

## SHARP Program Update Aug. 25, 2011

- **It's a support-for-service strategy that works**
  - Purpose is recruitment & retention of primary healthcare clinicians
  - Advisory Council – visible interagency membership; very supportive
  - Blended funding: federal, AMHTA, state & non-profit
  - Data collection re: clinician productivity, &, program evaluation
  - Popular, visible, widely accepted, increasingly expected
  - Addresses key workforce & system need; one that training per se doesn't
  - Wide variety of clinicians (e.g. MD, DO, DDS, LCSW, PA, NP, LPC, others)
  - Two-year service contracts; payments are quarterly
  - Clinics are widely distributed (e.g. every region of state), CHCs, CMHCs, tribal health
  - Focused on high-need areas and populations
  - Runs very efficiently
- **Cohort-1 => started in SFY'11, currently 23 clinicians**
  - 11 = Behavioral Health
  - 3 = Dental
  - 9 = Medical
- **Cohort-2 => starting now for SFY'12, adding 17 more clinicians**
  - 5 = Behavioral Health
  - 3 = Dental
  - 9 = Medical
- **Total clinicians for SHARP (SFY'11 + '12), total is 40**
  - 16 = Behavioral Health
  - 6 = Dental
  - 18 = Medical
- **Budget – very focused on clinician support; virtually no admin-funded**
  - Cohort-1 => \$1.2M
  - Cohort-2 => \$0.8M