

Alaska's SHARP Program
 Providing Support-for-Service to Healthcare Clinicians Statewide

SHARP-1: Alaska's HRSA Partnership Grant
 Proposed Sub-Project – Demonstration-1

Recruitment and Retention of Substance Abuse Treatment Clinicians

Sub-Project Proposal to
 Health Resources and Services Administration
 U.S. Department of Health and Human Services

May 7, 2018

Project Title: Alaska's SHARP Program
 Applicant: Department of Health and Social Services, State of Alaska
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Performance Period: September 1, 2018 through August 31, 2022 (4 years)
 Budget Four-Years:
 HRSA Request: \$ 240,900
 Employer Funds: \$ 750,000
 AMHTA Funds: \$ 89,100
 Total Project: \$1,080,000

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Demonstration-1

Recruitment & Retention of Substance Abuse Treatment Clinicians

Context: Mental health and substance abuse have long been identified as critical issues in Alaska, with renewed emphasis on community-based services in recent years. The suicide rate in Alaska is double the US rate; the rate for Alaska Natives has been between three and four times the US rate in recent years. Shortage of behavioral health workers has been blamed for community-based programs being unable to staff their programs to meet local needs for prevention and early intervention, leading to higher rates of institutionalization and higher costs. More than a third of all “vacancies” reported by healthcare organizations in a 2006 Alaska Center for Rural Health study were for behavioral health workers. Clinicians who can assess and treat co-occurring mental health and substance use disorders are in particularly high demand. In addition, Alaska has a key system-of-care problem: a large portion of substance abuse treatment personnel (a) hold only a certification, and thus (b) are para-professional. This is because Alaska law does not require of them to have state licensure. The number of licensed substance abuse treatment clinicians is modest, and one of the results of this is that it has limited the availability of medication-assisted treatment.

Need: Several statewide reports have documented the need to increase the number and improve the distribution of behavioral health clinicians (e.g. Alaska Physician Supply Task Force Report (2006), Status of Recruitment Resources and Strategies (SORRAS) reports (2004, 2006), ARHC vacancy studies (2007, 2009 and 2012). Recently, a large number of academic and public media reports have documented the escalation of substance abuse in Alaska, and related sequela. On February 14th, 2017, Alaska Governor Bill Walker declared that the opioid epidemic is a public health emergency in our state.

Council Resolution: Alaska’s SHARP Council has passed a unanimous resolution (4/10/18) to support the pursuit of a substance abuse demonstration project with special focus on opioid treatment, and has recommended that the proposed project be included in SHARP’s grant proposal to federal HRSA.

Purpose: This demonstration project has three purposes. (a) Social Need: Alaska is experiencing an opioid abuse epidemic, which has become dangerous and corrosive to our medical and social well-being. Alaska has a marked shortage of licensed substance abuse treatment personnel, and therefore this demonstration is focused on recruiting and retaining 24 treatment clinicians. (b) HRSA Guidance: The opioid epidemic is nationwide, and thus the current HRSA-SLRP application process requires that each State Grantee respond to this national priority in its grant proposal. (c) Significant Model: For both state and national systems development, exemplars are needed to show other investors that support-for-service works in getting and keeping the needed treatment personnel.

Proposal: SHARP will demonstrate that support-for-service can meaningfully enhance the number and distribution of clinicians who provide substance abuse (S/A) treatment in Alaska. We propose to create a targeted project to recruit and retain clinicians who provide substance abuse treatment, and especially those who treat opioid addiction. The demonstration will provide support-for-service to 24 clinicians. Those will include four Tier-1 (psychiatrists or primary care

physicians) and 20 Tier-2 (LCSW, LPC, MFT, NP, PA or psychologist) clinicians. All funds will be for the clinician's contract-specified loan repayments only, and none for administration.

Procedure: As with all SHARP participants, the proposed S/A treatment clinicians will apply through our regular solicitation process. Selection will occur via our standard publicly noticed process conducted by Alaska's Council. There will be two clinician cohorts: Cohort-A (starting 10/1/18) and Cohort-B (starting 9/1/20).

Council Leadership: A Council sub-committee will be chartered to provide further guidance and oversight. Committee members are proposed to include: ABHA, ANHB, DBH and ANTHC, with OSMAP also invited.

Budget: This demonstration's total budget will be \$1,080,000 (\$750,000 employers, \$240,900 HRSA, and \$89,100 from AMHTA) for the period 9/1/18 - 8/31/22.

SHARP-1 - Demonstration: Substance Abuse Clinicians - Total FTE - Regular Fill						
<u>EM %</u>	<u>Tier-1</u>	<u>Tier-2</u>	<u>Count</u>	-	-	-
50%	2	6	8			
80%	2	14	16			
Totals	4	20	24			
SHARP-1 - Demonstration: Substance Abuse Clinicians - Expense by Category						
<u>EM %</u>	<u>Tier-1</u>	<u>Tier-2</u>	<u>Total Exp</u>	<u>Employer</u>	<u>HRSA 73%</u>	<u>AMHTA 27%</u>
50%	\$ 140,000	\$ 240,000	\$ 380,000	\$ 190,000	\$ 138,700	\$ 51,300
80%	\$ 140,000	\$ 560,000	\$ 700,000	\$ 560,000	\$ 102,200	\$ 37,800
Totals	\$ 280,000	\$ 800,000	\$ 1,080,000	\$ 750,000	\$ 240,900	\$ 89,100