



4/21/26 Jam Q&A

Innovative Insights

- Is this referencing the Behavioral Health Hubs in Florida?
 - From audience member Courney Whitt: Florida Center for Behavioral Health Workforce (FCBHW) at the University of South Florida. The legislation (SB330 2024) also established Behavioral Health Teaching Hospitals.
 - There are several other hub like programs in Florida. One through DOH focused on pediatric psychiatry and access and the other through DCF -- 6 regional interagency collaboratives. Lots of good stuff happening here!
- As these workforce centers develop shared data infrastructure, how are you thinking about real-time coordination across agencies—especially for referrals that move between systems?
 - Great question. In short, it depends. In a lot of cases, the data analysis is looking at worker licensure types, where they work, what populations they serve, and what services they provide. It's not necessarily looking that the important issue of care coordination for people receiving services. Behavioral health workforce centers generally rely more on data sharing agreements and interoperability through shared common platforms and dashboards to improve cross system visibility of workforce supply, training pipelines, and service capacity. It sounds like current efforts are improving visibility of workforce capacity, but not necessarily how individuals are coordinated across systems in real time.

Alaska's BH Aide Model

- Is it possible for Peer Recovery Specialists to transition into becoming BHAs?
 - Xiomara: For sure! I think there is a lot of overlap between the scope of practice and related training for both of these provider types. I am aware of a few organizations where Peer Recovery Specialists transitioned into the role of a BHA as the BHA position and another organization that has proposed a pipeline that starts with Peer Recovery Specialists and steps up to the BHA model.



- I am curious on the billing aspects of this. Does Medicaid cover this?
 - Xiomara: There are two Medicaid models in Alaska that specifically identify BHAs as billable providers: Health Professional Group model allows BHAs to bill for services based on all four levels of BHA certification and under the 1115 Waiver, certified BHA IIs can be credentialed as a Qualified Addiction Professionals and provide SUD services. Outside of those models, BHAs often bill as a “Clinical Associate” (which is a provider type that has less than a master’s degree).

- Is the course work completed first and then you start your work or do you start some work with clients prior to completing all the required hours.
 - Xiomara: BHAs are hired first and then trained within their role. As such, they are engaging in some services prior to becoming certified; this is detailed in the Standards and Procedures from the CHAP Certification Board, which essentially says that the BHA can provide these services if they are doing so as a part of their training/certification process and as long as they are doing so with appropriate supervision.

- I'm curious for thinking back to the start of this program - what was successful at reducing stigma for people seeking services in such tight-knit communities? Thank you for sharing your work and expertise!
 - Xiomara: Seeing people who have had MH/SUD problems in the past, journey through and thrive in recovery
Ensuring other provider types (e.g., medical providers) screen for and normalize MH/SUD experiences, and make warm hand-offs/ referrals to the behavioral health department/BHA
Having elders in the community share their knowledge and understanding and cultural values around behavioral health related issues
Talking with youth and normalizing behavioral health experiences and giving them skills for recognizing
Ensuring BHAs and BHA supervisors have a solid understanding of what their scope of practice is... and telling people what to expect if/when they seek services.



- Can you estimate how many children may be referred to the clinical supervisor or team?
 - Xiomara: This varies widely based on the regional Tribal Health Organization.

- Can graduates of the BHA program advance if interested to SUDP or Clinical Counseling programs? Are credits transferrable or prior learning assessment available to create pathways to leadership roles in clinical settings? Other pathways to leadership?
 - Xiomara: YES! 😊 We have a few academic partners that have mapped the BHA program onto their degreed programs; via the process of “Demonstrating Experiential Learning”, people who are certified as a BHA I or a BHA II can use their certification towards many of the credits required. I really like this model because there are many BHAs who are quite content with being a BHA and have no desire to get a college degree or become a clinician. There are others who have found their calling while being a BHA, and this pipeline gives them credit for the education they have completed and competencies that have achieved.
Regarding pathways to leadership, I have seen this happen with folks (such as Josie) whose longevity in their role as a BHA and credentials at the highest level of BHA (Behavioral Health Practitioner) have resulted in the organization elevating them into a role that has more leadership/supervision responsibilities over other BHAs.

- Thank you to this wonderful panel. Perhaps my question is for another day... [With no disrespect to Xiomara or Josie, if my comment is now within their purview]. In terms of BHA, Alcoholism/Addiction AND Peer Support, do any organizations also use Recovery Coaches who possess Living Experiences, in order to augment therapeutic efforts with Clinicians, Counselors or Mental Health Professionals?
Thank you for letting me share
 - Xiomara: I am unsure about the specifics of how or if regional Tribal Health Organizations use recovery coaches, however, many BHAs have lived experience and often come alongside community members to help them navigate treatment needs OR they are the one providing the SUD services.



- Has California embraced this?
 - From audience member Anne Powell: Regarding California, we have a state-recognized "Certified Wellness Coach. Details can be found at cawellnesscoach.org.

- How do bha collaborate within the justice involved population?
 - Xiomara: If a community member has court-ordered treatment, complete an intake/assessment (which may be completed by a BHA if it is a SUD assessment or a clinician if it is an SUD/MH assessment), and often times a BHA is identified in the treatment plan as providing the specific service. As needed, they will complete the paperwork necessary for the client to provide to the court to demonstrate compliance.

- Why are BHA's able to do SU assessment, Dx and Treatment but not mental health counseling?
 - Josie: Mary Rainwater, Substance Use has been a big issue in our state, so that is what we have focused on in our training.

- Are we measuring time-to-care as a shared metric across systems, or is that tracked separately by each entity?
 - Xiomara: I believe this would be measured separately by each entity.

- How do we currently ensure that no referral is sitting without action?
 - Xiomara: This would be best answered by the various regional Tribal Health Organizations, as they are responsible for managing health care services in their region.

- How do BHA work intersect with traditional healers? Do some BHAs also do traditional healing?
 - Xiomara: Some BHAs identify as traditional healers and some BHAs use traditional knowledge and practices as modality of facilitating an intervention. For example, many BHAs facilitate culture camps for kids or use berry picking or crafts as a way to teach mindfulness. Many organizations also have a traditional healing program, so a BHA might collaborate with or refer their client to that program.



- Josie: Our organization employs Tribal Healers and we are housed in the same "Liitfik" wellness building in Nome. We can refer patients/clients to them. Many BHAs also use traditional knowledge.