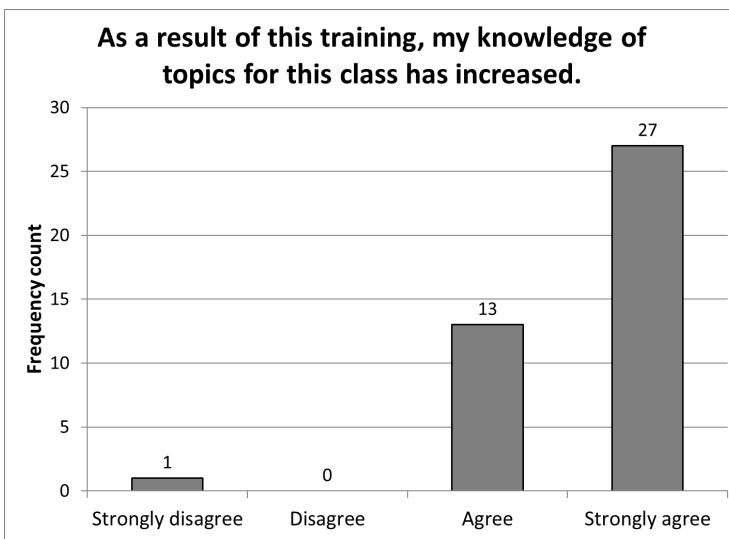
Participants by community

Community	Number of participants				
	NCES	CE	SE	AS	Total
Anchorage/Eagle River/Mat-Su	26	3	5	49	83
Fairbanks	3		1	15	19
Sitka	5	2	2	3	12
Juneau	3	3		1	7
Big Lake	2	1	1	2	6
Ketchikan	4				4
Haines	1		1	1	3
Ester	1			1	2
Soldotna			1		1
Galena	1				1
Talkeetna				1	1
Utgavik (Barrow)	1				1
Wrangell				1	1
Tennessee	4				4
Georgia		1		1	2
Pennsylvania				1	1
Massachusetts	1				1
Montana	1				1
Oregon				1	1
Texas	1				1



NCES course survey results

Out of the 41 participants who completed the NCES training, 41 responded to the course survey (response rate: 100%). The course survey asked their level of agreement with 6 statements about the course, followed by 3 open-ended questions.



Please share your favorite or most beneficial part of the class.

- I appreciated the open discussion format and felt that it afforded me room to understand scenarios in a "real life" point of view.
- Loved the perspectives from a variety of instructors, but especially appreciated sessions with Travis. These sessions and resulting conversations were stimulating, and encouraged new ways of approaching disabilities.
- I loved that I was able to get all the questions answered and that the teachers were and still are there for me to ask questions.
- Everything I learned in this class will be beneficial for future work with clients. It will be nice to have a better understanding on how to work with clients looking for a job because the basic applying for resumes.
- Overall the class widen my knowledge on how each individual who have intellectual and developmental disabilities become an active part in the community by focusing on their strength. I am glad I did this course. I can recommend it to those who wants to learn more about this class.
- I really enjoyed the class discussions and breakout groups.
- My fellow classmates and the dynamic way everybody came together to work.
- The most beneficial part of the class for me is the job analysis. It was so helpful in identifying and determining in detail the job duties and responsibilities; requirements and the importance of these duties to a given job. It helps the company to determine which employee is best for a specific job. Being a supervisor, it would benefit me a lot in determining also why an employee is unable to succeed while other perform beyond expectations.
- I appreciated the group interactions, this provided valuable insight.
- I enjoyed this class, but was especially impressed, continually, by the expertise of the presenters, and the depth and breadth of their knowledge level regarding supported employment! They were engaging to listen to, and the information they shared seemed important, pertinent, and helpful to the work that we will all be doing.
- I think the breakout groups were helpful.
- I thoroughly enjoyed this course. Learning alongside professionals using this information in various different ways and niches was eye-opening, and provided such a wealth of knowledge. Having rotating instructors who shared various perspectives and specific areas of knowledge was just as helpful. Each session helped to expand my expertise on the topic covered, and I have already been bringing this into my work with clients. The field assignments also helped me to move forward in areas and cases I was facing a block with. Thank you SO MUCH!
- The in-class discussions. The diverse professors were really nice in keeping the class fresh.
- Great class loved the real-life scenarios.
- The format of the class was refreshing and I loved the interaction.

- Honoring & Supporting Diversity
- The most beneficial part of class was hearing stories and experiences in this field from trainers and peers. I really enjoyed discussing and learning about real world application of what we learned.
- It was a very meaningful productive class. The speakers have mastery of their subject matters. It will sure serve guidelines for me as I continued to be a sponge, absorbing every detailed learned. Thank you so very much. Looking forward to another learning experience in the future. I salute you all for a job well done!!
- My favorite part of the class was how active everyone was to explain what we just learned and gain a better understanding.
- Hearing the experiences from the instructors helped me the most. Hearing that sometimes the most practical solution doesn't mean the most appropriate.
- I enjoyed working in break off rooms. It gave me the opportunity to hear different experiences of others and I was able to take some of that information and use it in my work.
- The scope of information covered in this class was very beneficial. It is good to have the completed handbook at the end as a resource.
- The open discussion and break out groups I thought was extremely beneficial as well as the class size and demographics. I've been in the field along time but only in one state. Being able to pick the brains of others from different areas of the US allowed me to learn different processes as well as share some of my experiences in the state I work in. All the teachers were great. For my learning style, Travis was by far the most energetic, engaging and interactive. He didn't just read slides, he had real life experiences and everything he was teaching he was able to give first hand experiences and not just read to the group. he also took notes on our input and on occasion would tell the person speaking that he had not thought of that before and was going to remember that for future classes - which demonstrated to all of us in the class that things are always evolving, growing and there are new ideas all the time. All of the teachers were willing to talk before or after class and during breaks if that is what the students needed and was their opportunity to get input or feedback.
- Learning about the behaviors and "Right Fit" for individual were definitely my favorite parts of the class.
- The most beneficial part of the class was the break out rooms/exercises.
- I am completing this class with so much more helpful information that I did not know. The classes were very informative and it was nice to discuss with other classmates.
- My favorite part of the class and the most beneficial were classes led by Travis. He was an outstanding teacher and facilitated intriguing discussion on disability work.
- The behavioral change and support section were most challenging for me. It was extremely beneficial to break down behavior into judgment free descriptions and measurements and to calculate simple strategies to address these.
- I think that the job analysis part and the job development part was my favorite and most beneficial part of the course.
- Class members and staff experiences
- I like the interaction with other students and being able to do activities.
- I enjoyed the final projects, being encouraged to go out into the community and experiment with our new learnings.

- The presenters were very knowledgeable. Thank you, Holli, Roger, Robyn, Karen, Travis, and etc.
- Breaking out into groups and learning new ideas from classmates as well.
- Peer interaction being able to get answers right away from instructors, collaborative learning. Meeting the other participants sharing our problems and the instructors were excellent and caring.
- My favorite are Travis and Roger's classes, he is very nice and informative.
- The lecture with Roger shelly.
- Classes and information I received.
- The scenario's in the breakout rooms were very helpful. Even though the reception on line was disrupted, the attendees and staff were very patient and helpful in explaining the process.

Please share the most challenging aspect of the class.

- Having to balance it with my regular full-time schedule it was at times difficult to keep pace with certain discussions if I had to step away.
- As an introvert and someone who takes some time to process information, the class feedback aspect was difficult. (That said, though, I did feel like the instructors were supportive of an encouraging learning space.)
- it took a lot of time away from my caseload here at work and while I did keep up it was a little harder and then sometimes the network connection was not the best.
- The most challenging part for me was getting up on time for class as I am not a morning person. Other than that, the class itself was enjoyable and challenged me just enough that I didn't lose focus in the class quickly.
- The most challenging aspect of the class is the field assignments.
- Writing the two field assignments.
- Lack of captioning for the first 5 or 6 classes.
- The most challenging for me is the Positive Behavior Support especially the assignment. The scenario that I used is actually my husband's. I thought I was doing a good job in dealing with some of his actions but when I submitted my assignment, there was a lot more that I can do so as not to offend him. Those insights were really helpful. So grateful. Thank you so much for the feedback.
- I thought the class was very well laid out. I thought the content was good, very engaging, and will be very useful as we venture out into the employment field. The most challenging, pretty much overwhelming part of the class, was the section on Social Security! It was very well presented, and the SSI expert they had present to us was superb, but talk about a huge amount of things to learn regarding SS and the benefits our clients may be tinkering with! It almost seems to me, that to really wrap our brains around the complexities of the SSA and its programs, we would've needed another entire afternoon, or day of instruction about it.
- I think it was just long sometimes and hard to stay focused.
- I have ADHD, it was challenging for me to stay focused for 4 hours at a time, even with the breaks. Being on a computer didn't help, but with COVID, I think the course was presented the best it could have been.
- The lack of clarity with homework and expectations for assignments.
- Field assignments

- The field assignments proved to be challenging.
- Positive Behavior Support -Among homework
- The most challenging aspect of the class was having over zoom.
- Learning to be in a nontraditional class for me as a senior.
- The information given was easy to understand and flowed well.
- The most challenging aspect at first was trying to apply it to what I'm currently doing. Putting technique into practice has always been the hardest for me.
- Trying to find certain class materials. Sometimes they were not all available when needed.
- I appreciated that this course was presented in the 12-session format but it is difficult to stay engaged for 3-4 hours. I understand that the trade-off would be more classes of shorter duration. If given the choice I would elect the current format. Challenging but do-able! Group activities always seem to have pros & cons associated with them. It was frustrating when some group members seemed reluctant to participate. I preferred doing the activities as a class. That way the instructor could encourage participation and the whole class benefited from the discussion. Some class members had excellent experiences to share and working on the activities as one group ensured we ALL got to hear the experiences.
- I wouldn't call it "challenging" but I'm very much a visual learner and not having the manual or case scenarios or group breakout session material handy was a challenge. It took until half way through the class before we all started taking screen shots and finding work arounds so we could do the tasks (which is resourceful and good on our part, but it could have easily been provided in an easier fashion I think). The first half we spend a lot of wasted time just looking for the material and trying to access what they were telling us to. The slides shows were OK, but the information in the manual was beyond exceptional, but we rarely ever even referred to it, looked it over, etc. there's something like plus pages in the manual of GREAT stuff, but we didn't even look at 1%.....if we don't plan to use it, I would have found it a lot more useful to have access to the 50ish pages we actually DID need to be aware of instead of wasting class time weeding through hundreds of pages to find the one 2 page synopsis we needed to read and give feedback on.
- History & SSI stuff. It was hard to stay engaged the entire time as I felt it was material that could have been covered quicker.
- Honestly, having so many multiple teachers was challenging for me. I would preferred to have 2 or 3.
- Working and taking the classes at the same time
- The most challenging aspect of the class was Alaska-specific regulations when the majority of the class was actually from multiple different states. It was sometimes difficult to find the appropriate state website for whatever we were discussing. Help with locating those resources would have been appreciated.
- It thinks that zoom was challenging for students and that made it challenging for all. I am good with virtual work, but others were not as set up for that. Break out groups were not facilitated and that made it hard - they did not seem to understand what the instructor wanted them to return with as a product.
- In the time of Covid, finding field assignments. I actually did 3, but one business referred me to another. The employees that I observed were subcontracted from another business, which I was not able to contact.

- the field assignments
- Some of the class material didn't cross over well with my specific job type and made some assignments more difficult than they should have been
- Except the first homework assignment was a little confusing to send through Zoom.
- Zoom and Moodle weren't always user friendly.
- It was hard to be sitting down for long periods.
- The field homework, where you are expected to go in a business with your imaginary client.
- Homework
- Homework and Field Assignment.
- The research aspect part of each subject, especially FAS was challenging for me because it is rarely heard of or discussed amongst families. There are a lot of myths or "doctor recommendations" that are either questionable, that is unless it is a professional in the field; e.i. Behavior Therapist, Psychiatrist, Parent with experience, Scientist. The challenge in all aspects is to try your best to get through and be understood by the community, be knowledgeable about the sensitivity of the language used, and be prepared to explain any situation that may arise.

Please share any additional comments or address concerns that we should consider in evaluating and enhancing current or future educational offerings.

- Originally, I had no interest in this course offering and in the end I am not only glad I was given the opportunity to participate but moving forward I have a better understanding of my role even after being in this field for over 2 years.
- I'd love to see the Moodle made more accessible. Additionally, there were some instances of rather inappropriate, offensive, and racist language in the slides and learning materials.
- this was a great class and while I did have to take a lot of time i was super happy with how much I was able to learn through this class.
- I have none at this time. The teachers are amazing, the technical issues on my end where either user error or wifi dropping in the middle of the class.
- More in depths topic with materials.
- Please ensure captioning is available for future trainings. I understand there were some challenges related to the current moment (with COVID-19 and increased use of captioners, making UAA's preferred approach to captioning unavailable), but it was a little bit frustrating hearing about how important it is to provide accommodations for employees with disabilities when my requested accommodation (made far in advance) was unavailable. I suspect it won't be an issue again, just a one-time thing -- thank you for that. I'm just passionate about accessibility. I really appreciate all you do!
- Maybe consider some of the topics to be scheduled on a Saturday. And even without the pandemic, I think virtual class is awesome.
- Thank you for your time.
- I thought these webinars, and the staff were presenting them to us, were first rate, bright, talented, and knowledgeable about so many things related to employment, and working with people with disabilities in general! Wow- I was nervous before taking the class, but was totally impressed with how well it was run, and the caliber of talent you had teaching and working with

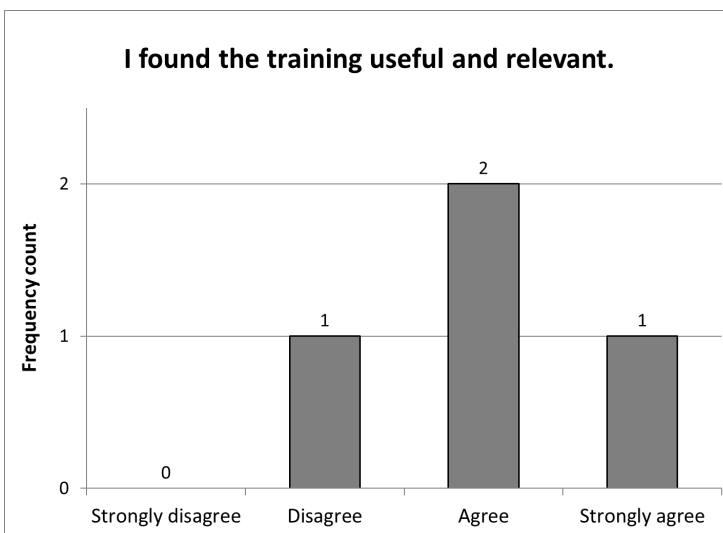
us! I liked it so much that I'd love a follow-up course, to continue learning, and to get a peek at how our cohorts are all doing! Thank you much!

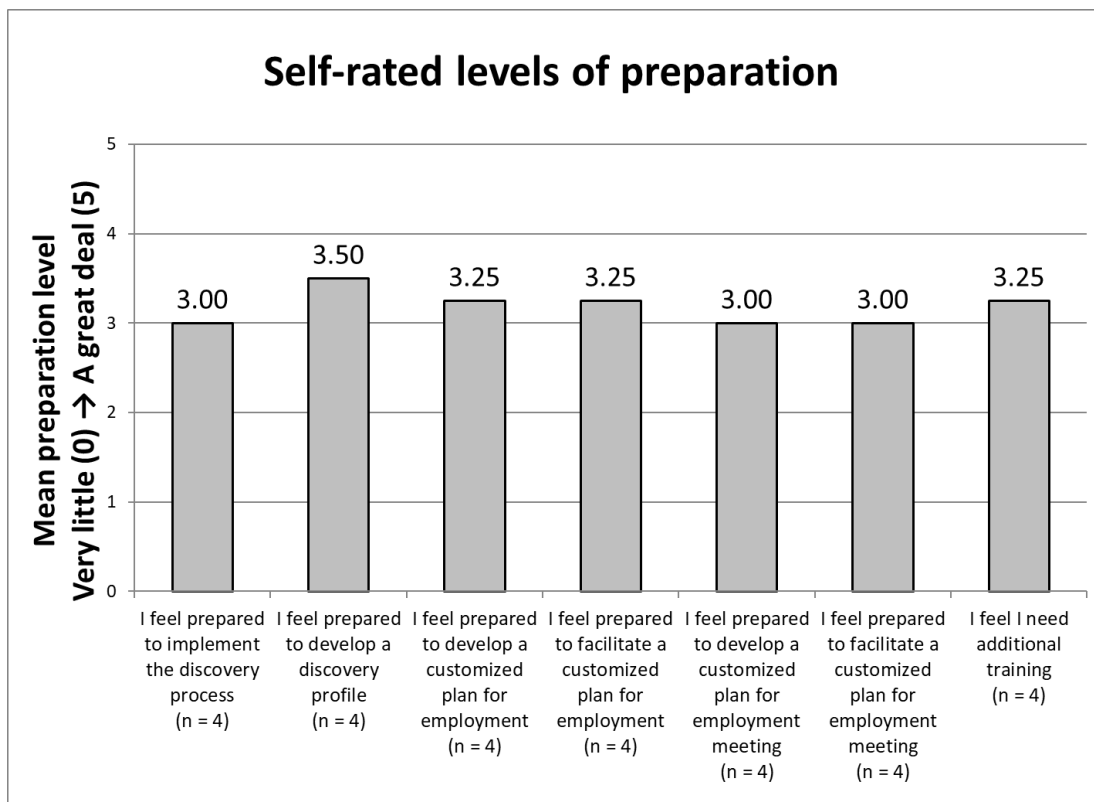
- I felt like in some classes, I really wanted to participate, but the instructor only called or acknowledged the same 4 participants every time, even when I tried to speak up. It was a little frustrating because I felt like I had some really cool input to add, and felt like the instructor clearly didn't think so. That also could stem from my ADHD and rejection sensitivity dysmorphia, but I think there really is something to that. Also, the breakout groups were frustrating because certain members would flat out refuse to participate, putting more pressure on myself and others in the group.
- Great class
- Great content. Sharing the information back with the state!
- Thank you so much!
- There were few times that it was difficult to understand the speakers due to technology issues?
- Don't have any, this was great.
- Thank you for making this course available for distance learning! Efforts from all instructors was much appreciated!
- I LOVED that fact that everyone in the class had various back grounds, work experience and tenure they brought to the table. being able to learn policy/procedure in different states may not have had the most value, but learning their styles and approaches based on those policies was really helpful however. On a few occasions we were able to share a current or past situation we have been working through and trying to support and getting input from others not emotionally invested was very appreciative as well.
- I would have personally hoped for more content on Job Development.
- Thank you for providing this class for us so that we have a better understanding of the VR services so that we can help individuals with disabilities
- Try to reduce an excess of anecdotal sharing - during some classes, we lost valuable discussion time due to an excess of anecdotal sharing on teachers and students parts. It was helpful to share, but at times it felt that we were solving a very case and client-specific problem when we would have benefitted from multiple and varied case study discussions.
- It would be good at there end of each session to highlight what to read in the large manual to prepare for the next session of class. The class materials were there and could be read ahead, but the manual was kinda floating out there unrelated to the classes.
- Some people came in with more experience. Thank you for being sensitive to a few of us who needed more direction.
- More interactions/work activities throughout the training.
- The class overall was great! I really enjoyed the different teachers weekly/bi-weekly as four hours on zoom can be trying and having someone different to pay attention to helped!
- This class was a great refresher for me. Most topics were covered in my BSW and MS degree, however, it was nice to have the instructors bring each of their perspective.
- I like the class, and I would like the other employees working in this organization to take the training.
- Karen Ward's class made me very sleepy. This is what jumped to me. I am sorry.
- The course taught me a lot not only about the law, but how outstanding the field of work put into this course, with related research, is never ending. It reminds me of how I was raised, the

traditional Yup'ik Culture, re-learning and remembering the very important role we must pass down. In order for the whole community to get along, work together, and understand each other, no one person is different but equal. Once a community is on the same page, we are all one: WE ARE ALL HUMAN. We were always reminded: When a person dies, they will not bring any of their possessions with them, but their heart (meaning the inner soul), in fact that is, depending on how you live your life, will have its bearings. With this information learned, and gained, my proposal to continue on this course, and bring new insight to our community, is where my trail leads me to, to further my education, is important to me. I love learning, sharing, and caring for whomever is in my community. What is out there in terms of furthering my education in this field is still unknown, and I welcome whatever may come to me. Thank you very much for your help in this course. I can take it with me anywhere!

CE course survey results

Out of the 4 participants who completed the CE training, 4 responded to the course survey (response rate: 100%). The course survey asked their satisfaction with the training, self-rated knowledge levels, and self-rated levels of preparation. Additionally, there were 2 open-ended questions at the end of the survey.





If you marked that you want/need additional training in the question above, please specify what training(s).

- More training on the latter part of the process
- I thought the Cust. Employment class was quite interesting, and quite challenging. I did feel though, that too much content, was squeezed into too short of a time frame. The 4 sessions were very full, almost too full of good content. I'd love to see a "Customized Employment Part II", or to have seen this version of class be a couple more sessions long. The workload and assignments were a good challenge for me, and I had to push to get them completed in the allotted time frame. I made the deadline, but am blessed that my employer allows me to do these trainings as part of my employment duties!;-)

Comments.

- This training was billed as a 4 session, 4 hour each certification training but in reality, the teacher sped through the slides, gave little homework help and was done in less than 2 hours each session. There was no information about the depth it entailed, what it could be used for or a primer on how to use the technical side of the class at the beginning of the course. The instructor basically read off the slides, had little useful additional information and only one video. There was confusion about documents to use for homework and the homework was poorly explained and only slightly referenced in the class. The hard copies of the books did not match the online versions and were missing several of the examples. The only reason someone could complete the homework was because of the Samples given. I will have to do separate in-depth research to be able to work on a Discovery in the future.

Great training. Highly qualified, competent trainers. With classes only a couple hours long though, it was difficult to totally experience our presenter's vast wealth of knowledge and expertise, all while getting through all the content that was trying to be squeezed into 4 class sessions.

SE course survey results

Out of the 5 participants who completed the SE training, 5 responded to the course survey (response rate: 100%). The course survey asked their satisfaction with the training, self-rated knowledge levels, and self-rated levels of preparation. Additionally, there were 2 open-ended questions at the end of the survey.

