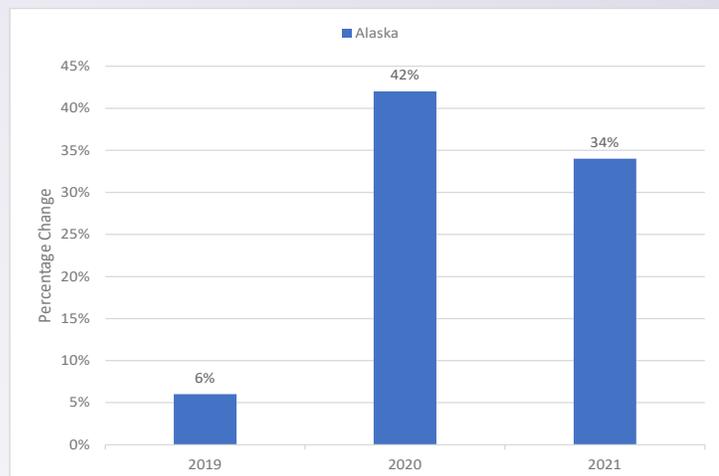


WORKFORCE, DATA, AND FUNDING

INDICATOR 28: Percentage change in SHARP health practitioner contracts (current calendar year compared to previous 5-year average)

Story Behind the Baseline

Healthcare is one of the leading industries in the state. Unfortunately, Alaska has a workforce shortage across many health and behavioral health-related disciplines and has difficulty meeting the healthcare industry's demand. Without a capable and competent workforce, the continuum of services and care is at risk of not being able to meet the needs of the most vulnerable Alaskans. Key workforce development strategies include increasing the availability of growth opportunities for local professionals through primary and secondary education, training, support-for-services programs (like loan repayment), recruitment, and retention. The latest iteration of Alaska's direct incentive and loan repayment program for healthcare workers, referred to as SHARP-3, builds on previous success and broadens the types of occupations,



Population: Alaska Statewide

Data Sources:

- [Alaska Division of Public Health, Section of Rural and Community Health Systems, Office of Healthcare Access, SHARP](#)

Data Source Contact:

- Robert Sewell, Ph.D., Program Manager
Office of Healthcare Access, Division of Public Health,
Department of Health and Social Services
[Email: sharp.inquiry@alaska.gov](mailto:sharp.inquiry@alaska.gov)

practice settings, and locations available to health professionals. Tracking the number of SHARP contracts across all SHARP iterations over time provides a glimpse into the health and sustainability of this key recruitment and retention effort.

Mirroring national trends, Alaska's older adult population and their complex care needs are expected to increase. This growth will be felt by healthcare entities, especially those who employ healthcare professionals, like home health aides who work directly with older adults. Additionally, there is continued emphasis in Alaska on home and community-based service (HCBS) professions, such as direct support professionals. Legislation also shapes the workforce landscape by increasing the number and variety of health professionals needed to accommodate Alaskan communities. For example, the growing emphasis on early intervention and crisis stabilization will create a significant number of peer support specialist positions statewide.

A large portion of healthcare jobs in Alaska are entry-level and can lead to long-term, stable, and attractive careers if offered within a supportive environment. Ensuring adequate pay and benefits, access to professional development and advancement, and connecting workers to emotional and administrative supports are key components of retaining a strong healthcare workforce and reducing turnover.

What Works?

Alaska provides accelerated training and certification programs to harness local talent. In addition to funneling healthcare workers from both in and out of state, Pre-Apprenticeship Training in Healthcare (PATH) Academies — funded by the Alaska Department of Labor — offer three-week intensive courses where graduates earn certifications to become direct support professionals (DSPs). In January 2021, the Alaska Commission for Behavioral Health Certification Board began certifying peers with lived experience. Peers will have the opportunity to be certified as a peer support professional in a variety of different levels and certification types.

Due to Alaska's size and cultural diversity, workforce recruitment and retention efforts must draw on the cultural expertise of locals, especially in rural Alaska. Some state education resources, like the University of Alaska Fairbanks' Rural Human Services Program, offers a culturally informed training path for rural residents to earn a certificate and start working full-time. In other states with large rural populations, promising low-cost models for addressing workforce shortages include legislative initiatives to collect statewide survey data from behavioral health providers to inform policy decisions and using distance technology to host regular mentoring sessions between high school and college-aged youth and health professionals.

Technology can assist with finding placements for healthcare workers. One example is Health TIE's DSP Hire app that aims to mitigate administrative barriers for hiring DSPs. The app simultaneously helps employers find DSPs in their region and simplifies the application process for the professional. The app also connects DSPs to peers working in the field and provides instant access to training. Alaska can also increase workforce capacity through technology to account for a shortage in-state. For example, Motivo is an online clinical supervision platform used in Alaska to help therapists earn licensure.

Sources:

- [Aitschul, D. B., Bonham, C. A., Faulkner, M. J., Pearson, A. W. F., Reno, J., Lindstrom, W. et al. \(2018\). State Legislative Approach to Enumerating Behavioral Health Workforce Shortages: Lessons Learned in New Mexico. American Journal of Preventive Medicine, 54\(6\), S220-S229.](#)
- [Keeler, H., Sjuts, T., Niitsu, K., Watanabe-Galloway, S., Mackie, P. F. E., & Liu, H. \(2018\). Virtual Mentorship Network to Address the Rural Shortage of Mental Health Providers. American Journal of Preventive Medicine, 54\(6\), S290-S295.](#)

WORKFORCE, DATA, AND FUNDING

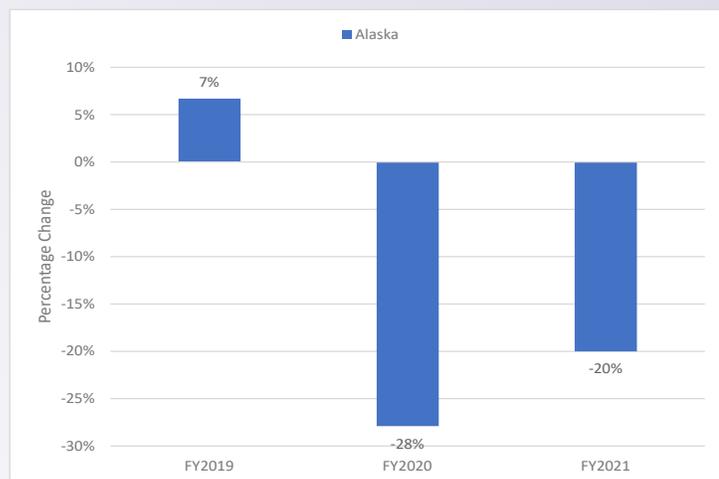
INDICATOR 29: Percentage change between fiscal years of unduplicated participants served by Alaska Training Cooperative training events

Story Behind the Baseline

Training and professional development opportunities are an important component of building a capable and competent workforce in Alaska. For the healthcare workforce to deliver culturally and linguistically appropriate care across Alaska, providers need access to a wealth of enhanced training options whether they work in an urban or remote community. Factors that affect access to training include changing revenue and funding resources and major events like COVID-19, which increased the state's reliance on telehealth and distance learning opportunities.

What Works?

Building a web-based hub for training and professional development promotes ease of access for users and consolidates resources for those delivering training. The Alaska Training Cooperative (AKTC), administered by 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 to Alaska's behavioral health and long-term care, community and home-based professionals who serve Trust beneficiaries. The AKTC delivers enhanced training methods such as distance-delivered, blended, and in-person formats that accommodate professionals across the state. Access to increased opportunities for distance-delivered training options instead of in-person offerings saves the healthcare workforce money, resources, and time. As state policies continue to change how providers



Population: Alaska Statewide

Data Source:

- [University of Alaska Anchorage, Center for Human Development, Alaska Training Cooperative](#)

Data Source Contact:

- Center for Human Development
[Email: info@alaskachd.org](mailto:info@alaskachd.org)

operate, the AKTC offers relevant trainings to ensure that the workforce is prepared to adapt to an evolving healthcare landscape.

Source:

- [The Alaska Training Cooperative](#)

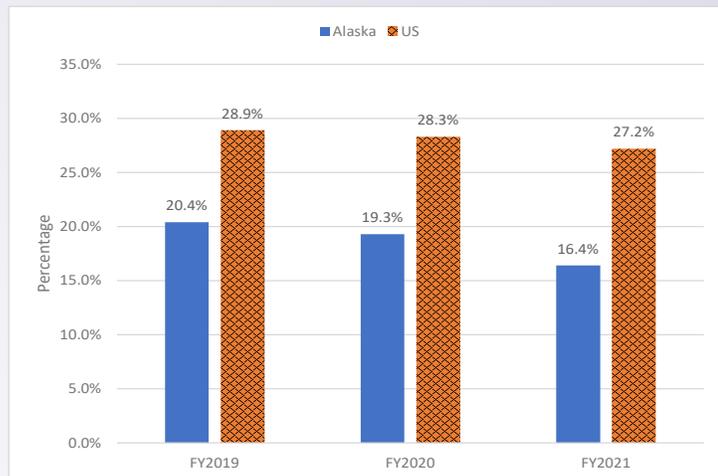
WORKFORCE, DATA, AND FUNDING

INDICATOR 30: Medicaid expenses as a percentage of state's budgets

Story Behind the Baseline

Through Medicaid, the Department of Health and Social Services (DHSS) provides essential healthcare coverage for low-income Alaskans. Medicaid is a valuable component of healthcare delivery for beneficiaries in Alaska, including older adults and people who experience disabilities. Medicaid enrollment in Alaska is growing due to an economic recession and Medicaid redesign and expansion initiatives. Total state and federal spending have increased since Medicaid expansion in 2016, but legislative reforms have enabled DHSS to maintain a flat general fund per enrollee expenses year-to-year. Almost three-quarters of Medicaid spending in the state goes toward acute care, and about one-quarter to long-term care. Compared to the U.S., Alaska shows a lower percentage of state budget spending on Medicaid due to federal match.

The Center for Medicare & Medicaid Services (CMS) approved DHSS's application for a Medicaid 1115 Behavioral Health Demonstration Waiver (1115 Waiver), which aims to establish a network of behavioral health services at the community and regional levels in order to reduce the need for crisis-driven and urban-based emergency, acute, and residential care in Alaska. This includes approval for both a Substance Use Disorder (SUD) and Behavioral



Population: Alaska and U.S.

Data Source:

- [National Association of State Budget Officers, National State Expenditure Report](#)

Health component, with an Administrative Services Organization (ASO) administering waiver benefits, services, and claims processing.

Relevant spending in the Medicaid budget for Trust beneficiaries includes telehealth, which has increased by 522% since fiscal year 2016 (FY16). Behavioral health is the leading condition treated, resulting in improved access to care for beneficiaries. Additional Medicaid waiver programs allow Alaska to offer Medicaid services outside of institutional care settings, which is particularly important in Alaska as many remote and rural communities lack institutional settings. Home and community-based services (HCBS) offer non-institutional treatment options and allow beneficiaries to remain in their home or community.

What Works?

Medicaid waivers allow states the flexibility to offer programs and services for increased quality of care and to achieve cost savings through innovative programs that reduce the need for institutional care. For example, Alaska's 1115 Waiver is a significant effort to establish a network of behavioral health services at the community and regional level, reducing the need for crisis-driven and urban-based emergency, acute, and residential care by supporting the development of missing components of the care continuum.

Additionally, DHSS offers varying waiver options, such as the 1915(k) option, which provides enhanced personal care services for individuals who meet nursing facility level of care criteria. They also provide services under the 1915(c) intellectual development disorder waiver to provide more HCBS at a lower level. Utilizing waiver programs captures federal funding reimbursement at a higher rate for these services than for regular personal care services, allowing DHSS to capture additional savings of state general fund dollars.

In Alaska, the implementation of care coordination agreements (CCAs) between tribal and non-tribal providers allows the state to claim the enhanced federal match for services provided to an Alaska Native Medicaid enrollee by a non-tribal provider. Alaska is leading the nation in refinancing claims at this level and provides national leadership in this area. Another care coordination strategy is to streamline care for Medicaid recipients with excessive hospital emergency department utilization through individualized case management services and referrals to specialists and social service supports. Other cost-saving factors include managing fraud, waste, and abuse in the Medicaid system.

Partnerships across public health and Medicaid sections can improve Medicaid service delivery. For example, DHSS explored costs of a Continuum of Coverage for low-income Alaskans that would ease transitions between public health coverage programs and private market coverage. The Centers for Disease Control and Prevention (CDC) provides guidance on how state public health agencies can partner with Medicaid staff to implement evidence-based prevention interventions.

Sources:

- [Kaiser Family Foundation, Medicaid in Alaska](#)
- [Understanding Public Health's Role in CDC's 6 | 18 Initiative: A Primer for Medicaid Partners: Technical Assistance Tool](#)

