

SHARP Council
Business Meeting – December 11, 2013
Summary

Event: Interim Business Meeting
Schedule: December 11, 2013, 8:30am – Noon
Physical locations:
Anchorage: Frontier Building, Room 990, 3601 “C” Street (36th & C St.)
Juneau: Alaska Office Building, 350 Main Street, conference room 115
Teleconference option: (800) 944-8766, then pass-code: 18105

Notification: Public Notice, Council Distribution
Presiding: Chair Randi Sweet (#360-1459)
Document: Meeting Summary (draft)

I. Call to Order and Roll Call

Meeting called to order at [8:35 am]
Present: (see bottom table)

II. Approval of Minutes from Nov. 13th, 2013 meeting

Motion-1: approval of Minutes. Passed unanimously

III. Purpose of Meeting

- Council had requested an additional meeting to further discuss and confirm candidate selection criteria prior to the (now) Feb. 26th, 2014 Council Business Meeting, and to provide guidance to staff to thus meet program requirements.
 - Selection Criteria Discussion and Recommendations, especially as related to prioritization according to: location & occupational diversity.
 - Consider possible recommendation to remove from Statute the requirement of a 90-participant cap, for action during upcoming 2014 legislative session
 - Discuss & provide guidance to Staff re: SHARP Annual Report content

IV. Discuss status of Letter of Conveyance (10/1/13)

- Participant – as meaning Full-Time Equivalent (FTE)
- Multi-Year Operational Fund (MYOF)
 - SFY’ 14 – Supplemental Budget [status remains unclear]
 - SFY’ 15 – Governor’s Budget [status remains unclear]
 1. State budget was released 12/12-13 (but MYOF was not included)
 2. Chair Sweet stated she’d make follow-up appt. with Comm. Streur

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V. Total clinician commitment to-date (12/4/13)

136 = Total SHARP support-for-service program to-date
108 = Active
 44 = SHARP-II – Solicitation-1 (started 7/1/13)
 18 = SHARP-II – Incoming (Sol 2) (starting 1/1/14)
 43 = SHARP-I (total)
28 = Done - all prior clinicians w/now-closed MOAs

VI. Criteria for Clinician selection & prioritization – Substantial discussion of the Council members’ “system values & program priorities,” & recommendations.

- See attached Table re: “Criteria Dimensions”
- Discussion & prioritization factors clustered in following categories:
 - Place (Catchment, & Site items)
 - Occupation (mostly Discipline items)
 - Job (Position aspects)
 - Applicant (Practitioner issues)
 - Program (Components, Tech. Assist, MOA items)
 - Strategy (Recruitment, & System items)
 - Comments (observations)

VII. Discussion of Additional Council Selection(s) – Determined Council’s wishes to select (any other) remaining candidates

- Moved by Nancy Davis, 2nd by Pat Senner. Failed on vote
- Motion-2: Send notification to ALL those Sites that (a) submitted position-applications as “Regular Fill” (and who were thus not prioritized by Council for selection), and (b) ask them to consider re-applying with more data such that the position could then be re-classified as “very hard-to-fill,” and thus be re-prioritized for program-admittance.
- Council discussion then re-affirmed its prior decision to re-contact only those Sites who had submitted “regular-fill” position-applications in those occupations that our SHARP-II remains short of (below-quota) for VHTF’s.

VIII. Resolution: Statutory change to eliminate 90-person FTE (cap)

- Moved by John Riley, 2nd by Dan Robinson, passed unanimously
- Motion-3: Recommendation to wholly remove “90-person cap” from statute during 2014 legislative session. Rationale: Basic reason is resource husbandry; since it further maximizes the best use of available funds, allowing for more clinicians to be admitted to program, using the same total program funds.
- Member said that two legislators were positively inclined to introduce language
 - Said they were waiting for draft language, & which won’t increase cost
 - Member also said some discussion of including LPC’s & LMFT’s

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IX. Guidance to staff on items for SHARP’s Annual Report

- Short discussion; guidance was to make document relatively brief, and somewhat breezy, & to keep any data-tables quite pithy; don’t get reader lost in details; have it conceptual, tight, short; thoughts about how to make it “annual.” Member has resources re: “messaging,” & performance matrix

X. Recruitment process

- Discussion centered on need to improve SHARP program’s connection to, and facilitation of the general “clinician recruitment” process: (a) recruitment of those clinicians who are seeking support-for-service benefit; (b) referral of those (raw recruit) clinicians (who are currently admitted to SHARP) to other employers; (c) further facilitation of recruitment to high-need areas & populations (basically recruit clinicians for re-distribution – from within-state clinician pool as well).
- Collaborate more with AWIB /Alaska Health Workforce Coalition
- Committee was established as: John Riley, Chair, with Members: Doug Miller, Nancy Merriman, Jeannie Monk, David Neilson, & Ex-Officio Pat Carr.
- Further discussion tabled until: Council’s next meeting (Feb 26th)

XI. Discussion on succession of Council Members (agencies &/or representatives)

- Brief discussion; Task: contact each organization that is aging out, or that Member’s Representative has turned over.

XII. Multi-Year Operational Fund: Rationale & recommendation

- Chair Sweet indicated that she would be meeting with Commissioner Streur
- Council briefly discussed, and reaffirmed:

Rationale: A multi-year financing structure is essential to optimize outcomes of Alaska’s SHARP Program. Program objectives, which are to aid in addressing issues of healthcare workforce shortage and mal-distribution, can best be achieved if the SHARP Advisory Council has flexibility to strategically award appropriated monies to fund support-for-service multi-year contracts for participating healthcare clinicians. Given the dynamic nature of the needs of Alaska’s healthcare workforce it is essential that the Council has the flexibility provided through the Multi-Year Operational Fund to focus solely on best use of the appropriated funds.

Council Recommendation: The SHARP Multi-Year Operational Fund structure provides that unexpended support-for-service funds appropriated in any single budget year to be available for use in subsequent fiscal years.

XIII. Discussion on additional selection of Solicitation-2 candidates

Discussion: Council discussed risks & benefits of the alternative levels of selecting Solicitation-2 clinicians: (a) All or most all applicants, now; or (b) focus selection on only Very Hard-to-Fill; or (c) focus on only a sub-set of Very Hard-to-Fill; and (d) the impact of retaining varied levels of discretion for use in later fiscal years; e.g. admitting a group during SFY' 15, with or without using this retained discretion as “non-federal match” in a plausible next application to HRSA-SLRP (for SHARP-I).

Council discussed its strategies & values, which includes retaining some budgetary discretion (per rationale above), as well as factors of: (a) geographic diversity, (b) agency (site) diversity, (c) occupational distribution of SHARP participants, (d) organizational diversity, (e) catchment area, & (f) impact, equity & visibility items.

XIV. SHARP-I (new HRSA grant) with SHARP-II non-federal funds as match

- Council briefly discussed its prior recommendation to apply for SHARP-I (federal HRSA SLRP partnership grant). Consideration of using some SHARP-II non-federal funds (both State-GF and employer match) as required matching funds
 - [For reference: Once selected Solicitation-2 clinicians (n=18+) are started, and, the additional 8 Very-Hard-To-Fill “priority” (quota) slots are also filled, there will still be retained \$1,726,615 total GF discretion (est. SFY' 14 GF bal. = \$786,790, plus, Cohort cost is estimated below GF-budget by \$939,825. Employer match (min @10%) est. \$172,662; thus min total discretion: \$1,899,277]
- If SHARP-I (HRSA-SLRP) were to be applied for, then Solicitation-3 funds (SFY' 15) could also be used as part of the required “non-federal match”), if contract start-dates were timed correctly vis a vis a plausible HRSA grant NGA. SLRP provides 100% leverage; that is, approximately double.
- Total amount available for required non-federal match in HRSA-SLRP grant equals: (\$1,899,277 (total GF discretion) + Solicitation-3 match-able spending at \$648,000) = \$2,547,277
- Given that HRSA-SLRP budget matches at 100%, this would provide a total cohort budget of \$5,094,554. Min & Max 3-year clinician census:
 - (a) Minimum added SLRP clinicians: Tier-2 regular-fill = 85 clinicians
 - (b) Maximum added SLRP clinicians: Tier-1 VHTF = 36 clinicians
 - [For reference, 70% of program-admitted SHARP-II clinicians would also be eligible for SHARP-I (SLRP). In addition, 70% of those SHARP-II clinician-applicants whom Council still has under “Active Consideration” would also be eligible for SHARP-I.]
 - [For reference, HRSA has not yet released the much heralded “Request for Proposals.” In HRSA’s prior emailed announcements they have said that (a) they will be posting the RFP; (b) that the posting will be no later than

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CY'14-Q1 (& they'd initially discussed Jan. or Feb. as the month; (c) the award period is for four-years; and (d) initial indications are that the main grant requirements and options will be largely the same as previously (e.g. the 2 other such grants that we have successfully applied for in the past); (e) they state that everything is ready for release, it is simply that they are awaiting final approval-to-post.]

XV. Funding for traditional SHARP-I component

- SFY'15: Member stated AMHTA funds are solid (again arranged for) at \$200,000 for SFY'15, as has been the case in recent years, regarding remainder of Cohorts 1, 2 & 3. Member was less clear about prior State-GF amt of \$380,000.

XVI. Seeking more VHTF candidates in occupations with unmet VHTF quotas

- Staff was directed to re-contact those Site Applicants who had “Regular-Fill” candidates, within the VHTF-Priority categories (i.e. those occupation categories that still have “too many open slots,” with the category below the Statutory minimum of 3 VHTF clinicians per occupation). So as to insure that potentially relevant priority candidates are not being accidentally skipped over, ask Sites: (a) Does the Site actually possess evidence that the position meets the regulation-specified “Very Hard-to-Fill” criteria? And, (b) Is the Site aware that it (could potentially) apply for a partial waiver of required employer match, if it does not have adequate employer-match funds available?

If Statute-required minimum number of VHTF candidates is not identified via combined results of Solicitations-1 (Spring'13) & Solicitation-2 (Fall'13), then another search must be conducted to find relevant clinicians (i.e. Solicitation-3).

XVII. Recruitment Committee

- Sub-committee was formed to develop & recommend a “recruitment follow-up process,” re: how to route potential clinician recruits: (a) Focus at least on those clinicians who've applied for SHARP admission; (b) discuss AWIB's connection
 - Assigned: Doug Miller, & Nancy Merriman; with Robert Sewell (staff)

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XVIII. Quarterly Business Meeting – prep (now Feb 26, 2014)

- Location: Anchorage (AMHTA Conf. Rm) & Juneau (AOB 416)
- Discussion of SHARP I and SHARP II and further integration
- Additional VHTF candidates from re-classification of Solicitation-2 appls
- Succession of Council members (agencies &/or representatives)
- SHARP-I and SHARP-II: brief presentation; HRSA-SLRP proposal
 - Portion of (a) clinicians, & (b) applicants, qualify as SLRP-eligible
- Discuss criteria for clinician to change-sites
- Motion on when to conduct Solicitation-3 for remaining VHTF-Priority
- Discuss whether Council should establish a “Data Committee”
- Review “Multi-State Clinician Retention Study” report

XIX. Adjournment: Meeting adjourned at [11:40 am]

Attachments:

1. Meeting agenda
2. Members contact info
3. Council Meeting summary (draft): 11/13/13
4. Budget Projection: SHARP-II (Sol 1+2)
5. Strategic plan

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Meeting Attendance (12/11/13):

Member Agencies (voting)	Representative	Present / Absent
United Way of Anchorage	Randi Sweet (Chair)	Present
AK Academy of Physician Assist	John Riley (Vice Ch)	Present
AK Behavioral Health Association	Thomas Chard	no
AK Comm on Post-Secondary Ed	Diane Barrans	Present
AK Dental Society	David Nielson	Present
AK Department of Labor	Dan Robinson	Present
AK Mental Health Trust Authority	Nancy Burke (incoming)	Present
AK Native Tribal Health Consort.	Doug Miller	no
AK Nurses Association	Pat Senner	Present
AK Pharmacists Association	Nancy Davis	Present
AK Primary Care Association	Nancy Merriman	Present
AK State Hosp't & Nursing Hm As	Jeannie Monk	Present
AK State Medical Association	Mike Haugen	no
Nat'l Assoc. of Social Workers AK	Mattie Moore	no
University of AK, College of Health	William Hogan	no
EX-Officio	Member	
AK Division of Public Health	Pat Carr	Present
AK Native Health Board	Brandon Biddle	Present
Others	Person	
SHARP Program - DHSS	Robert Sewell (Staff)	Present
HPSD – DPH – DHSS	Mary McEwen	no
HPSD – DPH – DHSS	Susan Mason	Present
HPSD – DPH – DHSS	Eric Peter	Present
University of AK, College of Health	Jackie Pflaum	No
AK Mental Health Trust Authority	Delisa Culpepper (outgoing)	Present