

Behavioral Health Workforce Pilot Program and Training Grants Program

Engrossed Second Substitute House Bill 1504; Section 3(1)(b); Chapter 170; Laws of 2021

September 30, 2023

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Participating organizations

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Phone: (844) 461-4436
www.hca.wa.gov

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Vancouver, WA 98661
Phone: (360) 828-7319
www.southwestach.org

Greater Health Now
8836 W Gage Blvd
Suite 202A
Kennewick, WA 99336
Phone: (509) 567-5317
www.greaterhealthnow.org

Thriving TogetherNCW (formerly North Central Accountable Community of Health)
801 Eastmont Ave., Suite C
East Wenatchee, WA 98802
Phone: (509) 293-8655
www.thrivingtogether.org

North Sound Accountable Community of Health
P.O. Box 4256
Bellingham, WA 98227
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Executive summary

As directed by E2SHB 1504 (2021), this report contains the results of the Health Care Authority's (HCA) behavioral health workforce pilot program and training grants program.

“Sec. 1 The legislature finds that there is a compelling and urgent need for coordinated investments in the state's behavioral health workforce. The demand for a qualified behavioral health workforce continues to grow as the availability of services throughout the state does not meet the need. According to the workforce training and education coordinating board's "behavioral health workforce: Barriers and solutions report," Washington ranks 31 out of the 50 states when comparing prevalence of mental illness to access to care. In addition, behavioral health needs have increased since the COVID-19 pandemic began and the need is expected to rise as economic and social hardships continue. Despite increased demand, the legislature finds that there continues to be difficulties in recruiting and retaining professionals who are adequately trained to meet behavioral health needs. Many of these professions require years of training, ranging from some postsecondary education to medical degrees. In addition, the legislature finds that there is significant variation in the geographic distribution of behavioral health providers across the state. Rural and underserved areas face disparities in access to care. High student loan debt loads, better pay, and lighter caseloads can drive behavioral health professionals into private practice or hospital-based settings rather than community-based settings which typically have a higher percentage of Medicaid-funded services and higher caseloads.”

E2SHB 1504 tasked the HCA with establishing a behavioral health workforce pilot program for community mental health providers, including but not limited to clinical social workers, licensed mental health counselors, licensed marriage and family therapists, clinical psychologists, and substance use treatment providers. The Health Care Authority must implement these services in partnership with or through the regional accountable communities of health or the University of Washington Behavioral Health Institute.

“Sec. 3 (1)(a) the pilot program intends to provide incentive pay for individuals serving as clinical supervisors within community behavioral health agencies. The desired outcomes of the pilot program include increased internships and entry opportunities for new clinicians through recruitment and retention of supervisors. The authority must ensure the pilot program covers three sites serving primarily Medicaid clients in eastern and western Washington. One of the sites must specialize in delivering behavioral health services for Medicaid-enrolled children. Of the remaining two sites, one must offer substance use disorder treatment services.

(b) The authority must provide a report to the office of financial management and the appropriate committees of the legislature by September 30, 2023, on the outcomes of the pilot program. The report must include:

(i) A description of the mechanism for incentivizing supervisor pay and other strategies used at each of the sites;

- (ii) The number of supervisors that received bonus pay at each site;
- (iii) The number of students or prelicensure clinicians that received supervision at each site;
- (iv) The number of supervision hours provided at each site;
- (v) Initial reporting on the number of students or prelicensure clinicians who received supervision through the pilot programs that moved into a permanent position with the pilot program or another community behavioral health program in Washington state at the end of their supervision;
- (vi) Identification of options for establishing enhancement of supervisor pay through managed care organization payments to behavioral health providers; and
- (vii) Recommendations of individual site policy and practice implications for statewide implementation”

E2SHB 1504 also tasked the HCA to partner with a regional accountable community of health or the University of Washington Behavioral Health Institute to establish a training grants program for community mental health and substance use disorder providers.

“**Sec. 3** (2) the authority shall establish a grant program to mental health and substance use disorder providers that provides flexible funding for training and mentoring clinicians serving children and youth. The authority must consult with stakeholders, including but not limited to behavioral health experts in services for children and youth, providers, and consumers, to develop guidelines for how the funding could be used, with a focus on evidence-based and promising practices, continuing education requirements, and quality monitoring infrastructure.”

The following is a breakdown of the information collected from the Accountable Communities of Health (ACH) participating in the Workforce Pilot Program:

	# of New Internships	# of Supervisors Receiving Incentive Pay	# of Supervision Hours	# of Interns hired
Jan – March 2022	23	20	4,749.5	11
April – June 2022	12	24	4,710	11
July – Sept 2022	43	47	5,135	9
Oct – Dec 2022	13	46	3,996.75	5
Jan – March 2023	10	43	3,478.25	7
April – June 2023	14	32	4,260.5	6
Total	115	212	26,330	49

Key findings

- Greater Health Now found that additional funding helped them expand regional programs. Flexible funding meant behavioral health staff could engage the community and improve access.
- Thriving Together NCW found that each educational institution's various rules and regulations were challenging to navigate. Low staffing levels have made it difficult to host interns.
- Southwest Washington Accountable Community of Health found that Lifeline Connects was able to develop a centralized internship program. The program reduced barriers to entry-level positions upon graduation.
- North Sound Accountable Community of Health found a high demand for affordable training for the community behavioral health workforce.

Background

Issues currently addressing the behavioral health workforce are many and complex. Building capacity in and sustaining the behavioral health workforce will, therefore, require various applied approaches, including investment, policy and regulatory changes, and collaboration at all levels.

The Behavioral Health Workforce Assessment published in 2017 listed this as a workforce-related barrier:

The capacity to provide students and new graduates with real-world, hands-on, clinical training and supervised practice for behavioral health occupations is inadequate, negatively impacting trainees and behavioral health institutions. (p.34)

The Behavioral Health Workforce Assessment (2017) then stated in its recommendations:

Stakeholders emphasized that trainees gravitate to where they had positive clinical training experiences and role models and that competence gained in challenging settings/populations increased job satisfaction. Appropriate clinical training before credentialing is necessary to teach real-world practice effectively and ensure that skills introduced in school programs are mastered. Staff at behavioral health sites take on additional responsibilities when serving as preceptors. Backfill arrangements must be made to manage caseloads for those also serving as preceptors adequately. Informants have expressed concern that too few clinical training sites with appropriately trained preceptors are available to support existing behavioral health education programs and future expansion adequately and that precepting costs must be covered. They have requested incentives for training sites and preceptors. (p.35)

While the behavioral health pilot project and training grants program are not designed to address the entirety of issues impacting workforce shortages or patient access, it does target two problems: A lack of clinical supervisors willing to take on training new behavioral health professionals and a lack of affordable training available to trainees.

Following the Behavioral Health Workforce Assessment, the Washington Workforce Training & Education Coordinating Board in 2020 made several recommendations, including:

Incentive supervision programs, like the Greater Columbia Accountable Community of Health Internship & Training Fund, co-created and funded programs that support quality supervision and training experience for behavioral health professionals in partnership with regional behavioral health service providers. This funding would support the supervision of baccalaureate, masters-level, and post-doctoral behavioral health trainees. Co-creation of similar programs with direct service organizations ensures that funding is directed towards needs and potential solutions identified by the beneficiary organization, which often has a more detailed understanding of specific community needs and efficient solutions to address those needs. (p.24)

Workforce shortages are not limited to behavioral health or the broader healthcare industry alone. Although increased funding may help slow worker turnover and incentivize workforce development, additional strategies will be needed to stabilize the workforce. Other strategies may require statutory and regulatory changes, changes to licensing requirements, diversified funding strategies, including non-Medicaid resources, better alignment across payers, improved workflows and business practices, additional investment in evidence-based approaches, alternatives to the traditional education pipeline, more effective DEI recruitment, and retention strategies that focus on worker wellbeing.

HCA worked with the Director of the Behavioral Health Institute and the Chief Executives of the Accountable Communities of Health (ACH) to inquire about their interests and capacity to implement the pilot programs and the training grant program. Both expressed interest and indicated that Accountable Communities of Health were uniquely positioned to maximize the potential benefits. Based on this information, HCA implemented a Letter of Interest process to identify interested Accountable Communities of Health. The Executives worked collaboratively to identify three entities to submit letters of interest. All four letters of interest were approved.

On October 12, 2021, HCA sent Award Letters to three ACHs to participate in the pilot program and one to join the training grants program.

- Greater Health Now was awarded: \$293,334
- Thriving Together NCW was awarded: \$292,666
- Southwest Washington Accountable Community of Health (SWACH) was awarded: \$294,000
- North Sound Accountable Community of Health was selected as the pilot site for the training grants program and awarded \$120,000

Behavioral Health Workforce pilot program

Greater Health Now

Greater Health Now administered the workforce pilot program in their eastern Washington ACH area. Greater Health Now contracted with several agencies in their area to complete the pilot program, including the Barth Clinic, Community Health of Central Washington, Comprehensive Healthcare, Serenity Point Counseling Services, Sundown M Ranch, Yakima Neighborhood Health Services, and Yakima Valley Farm Workers Behavioral Health Services.

Greater Health Now gave all participating agencies \$10,000 upon signing a contract. They gave contracting agencies \$10,000 for a substance use disorder trainee (SUDPT), \$15,000 for a bachelor's level intern, \$20,000 for a master's level intern, and \$25,000 for a doctoral level intern. The maximum award was \$50,000. These numbers were based on the Washington State Behavioral Health Workforce Assessment data published in December 2017 by the Washington Workforce Training and Education Coordinating Board.

The Barth Clinic specializes in adult substance use disorder treatment and serves rural areas in eastern Washington. With access to these funds at the Barth Clinic, supervisor pay was increased based upon positive outcomes and continued employment of their Substance Use Disorder Professional trainees. The supervisor was given a quarterly bonus and raise based on the quality of work their intern produced. If the intern was completing their initial 50 hours and began group counseling or successfully began completing assessments, a bonus was in effect. The amount was different for each supervisor.

Comprehensive Healthcare (CHC) is a community behavioral health clinic specializing in adult substance use disorder treatment. CHC used HB 1504 funds to support their master's level clinicians and Substance Use Disorder Professional trainees. With the funding, each supervisor at CHC was provided a monthly add-on to their salary.

Serenity Point Counseling Services (SPCS) is a community behavioral health clinic specializing in adult substance use disorder treatment. At SPCS, with the HB 1504 funding, clinical supervisors received an 8.89 percent salary increase, and approximately 20 percent of clinical supervisor's salaries were connected to HB 1504 funds. At SPCS, the interns were hired and given complete benefit packages; they were also given a modest financial subsidy for tuition costs; a portion of this was paid for with HB 1504 funding.

Sundown M Ranch specializes in adult substance use disorder treatment. At Sundown Ranch, approximately 20 percent of the supervisor's salary was connected to HB 1504 funding. Sundown M Ranch had an existing process for employees to apply for tuition reimbursement, internship, and other positions. These were updated when they became available for HB 1504 funds, and they worked to increase substance use disorder professional trainees' salaries to increase the workforce as much as possible.

Yakima Neighborhood Health Services (YNHS) has both rural and non-rural sites. YNHS interns work at both rural and non-rural sites. YNHS used HB 1504 funding to pay supervisors and developed an internship program. YNHS interns are Licensed Mental Health Counselors and now Substance Use Disorder Professionals. After receiving these funds, YNHS started a mobile hygiene unit and used interns from this program as part of the outreach team.

Thriving Together NCW (formerly North Central Accountable Community of Health)

Thriving Together administered the workforce pilot program in a rural area of eastern Washington. Thriving Together contracted with The Center for Alcohol and Drug Treatment, Children's Home Society of Washington, Columbia Counseling, Columbia Valley Community Health, and Okanogan Behavioral Healthcare.

Thriving Together gave agencies \$10,000 for a substance use disorder professional trainee (SUDPT), \$15,000 for a bachelor-level intern, \$20,000 for a master's level intern, and \$25,000 for a doctoral-level intern, with no more than \$78,000 per agency.

After receiving these funds, the Center for Alcohol and Drug Treatment increased supervisor pay by \$1 an hour and offered paid internships.

Okanogan Behavioral Healthcare used some funds to develop and hire a partial FTE dedicated to internship recruiting to help build their internship program. This individual builds relationships with colleges and universities to help bring interns to Okanogan Behavioral Health and supervises interns.

Agencies in the North Central region dealt with issues of people leaving for other similar jobs. Agencies lost staff to Recovery Coach or Peer Navigator positions that were paying higher wages without a degree or internship requirement to do the job. Early in the pilot, posting and recruiting intern positions yielded no applications in the region, so they looked at how to recruit interns in nationwide remote programs but lived locally since those were the most likely individuals who would apply.

During the pilot program, Thriving Together was in conversation with the North Central Educational Service District to develop a way to offer a peer counseling training curriculum in the high school as part of their regular training curriculum or through continuing education, college classrooms, or running start. The hope is that when students turn 18, they will be eligible to sit for the Certified Peer Counselor (CPC) exam. Thriving Together applied to the Washington Office of Superintendent of Public Instruction (OSPI) to recognize the CPC as an official industry-recognized certification. Further conversations include with the local community colleges to offer behavioral health degrees, including the Behavioral Health Support Specialist (BHSS). Employer-based internship programs will be necessary for students to receive clinical hours after completing this degree. Finally, they were in conversation with one university and hope to expand to others on how they can look at students with the BHSS degree and how they matriculate in the masters-level programs. This step ladder approach allows them to grow their behavioral health workforce within the region, minimizing housing barriers and secondary education costs.

Thriving Together NCW had several barriers to using HB 1504 funds. The money could only be used for behavioral health agencies, and rural areas have very few agencies under this designation. If organizations that provide Medicaid services were permitted to use the funds, it would have been helpful for them to grow their internship program. Background checks were also an issue. Substance use disorder trainees who have lived experience, which makes them uniquely positioned for this work, have a difficult time passing the background checks due to their history before they were in recovery. Some agencies in the North Central region used the money to pay for the additional documentation necessary for background checks, such as treatment reports or police/court documents for interns, as a recruitment strategy.

Later in the pilot program, agencies continued to have challenges finding interns. Limited programs require interns locally, and the distance from universities was challenging to recruit interns. Secondly, every educational institution has different expectations, making it difficult for organizations to navigate and recruit. They also dealt with the issue that substance use disorder providers in these settings aren't paid very well, making it difficult for these agencies to compete. Once the individual finishes their internship, they move on to organizations that could pay more.

Southwest Accountable Community of Health

Southwest Washington Accountable Community of Health (SWACH) administered the workforce pilot program in Southwest Washington. SWACH contracted with Lifeline Connections, a community behavioral health clinic.

Lifeline Connections initially used the funds to hire supervisors and make connections with area colleges. They used these connections to help bring interns to Lifeline Connections.

Lifeline Connections used the funds to support Substance Use Disorder Professionals trainees, bachelor-level and master-level clinicians, as well as nursing students. Lifeline Connections used the funding to incentivize supervisors who provided supervision. Supervisors were paid an additional \$5 per hour for every hour they supervised students. To incentivize interns, they offered \$1,000 in tuition reimbursement for everyone who completed their internship at Lifeline Connections.

Lifeline Connections worked collaboratively with one university to petition for approval to allow a student to complete their internship as a full-time employee. After this, Lifeline Connection worked with area colleges to identify barriers, practices, and policies that prevented students from working in higher education while employed full-time. Lifeline Connections also crafted and signed agency-affiliated agreements with Walden University and Fordham University during this time. Lifeline Connections is working with colleges to identify where they create barriers within their policies and practices to explore flexible options for students working on higher education while employed full-time.

Lifeline Connections implemented a monthly supervisor support group to allow supervisors to discuss successes and challenges. This group offers the opportunity for supervisors to learn additional skills and problem-solve together. Student supervisors were particularly interested in this group and attended regularly to engage in shared learning and professional development activities.

Training Grants program

North Sound Accountable Community of Health

North Sound ACH administered the Training Grants Program. North Sound worked with [continuing education credit vendor PESI](#) to offer free continuing education courses for licensed behavioral health providers in Washington state. North Sound ACH worked with Southwest ACH and Better Health Together to determine course content and outreach strategies. When the courses were decided, in addition to advertising the trainings to contracted partners and known providers, North Sound ACH pushed the registration out to all nine ACH regions. Registered providers came from all regions of Washington State, including tribal nations.

All the trainings were focused on Pediatric behavioral health providers. North Sound initially targeted American Indian and Alaska Native providers and tried to make it easier for providers with fewer resources to attend. However, it opened the training up statewide because of the grant parameters.

The first round of training happened in June of 2022, with four free live webcasts focusing on licensed behavioral health providers working with children and adolescents. Each class allows 100 individuals to register. Four training sessions were offered, and providers were not limited to how many training options they could sign up for. Providers were sent the registration form on April 14, 2022, and due to a high response rate, the registration closed on April 21, 2022.

The courses offered for the first round of trainings were:

- Trauma and Attachment in Children and Families: Play, Art, and CBT to reduce Symptomology and Repair Connection (100 people registered, June 3, 2022)
- Treating Anxiety Disorder in Children & Adolescents (100 people registered for this 2-day course, June 9-10, 2022)
- Trauma-Informed CBT for Children & Adolescents (100 people registered, June 17, 2022)
- Dialectical Behavioral Therapy (DBT) (100 people registered for this 2-day intensive training course, June 22-23, 2022)

Washington's providers could take as many of these free courses as they wanted. 232 individual providers working with children and adolescents across Washington state responded and requested to register for these training sessions. Licensed providers received anywhere from 4-12 credits based on their licensing board. All courses were board-certified to provide continuing education credits for the licensed providers. Priority was based on 'first come, first serve,' and providers who did not sign up were offered a waitlist option for future training between July 2022 and June 2023.

North Sound ACH did a second round of training in June of 2023. For the second round of training, North Sound ACH continued to use PESI for in-person training. These courses were free to licensed behavioral health providers in Washington state, and providers were allowed to sign up for both classes. There were approximately 100 spaces available for each course. Training in Spokane and Lynnwood provided 6-8 continuing education credits. All trainings were board accredited for the following licensed providers in Washington state: Counselors, Social Workers, Psychologist, Marriage and Family Therapists, Addiction Counselors, Physicians, and Psychiatrists.

The courses offered for the second round of trainings were:

- TraumaPlay – A cutting Edge, Attachment-Based Treatment Framework (June 9, 2023 in Lynwood)
- ODD, ASD, ADHD & Mood Disorders: Over 50 Behavior-Changing Techniques for Children & Adolescents (June 30, 2023 in Spokane)

Results and findings

Pilot program

Greater Health Now

Community Health of Central Washington (CHCW) said this funding helped them expand their program and add more behavioral health staff. The HB 1504 funding was flexible, so they took advantage of that flexibility and had their behavioral health staff doing work, like engaging people in the community, that they usually could not do. CHCW said that more people in their community could see a behavioral health specialist because of access to these funds. CHCW also saw an improvement in their client satisfaction surveys, and they believe it was directly related to these funds.

Comprehensive Healthcare said having access to this funding was significant in allowing them to hire and recruit more interns and supervisors.

At Yakima Valley Farm Workers Behavioral Health Services, they believe the new online education programs rely heavily on behavioral health agencies, and having access to this funding allowed them to help train new clinicians to prepare for the workforce.

Sundown Ranch added two more staff members because of this funding.

Serenity Point Counseling Services, Community Health of Central Washington, Yakima Valley Farm Workers Behavioral Health Services, and Sundown M. Ranch have used this funding to help “grow their own” behavioral health staff. They brought in and supported the interns with the HB 1504 funds, and then, when the interns graduated, they could hire them as full-time employees. They all believe that “growing their own” staff helps them retain staff from the areas they serve.

Thriving Together NCW (formally North Central Accountable Community of Health)

Organizations in the North Central region found that each educational institution's various rules and regulations were challenging to navigate. Some institutions do not allow for paid internships, while others will only allow one practicum to be completed at a place of employment. Intern program coordinators got an exemption so interns could be paid. However, the rules of only one practicum at a place of work deterred individuals from starting internships after agreeing. This is an issue because there are few places to complete an internship in rural areas. These same areas are, in general, behavioral health shortage areas.

Some organizations stated that their low staffing levels have made it challenging to host interns because staff with specific expertise, such as medication management, cannot supervise interns. One organization had to pass on funds because they could not find a substance use disorder intern to fill the slot.

Organizations also raised issues with policies between training and practice requirements; for example, one must have a master's degree to do behavioral health intakes, and consequently, interns cannot do the information. Interns can shadow someone, but that would mean pulling two individuals into an infusion when one could see patients. This also means that there can be a bottleneck at the intake. They felt interns need to be trained and trusted to do inputs alone as they will be required to do them once they graduate.

After having this funding, organizations recognized the value of dedicating a portion of a full-time employee to their internship program, acknowledging that internships will help fill the gaps (as interns) and hopefully develop into full-time employees. They are now making connections and building relationships with higher education institutions to help bring in interns. Then, they are trying to hire interns and designate them as Agency Affiliated Counselors.

Training an intern requires staff to reduce their caseload by 20 percent. By participating in this behavioral health internship funding program, they were able to hire another staff member to fill the 20 percent gap and assist in training the intern and taking on new clients.

Southwest Washington Accountable Community of Health

Lifeline Connects was able to develop a centralized internship program. This program supported recruiting students and reduced barriers to accessing entry-level positions upon graduation. From September '22 to June '23, this program placed 28 students throughout Lifeline Connections. Of those 28 students, 4 master-level and 3 SUDPT students transitioned into entry-level employment positions. In addition to the benefit of training 28 professionals to step into the behavioral health field, another advantage that came from this program: Having 28 students placed throughout the organization provided an opportunity for employees who are not in supervisory roles within the agency to gain supervisory experience and enhance their professional development. Supervising interns has increased job satisfaction and retention of the individual providing supervision. Those who supervised students were grateful for the opportunity, found it fulfilling, and wanted to lead students in the future. None of the 17 employees who supervised students last year left Lifeline Connections, showing that this program supports retention.

Training Grants program

North Sound Accountable Community of Health

There was a high demand for free training for behavioral health providers. These trainings were paid for 100 percent by HB 1504 funds, and North Sound ACH said that when the funds stopped, they stopped providing these free training. The training saved the individual behavioral health workers money. Providers taking advantage of their course were able to get enough CEUs for the year provided free by this training.

If North Sound were to provide these trainings again, they would charge a nominal fee because they found that when the trainings were free, some individuals would sign up and not show up for the training.

Conclusion

E2SHB 1504 invested \$1 million in the behavioral health workforce with a behavioral health workforce pilot program and training grants program. These programs allowed the Accountable Communities of Health (ACH) and agencies in their areas to try new tactics to retain and recruit supervisors and staff in the behavioral health workforce. The ACHs and agencies involved in this program say these programs benefited them. These programs show a need for further investment in the behavioral health workforce to continue finding creative ways to retain and recruit more people into behavioral health.

This investment was a massive help to the behavioral health workforce, but it also showed that there are still other obstacles to attracting people into the behavioral health workforce. There are still challenges to allowing agencies to pay interns, forcing interns to work for free to further their education, and creating a barrier to diversifying the workforce. This investment was targeted at supporting supervisors and interns in community behavioral health. However, wages in this field are still meager, so after the intern gets their licensure, they still tend to move on to other agencies that can pay more.

Appendix A: Success stories

From Serenity Point Counseling Services:

"This funding has allowed us to offer financial incentives to our preceptors for the additional work that comes with supervising, developing training plans, and signing off on the interns' clinical notes and documentation. In addition, we have been able to provide some financial assistance for tuition costs for our interns, Certificate fees, application fees, etc. All of what is not within the agency's normal budget planning.

For the three interns that participated, Serenity Point offered full-time employment with a complete benefits package, financial assistance, and preceptor supervision. In exchange, all three interns have signed employment agreements that commit them to remain with Serenity Point for at least two years post-certification/licensure status.

The funding provided through 1504 has been instrumental in creating a benefit for both Serenity Point and our three interns in addressing the workforce shortage in our community. It is hoped that this form of assistance will continue."

From Yakima Valley Farm Workers Clinic:

"The funding has assisted with the recruitment of next professional leaders."

From Lifeline Connections:

"All 19 supervisors that began supervision of students in September and have been receiving the incentive are all still with our agency. So far, six students plan to apply for a position within Lifeline Connections as employees, which is super exciting for workforce development. With these funds we will also be offering a trauma-informed, resilience-oriented supervision training, which everyone is really excited for."

"I'd say we are absolutely retaining supervisors and increasing our behavioral health workforce thanks to the funds offered through this contract."

Appendix B: References

- Washington State Workforce Training and Education Coordinating Board (2017, December). Washington State Behavioral Health Workforce Assessment.
- Washington Workforce Training & Education Coordinating Board (2020, December). Washington's Behavioral Health Workforce: Barriers and Solutions. Phase II Reports and Recommendations.