

Analysis of workforce retention and recruitment related to one-time assistance payments

2023 Provider relief workforce stabilization funding

Engrossed Substitute Senate Bill 5693; Section 215(104)(e); Chapter 297; Laws of 2022

December 01, 2023

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Executive Summary

This report contains the qualitative results of the Health Care Authority's (HCA) distribution of 100 million dollars in Community Behavioral Health Provider Relief Workforce Stabilization funding, as directed by [Engrossed Substitute Senate Bill \(ESSB\) 5693 \(2022\); Section 215\(104\)\(e\)](#):

(e) Within the amounts appropriated in this subsection, the authority may utilize up to \$200,000 to conduct a qualitative analysis of how recipients utilized funds for workforce retention and recruitment, which may include hiring a consultant and a survey of selected recipients. The authority must report on the findings of the qualitative analysis to the office of financial management and the appropriate committees of the legislature by December 1, 2023.

HCA distributed a total of \$99,944,552 in FY 2023 to 226 eligible community behavioral health treatment agencies (BHA's) or BHA sites; the complete list is viewable in appendix C. HCA retained \$71,000 of the funding provided to contract with En Route, LLC to conduct a qualitative analysis of how the providers utilized the funding through two avenues, a simple online survey, with an opportunity for a more in-depth follow-up interview with En Route, LLC.

Background

ESSB 5693 (2022) provided HCA with 100 million dollars of the Coronavirus State and Local Fiscal Recovery Funds - federal appropriation for, on a one-time basis, the HCA to address behavioral health treatment access issues resulting from workforce shortages and impacts of the COVID-19 public health emergency. HCA immediately convened a workgroup to oversee the distribution of the provider relief workforce stabilization funding.

The work group intended to utilize past methodologies to ensure timely and accurate funding distribution to eligible BHA's and that HCA entered into appropriate agreements with BHA's quickly and with the least administrative burden to BHA's as possible.

Through the workgroup, HCA determined that to be eligible, agencies must be

- Nonhospital-based community behavioral health treatment providers who are licensed and receiving payment through an MCO or BHASO between July through December 2019 to account for pre-pandemic client encounters and July through December 2021, HCA's most current encounter data to ensure inclusion of new agencies that came onboard during the COVID-19 PHE
- This included Indian health care and Urban Indian health care providers who have received payments by MCOs or BH-ASOs with or without a contract per 25 U.S. Code § 1621e a Right of Recovery.

HCA then applied a methodology to determine the distribution of payments equitably across behavioral health treatment service types, including weighting distributions by:

- Number of people served (client encounter counts) based on services provided and their associated claims and encounters from ProviderOne between July through December of both 2019 and 2021 and creating an average of these service periods.
- Funding categories for five separate provider types to account for more intensive services. Individually weighted categories HCA used include:
 - 24/7 facilities
 - Crisis services
 - Programs of Assertive Community Treatment (PACT) services
 - Wrap around with intensive services (WiSe)
 - Outpatient and Applied Behavioral Analysis (ABA) services

HCA adopted a two-step process for eligible agencies to receive funding to ensure the ability to meet the "appropriate agreements" request of the legislature in ESSB 5693 (2022); Section 215 (104)(a).

(a) The authority must enter into appropriate agreements with recipients to ensure that this stabilization funding is used for purposes of this subsection. Before receiving funds, providers must agree to expend these assistance payments by June 30, 2023.

Step one of the process HCA communicated a request for information, an enrollment process, that allowed HCA to pair provider payment information with agency contact to sign the contract required for payment.

In step two of the process, HCA paired the information from step one to distribute contracts to eligible providers. Agencies were required to sign the contract with HCA to receive the provider relief workforce stabilization payment.

Pairing with the two-step process for enrollment, HCA had a straightforward dispute process through which providers who were not a part of the call for eligible providers could dispute and provide proof of their eligibility to receive the funding.

The contract agreement with HCA contained:

- the amount of funds the organization was eligible to receive.
- Requirement to spend the funds on eligible uses between March 3, 2021, and June 30, 2023
- The eligible uses of funds as noted in ESSB 5693 (2022); Section 215 (104)(c).

(c) Providers must use the funding for immediate workforce retention and recruitment needs or costs incurred due to the COVID-19 public health emergency. Funds may also be used to support other needed investments to help stabilize the community behavioral health workforce, including, but not limited to, childcare stipends, student loan repayment, tuition assistance, relocation expenses, or other recruitment efforts to begin adding new staff and rebuilding lost capacity.

- Commitment to respond to the HCA survey on how the funds were utilized.

HCA issued the contracts to the eligible agencies beginning September 2023. Agencies had five weeks to review the contracts and enter agreements with HCA. Upon receiving the signed contract, in most cases, HCA paid agencies the contracted amount within ten business days.

In the spring of 2023, HCA reconciled the Provider Relief Workforce Stabilization funding and notified all eligible agencies of residual funding availability. Agencies had the opportunity to opt into receiving additional funding if they could utilize it within the time-limited distribution of the contractual amendment with HCA; 138 unique BHAs opted to receive additional funding. HCA issued contractual amendments in May 2023 and provided a lump sum payment of additional funding of \$20,970.83 to those agencies that opted to receive additional payments in June 2023. These payments are reflected in the total amount of funding received by the agency in Appendix C.

Outcomes

Adopted funding strategies:

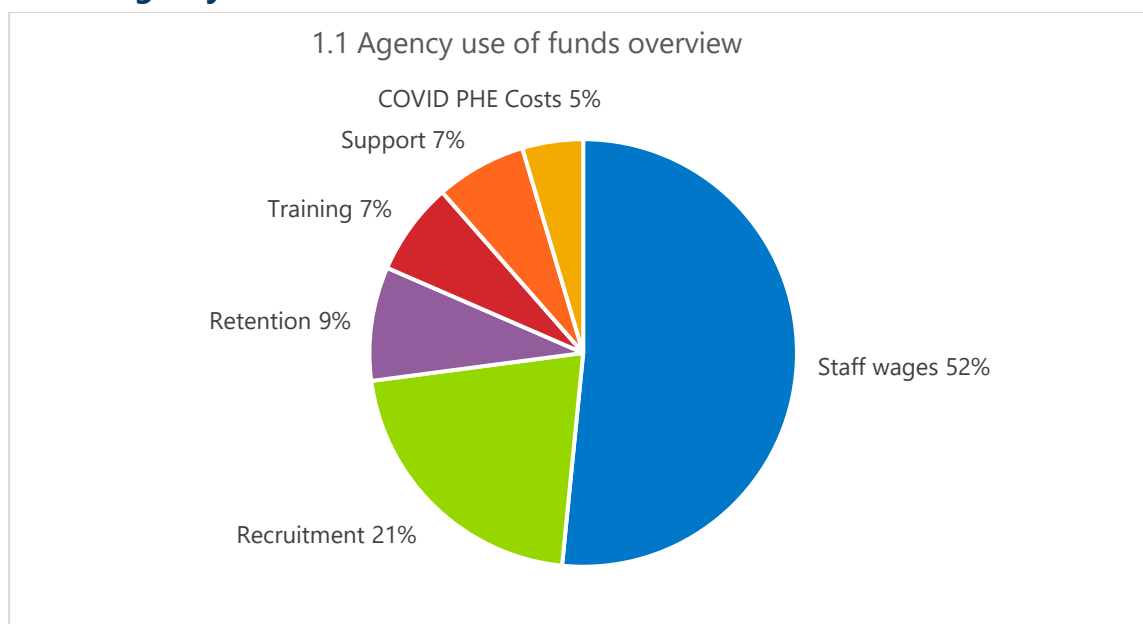
As directed by ESSB 5693 (2022); Section 215(104)(e), HCA in partnership with our contractor En Route, LLC, surveyed and interviewed a representative sample of 92 unique BHA's who were awarded workforce stabilization provider relief funding.

(e) Within the amounts appropriated in this subsection, the authority may utilize up to \$200,000 to conduct a qualitative analysis of how recipients utilized funds for workforce retention and recruitment, which may include hiring a consultant and a survey of selected recipients. The authority must report on the findings of the qualitative analysis to the office of financial management and the appropriate committees of the legislature by December 1, 2023.

In the survey HCA 92 behavioral health agencies were surveyed about their use of adopted funding strategies. Due to the outreach and direct technical assistance from HCA's contractor En Route, LLC all 92 BHA's responded to the survey and all agencies surveyed completed all questions. The tables below highlight their responses to these survey questions.

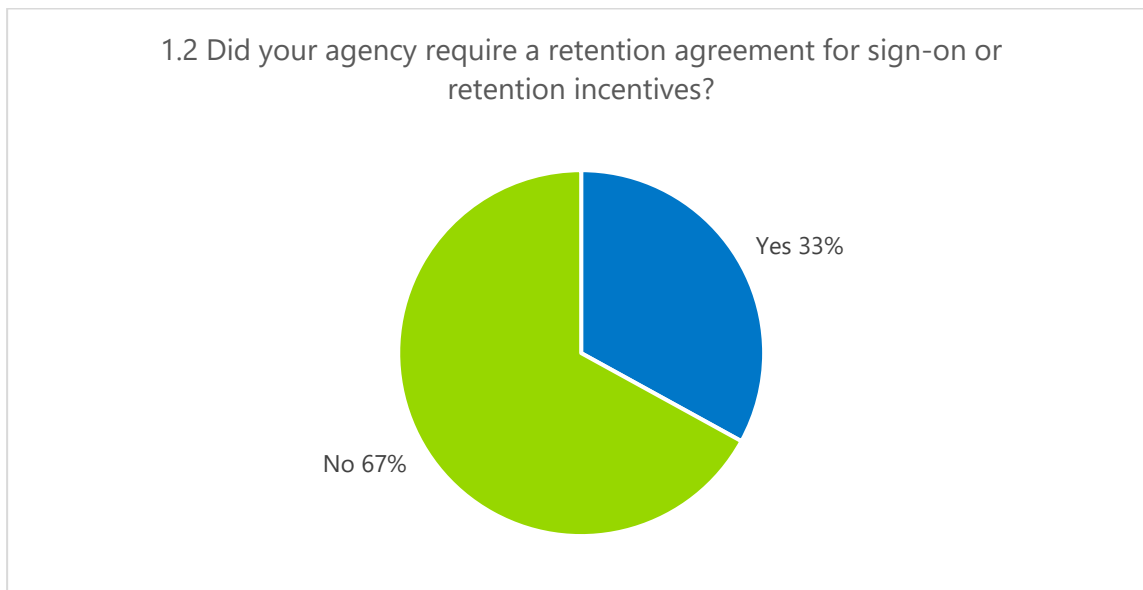
In Table 1.1 below, BHA's were asked, **"of the funding received, approximately what percentage did your organization use to support each category?"**

Table 1.1: Agency use of funds overview



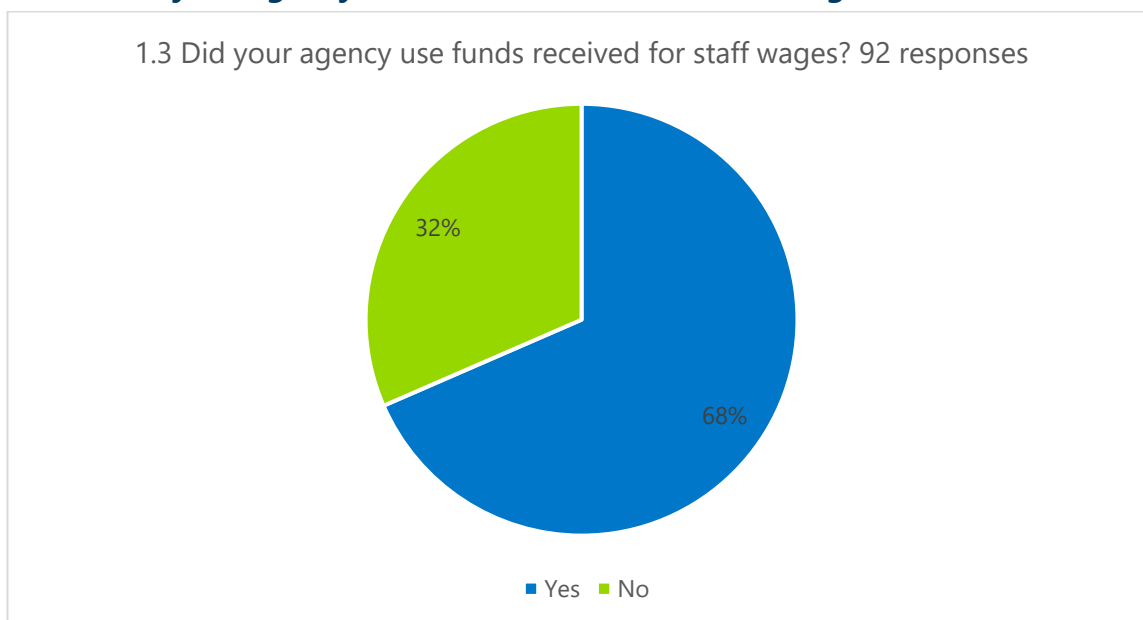
In Table 1.2 below, agencies were asked **“Did your agency require a retention agreement for sign-on or retention incentives”**. 67 percent of agencies did not require retention agreements for sign-on or retention incentives, and 33 percent did.

Table 1.2: Did your agency require a retention agreement for sign-on or retention incentives?



BHA's were asked, **“Did your agency use funds received for staff wages?”** HCA provided the survey to 92 BHA's and received 92 responses. Table 1.3 shows of those responses, 68 percent utilized the funding for staff wages, and 32 percent indicated that they did not.

Table 1.3: Did your agency use funds received for staff wages?

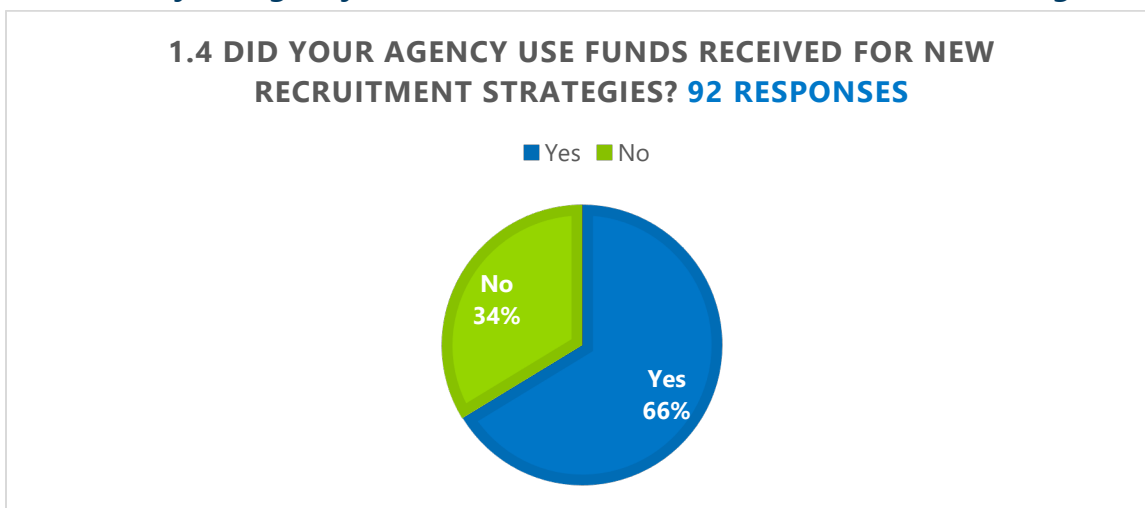


BHA's were asked **"Did your agency use funds received for new recruitment strategies?"** Table 1.4 shows of those responses 66 percent said they used the funds received for new recruitment strategies. 34 percent indicated that they did not.

The 66 percent of agencies that indicated that they did utilize the funding received for new recruitment strategies mostly used the funding for:

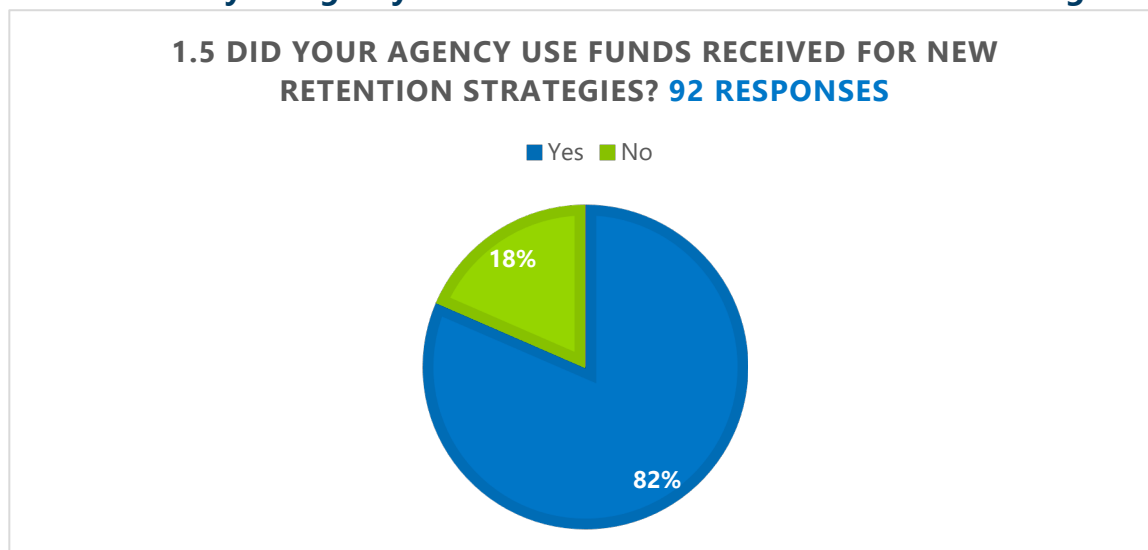
- Sign-on bonuses
- Recruitment ads
- And outreach to colleges and through job fairs

Table 1.4: Did your agency use funds received for new recruitment strategies?



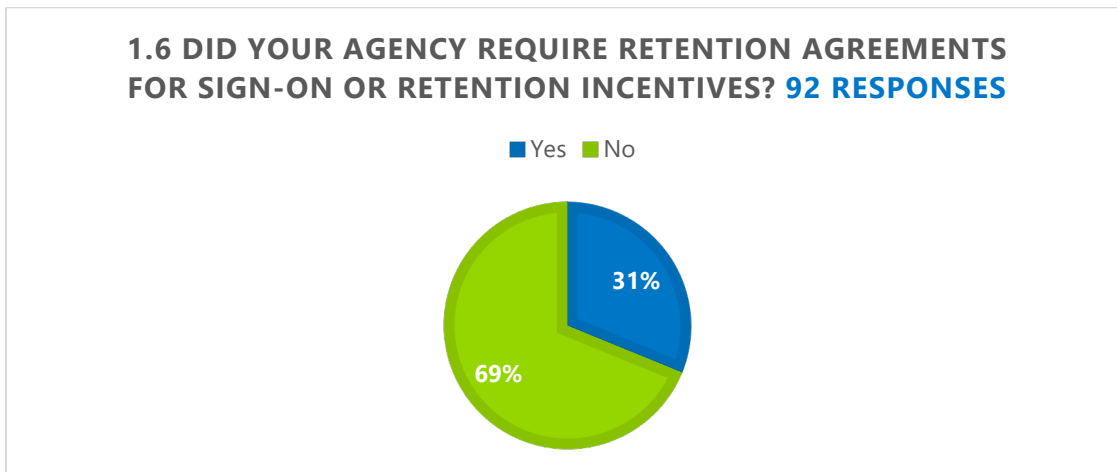
BHA's were asked **"Did your agency use funds received for new retention strategies?"** Table 1.5 shows of those responses 82 percent indicated that they did use the funds for new retention strategies, 18 percent indicated that they did not. Of those 82 percent who did utilize funding for new retention strategies, most BHA's utilized the funds for retention bonuses.

Table 1.5: Did your agency use funds received for new retention strategies



BHA's were asked **"Did your agency require retention agreements for sign-on or retention incentives?"** Table 1.6 shows of those responses 69 percent indicated that they did not require retention agreements, and 31 percent indicated that they did require retention agreements.

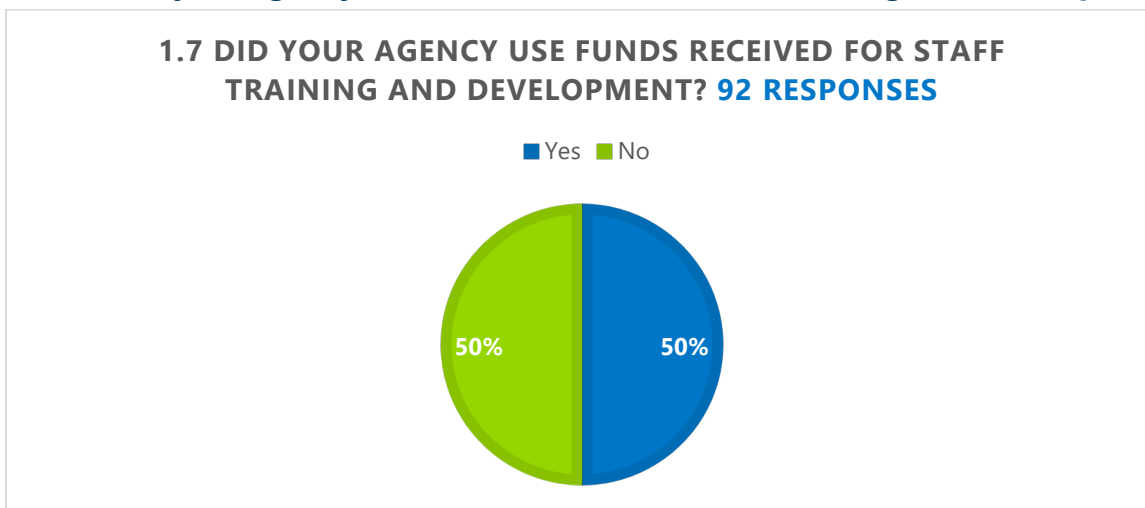
Table 1.6 Did your agency require retention agreements for sign-on or retention incentives.



BHA's were asked **"Did your agency use funds received for staff training and development?"** Table 1.7 shows that of those responses, 50 percent indicated that they used the funding for training and development, and 50 percent indicated that they did not spend the funding on training and development. Of those that did spend funding received for staff training and development some of the things that were funded include:

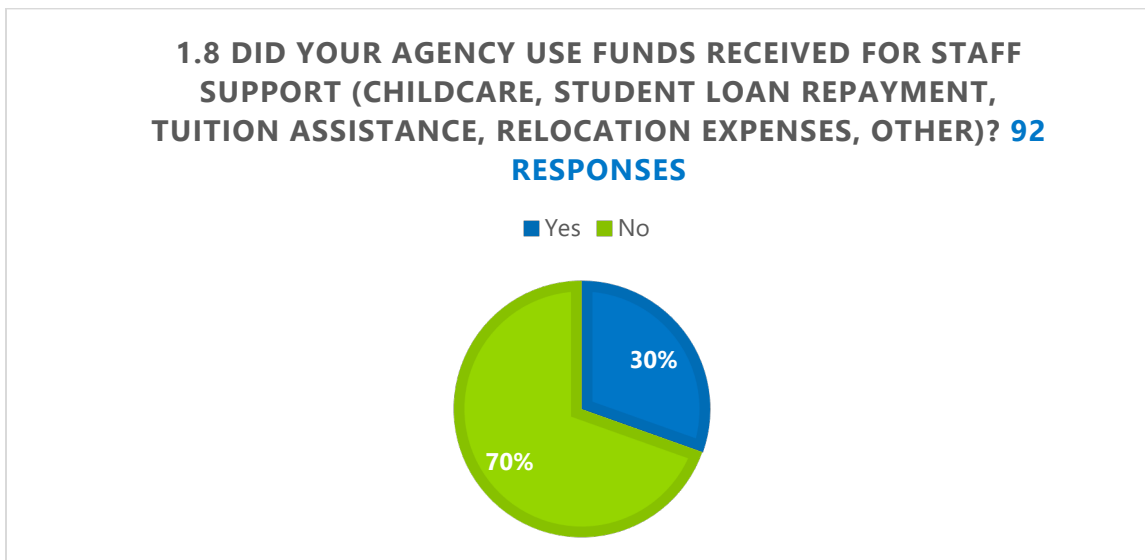
- Paid for a staff to become a certified trainer of Mental Health First Aid, and crisis response trainer
- Trained staff in EMDR and Art therapy to be able to provide supervision to other staff
- Created a Clinical Learning Center
- For 2 master's level clinicians to add SUDP credentialing
- Created a library of training and development books

Table 1.7: Did your agency use funds received for staff training and development?



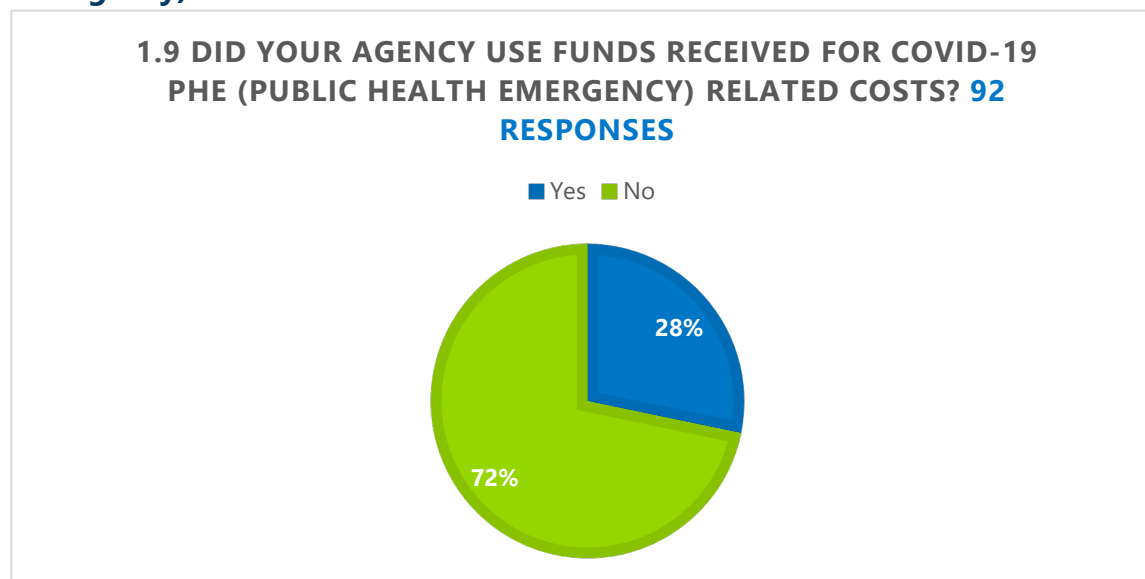
BHA's were asked "Did your agency use funds received for staff support (childcare, student loan repayment, tuition assistance, relocation expenses, other)?" Table 1.8 shows of those responses 70 percent indicated that they did not use the funding on staff supports and 30 percent indicated that they did spend the funding on staff supports.

Table 1.8: Did your agency use funds received for staff support (childcare, student loan repayment, tuition assistance, relocation expenses, other)?



BHA's were asked "Did your agency use funds received for COVID-19 PHE (Public Health Emergency) related costs?" Table 1.9 shows of those responses 72 percent indicated that they did not use the funding on COVID-19 PHE related costs and 28 percent indicated that they did spend the funding on COVID-19 PHE costs.

Table 1.9: Did your agency use funds received for COVID-19 PHE (Public Health Emergency) related costs?

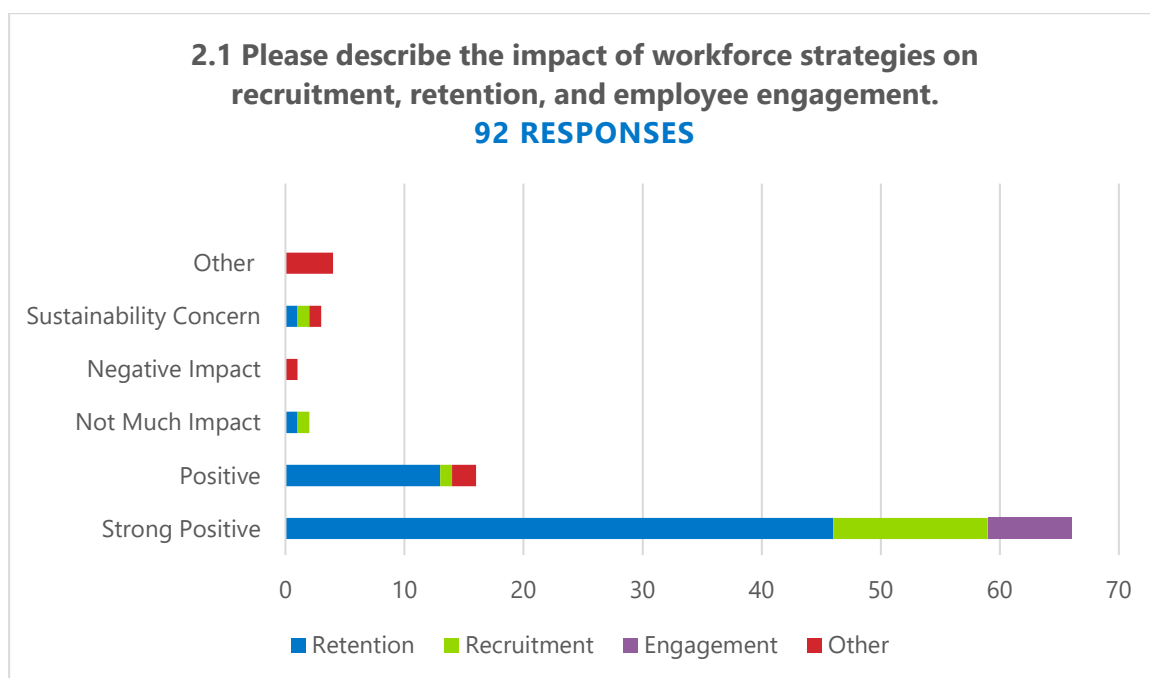


Funding impact

In the follow-up interview conducted by En Route, LLC, after the contractual period for the 2022 provider relief workforce stabilization funding, 92 behavioral health agencies were surveyed about their use of adopted funding strategies and the impact the funding had on their workforce. Due to the reach out and direct technical assistance from HCA's contractor En Route, LLC all 92 BHA's responded to the survey and all agencies completed all questions. The tables below highlight their responses to these survey questions regarding funding impact.

BHA's were asked **"Please describe the impact of workforce strategies on recruitment, retention, and employee engagement?"** Table 2.1 shows the responses.

Table 2.1: Please describe the impact of workforce strategies on recruitment, retention, and employee engagement.



Some qualitative responses from agencies related to the question above in table 2.1 about the impact of these funds include:

"Hired SUD [professional] after one month with recruiting company, after trying for over."

"Our leadership received many thank you messages. Staff reported plan to repay debt or student loans or for money to go to childcare. It created a positive boost in morale and recognition of the hard work done during the pandemic. From Staff: "I just want to say thank you for the added bonus this month. I have never experienced anything like this in my life. I have never felt more supported and understood by my supervisors. This bonus allows me to support my family and do the important work that we are doing here.""

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"It's been very positive. We've been able to retain the bulk of staff and add 2 more positions. We have provided great care and customer service to clients especially while everyone was working from home during Covid."

"Through this funding they were able to keep programs open, retain employees, hire new employees at competitive rates"

"The agency had a nurse on staff who was working to complete her degree to become an ARNP and were able to use funds to retain the staff person. Staff do not typically receive a bonus, so staff were very appreciative. Some staff did not have electricity, water, [agency was] going to lose their staff. Staff felt valued. The staff's difficult situations, and economic struggles were underestimated prior. The funds helped with loyalty and commitment from staff."

"Positive impact on existing staff and the community. Existing staff were able to have more manageable workload and were able to provide better patient care."

"As a result of the stipend, staff were able to use it toward student loans, and childcare, which made a tremendous difference. The agency is very appreciative, because the funds have made such a significant difference with recruitment and retention. Services have improved, wait times are significantly less; staff is engaged, and providers are seeing more patients. Since the admin work is less, they are providing more [therapeutic] groups."

"Agency was "paycheck to paycheck" until funds were received. They were able to implement changes that will have a long-lasting impact, which makes the programs more sustainable. Employees are reporting and improvement in agency culture. The "tone at the top" has "pushed that down," which has resulted in everyone working together better."

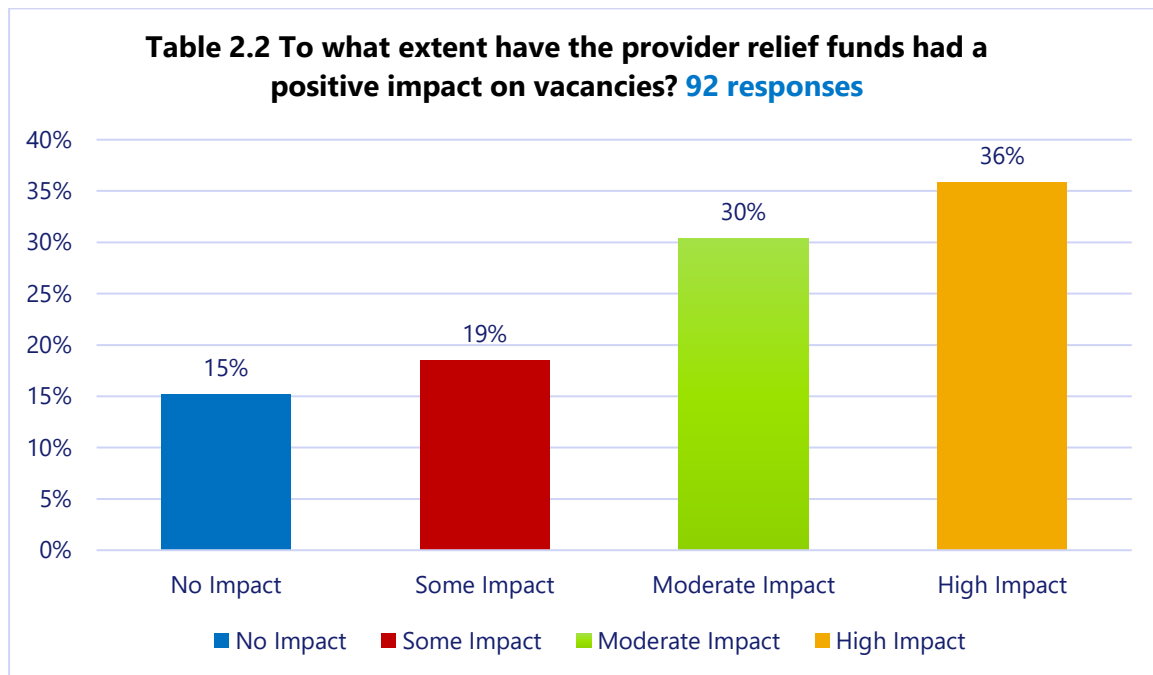
"We believe it's been medium to high impact. If we wouldn't have increased salaries, we would have lost more staff."

"Last year the agency started to lose a lot of staff; the increase in wages have stabilized the retention of clinicians."

"The workforce strategies "have completely changed the culture" of the agency, created a more cohesive team, and improved retention."

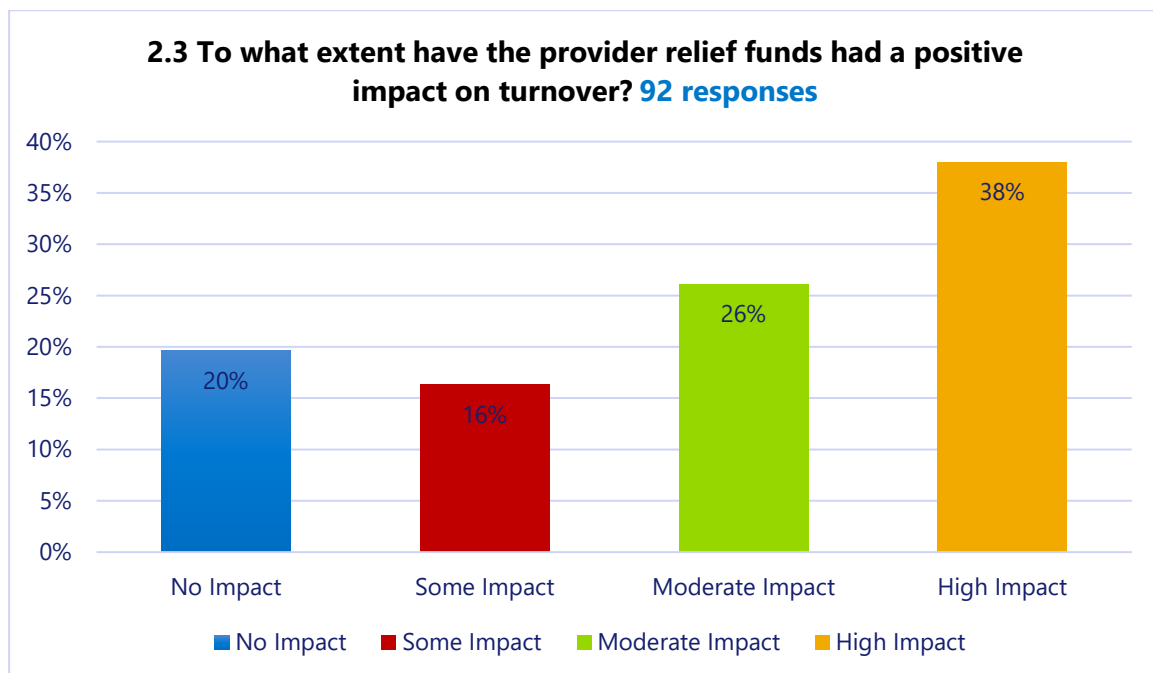
In interviews conducted, agencies were asked to what extent have provider relief funds had a positive impact on vacancies. Agency responses are shown below in Table 2.2

Table 2.2: To what extent have the provider relief funds had a positive impact on vacancies?



In interviews were asked to what extent the provider relief funds positively impacted turnover. Agency responses are shown below in Table 2.3

Table 2.3: To what extent have the provider relief funds had a positive impact on turnover?



Appendix A: provider survey

Demographics

1. Name of Community Behavioral Health Treatment Organization
2. Name of individual completing survey
3. Title of individual completing survey
4. Name of individual assigned reporting requirements of funding
5. Title of individual assigned reporting requirements of funding
6. Email address of individual to schedule reporting interview
7. Phone number of individual to schedule reporting interview
8. Of the funding you received, approximately what percentage did your organization use to support each category below (Enter a number from 0-100 in each category to represent a percent of funds used - categories MUST add up to 100)?
 - a. Staff Wages
 - b. New recruitment strategies
 - c. New retention strategies
 - d. Staff training and development
 - e. Support (childcare, student loan repayment, tuition assistance, relocation expenses, other)
 - f. Costs incurred due to the COVID-19 PHE
9. Did your organization require retention agreements for sign-on or retention incentives?
 - a. Yes/no

Funding allocation interview questions

10. Did your agency use funds received for staff wages? If yes please describe your methodology (e.g., 7% across the board; 10% for clinical staff, 7% for admin staff, 5% for management, etc.)
11. Did your agency use funds received for new recruitment strategies?
 - a. If yes, what recruitment strategies did you use? (e.g., sign-on bonuses, website development social media, update hiring policies, etc.)
12. If you used sign-on bonuses, please describe your methodology and approximate dollar amounts per strategy (e.g., sign on bonuses at \$10,000 per new hire for up to 10 new employees)
13. Did your agency use funds received for new retention strategies? If no, skip the next two questions.
 - a. If yes please describe your methodology and approximate dollar amount per strategy (e.g., retention bonuses; \$15,000 for a new employee engagement or wellness program; \$5,000 per senior staff, etc.)
14. If you used retention bonuses, please describe your methodology and approximate dollar amounts per strategy.
15. Did your agency require retention agreements for sign-on or retention incentives? If no, please skip the next question.
 - a. If yes, please describe your methodologies (e.g., 2-year agreement paid half upfront and half at the end).
16. Did your agency use funds received for staff training and development? If no, please skip the next question.
 - a. If yes, please describe your methodologies (e.g., evidence-based practices; supervisory skill development built a grow-your-own program).
17. Did your agency use funds received for staff support (childcare, student loan repayment, tuition assistance, relocation expenses, other)? If no, please skip next question.

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- a. If yes, please list support categories funds were used for.
- 18. Did your agency use funds received for COVID-19 PHE (public health emergency) related costs? If no, please skip the next question.
 - a. If yes, please list cost categories.
- 19. Please describe the impact of workforce strategies on recruitment, retention, and employee engagement.
- 20. What is your current vacancy rate?
 - a. How does that compare to a year ago (higher, lower, about the same)?
 - b. To what extent have the provider relief funds had a positive impact on vacancies (no impact to high impact)?
 - c. Were there other factors that contributed to vacancy rates within the reporting periods (current compared to a year ago) such as facility closures or partial closures, new policies, practices or strategic priorities?
 - d. If you answered yes to question 18.a. above, please describe the factors.
- 21. What is your current turnover rate?
 - a. How does that compare to a year ago (higher, lower, about the same)?
 - b. To what extent have the provider relief funds had a positive impact on turnover? (no impact to high impact)?
 - c. Were there other factors that contributed to turnover rates within the reporting periods (current compared to a year ago) such as facility closures or partial closures, competition with other health systems?
 - d. If you answered yes to 18.a. above, please describe the factors.
- 22. Approximately how many full-time equivalent staff are in your agency including clinical, administrative and leadership?

Appendix B: FY 23 funding distribution

Agency	Sum of Amount	Agency	Sum of Amount
A Different Path Counseling, LLC	\$ 28,843.81	Compass Health	\$ 3,375,947.52
A Walk To Freedom Counseling	\$ 52,025.35	Compassionate Addiction Treatment	\$ 51,666.41
A.P.P.L.E. Consulting LLC	\$ 24,087.22	Comprehensive Healthcare	\$ 2,521,935.01
Abec LLC	\$ 46,393.99	Comprehensive Mental Health	\$ 753,331.85
Abhs Specialty Services ll LLC	\$ 349,201.91	Confederated Tribes Of The Chehalis	\$ 67,825.22
Affinity Counseling and Treatment	\$ 20,970.23	Confederated Tribes Of The Colville	\$ 118,095.83
Agape Unlimited	\$ 125,615.82	Consejo Counseling And Referral	\$ 689,503.20
American Behavioral Health System	\$ 2,726,278.39	Core Health	\$ 624,237.72
American Indian Community Center	\$ 10,712.56	Courage To Change, Inc	\$ 24,743.30
Answers: Counseling, Consultation	\$ 174,821.93	Cowlitz Indian Tribe	\$ 376,131.10
Asian American Chemical Dependent	\$ 89,367.32	Crh Christopher House LLC	\$ 48,181.32
Asian Counseling And Referral Services	\$ 500,789.83	Crisis Connection	\$ 1,144,997.08
Atlantic Street Center	\$ 111,993.83	Crossroads Treatment Center, Inc	\$ 32,780.30
Awakenings, Inc.	\$ 81,682.14	Daybreak Youth Services	\$ 227,898.94
Axiom Recovery Services	\$ 51,478.62	Downtown Emergency Service Center	\$ 822,392.79
Baart Behavioral Health Services	\$ 175,806.05	Educational Service Dist. 113	\$ 182,554.66
Barth Clinic LLC	\$ 138,432.22	Elizabeth A Miles	\$ 6,396.79
Beautiful Autism LLC	\$ 88,055.16	Emily Program Pc The	\$ 74,793.28
Behavioral Health Resources	\$ 2,512,503.15	En Route, LLC Coach & Train Serv	\$ 71,000.00
Believe In Recovery	\$ 22,939.07	Eugenia Center	\$ 180,914.46
Beyond Behavioral Health LLC	\$ 119,383.05	Evergreen Recovery Centers	\$ 1,421,009.98
Blue Mountain Counseling Of	\$ 44,571.13	Evergreen Treatment Services	\$ 847,567.84
Capital Recovery Center	\$ 98,880.50	Excelsior Integrated Care Center	\$ 27,531.64
Cascade Community Healthcare	\$ 849,342.16	Excelsior Youth Center	\$ 551,159.48
Castele Williams & Associates	\$ 5,061.20	F H Counseling And Associates L	\$ 23,529.55
Castele Williams And Associates	\$ 20,970.83	Family Solutions	\$ 347,535.37
Catholic Charities	\$ 144,482.86	First Step Community Counseling	\$ 103,637.09
Catholic Charities Of The Diocese	\$ 882,706.09	First Things First 123, LLC	\$ 28,187.73
Catholic Community Services Of W	\$ 4,184,866.34	For The Culture Counseling Servi	\$ 32,288.23
Center For Alcohol And Drug	\$ 344,853.25	Foundation For Multicultural So	\$ 2,952.37

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Center For Human Services	\$ 495,774.80	Foundation For Multicultural Sol	\$ 20,970.83
Childhaven	\$ 198,671.87	Friends Of Youth	\$ 188,968.82
Children's Center	\$ 328,673.03	Frontier Behavioral Health	\$ 3,611,845.38
Childrens Home Society Of Washington	\$ 474,219.10	Good Intentions Counseling Servi	\$ 20,970.83
Clallam County Phd #1	\$ -	Grant County	\$ 827,204.96
Clallam County Public Hospital D	\$ 73,697.39	Greater Lakes Mental Healthcare	\$ 1,999,264.41
Columbia River Mental Health Ser	\$ 893,669.51	Helping Professionals Wellness C	\$ 86,250.93
Columbia Valley Community Health	\$ 2,627,770.20	Hero House Nw	\$ 48,937.95
Columbia Wellness	\$ 1,711,364.06	Hope Sparks	\$ 161,700.30
Community Counseling Institute	\$ 24,907.32	Huffman Troy	\$ 6,560.81
Community Health Association Of	\$ 71,489.10	Ideal Balance PLLC	\$ 486,296.60
Community House Mental Health Ag	\$ 212,853.96	Ikron Corporation	\$ 121,810.39
Community Integrated Health Serv	\$ 1,155,926.19	Institute For Family Development	\$ 62,785.14
Community Psychiatric Clinic	\$ 3,186,446.07	Integrative Counseling Services	\$ 41,801.42
Community Youth Services	\$ 230,399.62	Jamestown S'Klallam Tribe	\$ 304,257.77
Jefferson Community Counseling C	\$ 246,213.90	Pend Oreille County	\$ 20,970.83
Kalispel Tribe Of Indians	\$ 44,685.39	Pend Oreille County Counseling	\$ 1,180.95
Kennedy, Leanne	\$ 1,968.24	Peninsula Behavioral Health	\$ 683,794.44
Kent Youth And Family Services	\$ 69,192.82	Peninsula Comm Health Services	\$ 4,249,497.77
King Shundra	\$ 5,904.73	Perch Behavioral Health LLC	\$ 1,312.16
King Co Sexual Assault Rsrc Cntr	\$ 20,970.83	Pierce County Alliance	\$ 262,572.82
King County	\$ 307,186.55	Pioneer Human Services	\$ 1,646,110.15
King County Hospital Dist. 4	\$ 57,243.11	Port Gamble S'Klallam Tribe	\$ 155,959.59
King County Public Hospital Dist.	\$ 209,946.06	Prosperity Counseling And	\$ 518,578.10
King County Sexual Assault	\$ 20,338.52	Providence Health & Services Was	\$ 141,252.02
Kitsap County	\$ 427,319.16	Public Hospital District	\$ 120,695.21
Kitsap Mental Health Services	\$ 2,033,856.97	Quality Behavioral Health	\$ 207,124.17
Lake Whatcom Residential & Treat	\$ 286,698.86	Quileute Health Clinic	\$ 58,063.21
Life Transitions LLC	\$ 65,912.41	Quinault Indian Nation	\$ 60,662.70
Lifeline Connections	\$ 1,427,807.01	Rainier Internal Medicine	\$ 459,913.10
Lower Elwha Health Clinic	\$ 93,139.79	Rainier Springs, LLC	\$ 22,857.16
Lummi Nation	\$ 134,587.26	Recovery Innovations, Inc	\$ 832,853.87
Lutheran Community Services Nort	\$ 1,161,447.08	Reflections Counseling Services	\$ 73,621.37
Makah Tribe	\$ 44,721.70	Refugee Women's Alliance	\$ 109,541.83
Metropolitan Development Council	\$ 879,168.21	Renton Area Youth And Family Ser	\$ 1,312.16
Miles Aba Services PLLC	\$ 20,970.83	Revive Counseling Spokane PLLC	\$ 60,499.74

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Muckleshoot Indian Tribe	\$ 225,630.95	Rich Enterprises, LLC	\$ 62,467.98
MultiCare Health System	\$ 1,506,078.84	Riverside Recovery Center	\$ 88,055.15
Nancy Lee Stark	\$ 74,629.26	Royal Life Centers LLC	\$ 526,789.84
Native Project	\$ 362,320.98	Ryther	\$ 182,436.57
Navos	\$ 1,680,969.26	Sea Mar Community Health Centers	\$ 445,977.64
New Directions Counseling LLC	\$ 79,198.06	Sea-Mar Community Health Center	\$ 1,454,583.66
New Family Traditions	\$ 24,603.05	Seattle Drug And Narcotic Center	\$ 324,230.93
New Horizon Care Centers	\$ 706,903.84	Seattle Indian Health Board	\$ 579,885.58
Nisqually Indian Tribe	\$ 68,391.21	Seneca Family Of Agencies	\$ 59,884.04
Nooksack Central Management	\$ 20,970.83	Serenity Point Counseling Svcs	\$ 71,429.46
Nooksack Central Management Syst	\$ 59,377.30	Shipowick-Smith Counseling LLC	\$ 54,102.94
Northshore Youth And Family Serv	\$ 22,939.07	Shoalwater Bay Tribe	\$ 65,444.12
Northwest Autism Center	\$ 36,060.70	Skamania County	\$ 64,388.89
Northwest Regional Council	\$ 59,679.64	Skokomish Tribal Council	\$ 90,318.64
Northwest Resources li Inc	\$ 764,947.50	Snoqualmie Tribe	\$ 84,938.77
Okanogan Behavioral Healthcare	\$ 256,418.21	Social Treatment Opportunity Pro	\$ 20,010.48
Olalla Recovery Centers Inc	\$ 373,462.11	Somerset Counseling Center LLC	\$ 104,293.17
Ortc, LLC	\$ 91,499.59	Sound	\$ 3,237,126.06
Palouse River Counseling Center	\$ 234,720.24	Sound Integrated Health LLC	\$ 337,694.15
Partners With Families And	\$ 83,657.10	Southwest Youth And Family Servi	\$ 60,063.35
Partners With Families Children	\$ 7,872.98	Spokane Behavioral Health, LLC	\$ 163,832.57
Passages Family Support, Inc.	\$ 339,842.36	Spokane County	\$ 101,528.60
Pathways Of Washington, LLC	\$ 30,812.05	Spokane Regional Health District	\$ 307,678.42
PeaceHealth	\$ 1,892,302.92	Spokane School District 81	\$ 347,558.24
Spokane Treatment And Recovery S	\$ 984,449.84	You Grow Girl!	\$ 110,538.02
Spokane Tribe Of Indians	\$ 43,628.51	Young Women Christian Association	\$ 30,648.03
Squareone Services	\$ 15,581.93	Youth Eastside Services	\$ 102,324.93
Squaxin Island Health Clinic	\$ 20,970.83	Cancelled Contracts	\$ (285,709.43)
Squaxin Island Tribe	\$ 314,866.10		
Stevens County	\$ 721,570.94		
Stillaguamish Tribe	\$ 284,879.59		
Sum Of Learning LLC	\$ 1,693.86		
Sundown M Ranch	\$ 771,460.02		
Sunrise Services Inc.	\$ 417,080.00		
Sunshine Health Facilities, Inc.	\$ 112,225.93		
Suquamish Tribe	\$ 74,277.45		
Swedish Edmonds	\$ 330,008.97		

Analysis of workforce retention and recruitment related to one-time assistance payments.
December 01, 2023

Swinomish Health Services	\$ 288,652.06	
Swinomish Indian Tribal Community	\$ 26,571.30	
Tacoma Pierce Co Health Dept	\$ 197,128.70	
Telecare Mental Health Services	\$ 706,239.49	
Telecare Mental Health Svcs WA	\$ 23,454.91	
The Emily Program, Pc	\$ 24,133.80	
The Healing Lodge Of The Seven N	\$ 32,639.14	
Therapeutic Health Services	\$ 1,196,159.80	
Three Rivers Therapy, LLC	\$ 238,355.70	
Thurston County	\$ 735,478.61	
Transitional Resources	\$ 71,868.89	
Tulalip Tribes Of Washington	\$ 382,056.78	
United Family Center	\$ 59,023.55	
Unity Care Northwest	\$ 1,242,477.10	
Upper Skagit Indian Tribe	\$ 45,105.60	
Valley Alcohol Council Inc	\$ 340,834.32	
Valley Cities Counseling And Con	\$ 2,716,315.35	
Vashon Youth And Family Services	\$ 69,586.47	
Volunteers Of America Of Eastern	\$ 73,150.21	
Wahkiakum County	\$ 76,798.19	
Washington Pacific Islander	\$ 47,752.22	
Wchs Inc	\$ 903,925.24	
We Care Daily Clinics LLC	\$ 154,453.58	
West Sound Treatment Center	\$ 20,970.83	
Willapa Counseling Center	\$ 333,121.51	
Xchange Behavioral Health Agency	\$ 29,569.03	
Yakima Nation Health Services	\$ 77,811.26	
Yakima Valley Council On Alcohol	\$ 962,961.21	
Yakima Valley Farm Workers Clinic	\$ 823,944.78	
Yfa Connections	\$ 133,160.76	
Ymca Of Greater Seattle	\$ 360,365.00	
Grand Total		\$ 100,013,552.73