EMPOWERING THE WORKFORCE:

Building Capacity for Orange County Behavioral Health

July 9, 2026

OC health CARE AGENCY
BEHAVIORAL HEALTH SERVICES

EMPOWERING THE WORKFORCE OBJECTIVES

TODAY'S GOAL:
Summarize, review and gather community insight into the planning & development of the proposed Centralized Internship Program Framework

- Strengthen efforts to train, support, and retain the behavioral health workforce
- Share community-informed insights on workforce and training needs
- Explore opportunities to build and deepen partnerships
- Strategize next steps for a sustainable workforce pipeline through system mapping and collaboration

TODAY'S AGENDA

01 Welcome & Objectives

02 Key Learnings from March

03 Post Meeting Survey

04 Planning & Development of the Proposed Centralized Internship Program Framework

05 Work Session & Share Takeaways

06 Workforce Development Updates

KEY THEMES – WHAT WE HEARD

1

Soft Skills Are the Primary Readiness Gap

Participants consistently stated that soft skills, not technical ability, are the main determinant of intern success in both clinical and non-clinical roles.

2

Hard Skills Vary by Role but Baselines Are Missing

Hard skill expectations differ significantly between clinical and non-clinical pathways, yet there is no shared baseline across sites.

3

Competencies Matter More Than Tasks

Across sessions, participants emphasized competencies over task completion, particularly the ability to function in complex, real-world behavioral health environments.

WORKGROUP POST - MEETING SURVEY

UC Irvine
PIVOT Evaluation

UCI is conducting an evaluation of the Workforce Education Training strategy, as it relates to an approved Innovative project, the Program Improvements for Valued Outpatient Treatment (PIVOT), being implemented by the OC Health Care Agency (HCA) MHSA Innovations Team.

Goal: Collect feedback from stakeholders involved in the Workforce Education Training strategy to inform process evaluation and improvement efforts.

The survey questions will ask about your experience specifically during this meeting. All questions are optional.

Survey results will be shared in aggregate form with the HCA PIVOT team. All information remains **confidential**.

PLANNING & DEVELOPMENT OF THE PROPOSED CENTRALIZED INTERNSHIP PROGRAM FRAMEWORK

Today's Flow

Part 1 · The Groundwork

What we heard, where the current approach may create challenges or inconsistencies, and the strongest themes across programs

Part 2 · The Proposed Framework

Translation into a centralized, scalable model across the internship lifecycle

Work Session · Your Input

Reflect on themes and proposed framework, and provide feedback

01

PART ONE

THE GROUNDWORK – STAKEHOLDER FOCUS GROUPS AND INTERVIEWS

FOCUS GROUP AND INTERVIEW APPROACH

Two connected stories: what we heard from the groundwork, and how we propose to respond.

25

STAKEHOLDER INTERVIEWS

Cross-sector input gathered through the PIVOT effort.

06

CROSS-CUTTING THEMES

Emerging signals shared across programs.

08

FRAMEWORK COMPONENTS

Built into a future-state centralized model.

04

LIFECYCLE STAGES

Front Door, Matching, Implementation, Sustainment.

We interviewed:

- **Academic partners (CSUF and Hope International)**
- **Interns - undergraduate and graduate**
- **HCA partners/departments such as Children & Youth Services, Adults and Older Adults, Volunteer Services, Crisis & Acute services, Justice Involved Services, and Quality Management Services and this included individuals from all levels such as Service Chiefs, clinical supervisors, managers, and directors.**

WHAT WE HEARD — SIX THEMES ACROSS THE 25 INTERVIEWS

1 INTAKE & ONBOARDING VARIES

- Piecemeal intake, varied onboarding, unclear placement communication.

2 INCONSISTENT READINESS EXPECTATIONS

- Common expectations exist, but no shared screening or baseline.

3 SUPERVISION BURDEN & CAPACITY

- Supervision requires significant time and support
- High effort required, limited tools, licensing risk, capacity strain.

4 PLACEMENT DRIVEN BY LOCAL FIT

- Matching should take into consideration program knowledge and supervisor input.

5 COMMUNICATION GAPS

- Unclear contacts, messaging, and supervisor notice.

6 PIPELINE NOT FULLY LEVERAGED

- Internship experience inconsistently credited or tracked.

WHAT WE HEARD — HOW THE FRAMEWORK RESPONDS

THEME	WHY IT MATTERS	FRAMEWORK RESPONSE
Intake & Onboarding Varies	Inconsistent start experience; readiness delayed.	Centralized intake, screening, and onboarding coordination.
Inconsistent Readiness Expectations	Interns arrive with varying readiness; impacts placement and supervision.	Countywide readiness standards and standardized screening.
Supervision Burden & Capacity	Limited ability to scale; impacts experience quality.	Centralized supervisor tools, onboarding, and consultation support.
Placement Driven by Local Fit	Fit is critical; cannot be fully centralized.	Centralized screening; retain program input for final placement.
Communication Gaps	Lack of clarity, delays, inconsistent experiences.	Centralized communication structure with channel and escalation.
Pipeline Not Fully Leveraged	Missed opportunity to retain trained talent.	Pipeline tracking and transition-to-hire pathways.

02

PART TWO

THE PROPOSED CENTRALIZED FRAMEWORK

HOW IT COMES TOGETHER — FOUR LIFECYCLE STAGES

1 STAGE 01

Front Door

Intake and Readiness

- One centralized entry point
- Countywide readiness standards
- Routing and support

2 STAGE 02

Matching

Screening and Placement

- Standard screening
- Capacity visibility
- Program-led final fit

3 STAGE 03

Implementation

Onboarding, Supervision, Communications

- Centralized clearance
- Supervisor enablement
- Defined contact map

4 STAGE 04

Sustainment

Tracking, Feedback, Pipeline

- Lifecycle data
- Two-way feedback loops
- Transition-to-hire support

PROPOSED CENTRALIZED INTERNSHIP PROGRAM FRAMEWORK

Eight connected components, organized across the full intern lifecycle.

1 GOVERN

Governance & Visibility

- Central coordination role
- Service-area roles
- Visibility into interns and capacity

2 READY

Readiness & Intake

- Countywide readiness expectations
- Clinical vs. non-clinical distinctions
- Centralized screening and triage

3 MATCH

Outreach & Matching

- Centralized outreach coordination
- Placement opportunity visibility
- Matching framework with program input

4 START

Onboarding & Access

- Centralized clearance tracking
- Pre-start communications
- Onboarding checklist and EHR readiness

5 SUPPORT

Supervision & Learning

- Supervisor onboarding and tools
- Consultation structures
- Clinical training supports

6 CONNECT

Communication & Additional Support Pathways

- Primary points of contact
- Defined escalation channels
- Intern-facing guidebook

7 LEARN

Tracking & Feedback

- Midpoint and periodic check-ins
- Intern and supervisor feedback
- Lifecycle status tracking

8 CONVERT

Offboarding & Hire

- Closeout process
- Transition-to-hire support
- Recognition of county experience

BUILDING A CENTRALIZED, SCALABLE MODEL

CURRENT EXPERIENCE

- Intake and onboarding vary across programs
- Inconsistent intern readiness
- Supervisor capacity can be stretched
- Placement driven by local knowledge alone
- Opportunities to strengthen the pipeline

WHAT THIS MEANS

Experiences can vary across programs

OUTCOMES THE CENTRALIZED MODEL DELIVERS

Consistent intern experience across programs

Predictable front door, standardized touchpoints countywide.

Reduced supervisor burden

Shared tools and consultation lower the cost of hosting interns.

Stronger, more visible pipeline

Lifecycle tracking and transition-to-hire convert experience into retained workforce.

Scalable, aligned to county goals

One framework, ready to scale.

03

DISCUSSION

WORK SESSION

COMMUNITY AGREEMENTS

- **Respect**: listen and share your thoughts in a manner that is respectful of others
- **Open-mindedness**: listen to all points of view
- **Acceptance**: suspend judgment as best you can
- **Share the Air**: go for honesty and depth while also making room for others to share
- **Discovery**: question old assumptions, look for new insights, seek to understand rather than persuade
- **Safe Space**: share your honest feedback, positive or negative
- **Other Group Agreements?**

WORK SESSION BREAKOUT

WORK SESSION SUMMARY

TABLE TAKEAWAYS

REPORT OUT

04

PART FOUR

WORKFORCE DEVELOPMENT UPDATES

BHSA WET Requirements/Priorities	Behavioral Health Integrated Plan (BHIP)	Empowering the Workforce Meetings
Workforce Skills	• Training and Internship Pipelines • Peer Support Certification Expansion • Workforce Development To strengthen the skills and competencies of the workforce.	✓
Strengthen the Workforce Pipeline (Licensed Workforce Pipeline)	• Training and Internship Pipelines • Loan Repayment To support the development and entry of licensed behavioral health professionals.	✓
Grow & Diversify the Workforce Pipeline (non—Licensed Providers)	• Peer Support Certification Expansion • Community Health Worker Certification To align with expanding and diversifying the non-licensed workforce.	✓
Career Pathways	• Training and Internship Pipelines • Peer certification • Workforce Development To create structured pathways into behavioral health careers.	✓
Recruitment & Retention	• Loan repayment incentives	✓

NOTE: BHSA allocates 3% of BHSA funds to statewide workforce initiatives administered by Health Care Access and Information (HCAI) as part of the statewide investment structure

PLEASE COMPLETE THE POST-MEETING WORKSHOP SURVEY

UC Irvine

PIVOT Evaluation

Thank you!

OC health CARE AGENCY

www.ochealthinfo.com

STAY CONNECTED

- OC Health Care Agency
- @ochealthinfo
- @ochealth
- @oc_hca
- @ochealth