Empowering the Workforce: Building Capacity for Orange County Behavioral Health System

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Today's Agenda

1. Welcome and Introductions
2. Meeting Objectives
3. Brief Overview of Prop 1 and the Behavioral Health Services Act
4. Overview of the BHSA Workforce Education and Training Framework
5. Discussion Groups
6. Report Out
7. Next Steps & Workgroup Survey

Workgroup Survey

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PIVOT Evaluation

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

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

The survey is asking about your experience specifically during this meeting. All questions are optional.

Survey results will be shared in aggregate form with the Orange County Health Care Agency PIVOT team. All information remains confidential.

Meeting Objectives

- 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

Background Information for Today's Discussion: Proposition 1 and the Behavioral Health Services Act

- The Mental Health Services Act, MHSA, was passed by California voters in November 2004 and went into effect in January 2005.
- In March of 2024, California voters approved Proposition 1, authorizing funds to build housing and residential treatment facilities to address homelessness and to reform the MHSA with a goal to transform and modernize California's behavioral health system.
- The new law changed the name from MHSA to the Behavioral Health Services Act (BHSA) and became effective January 1, 2025.
- The law requires that County Behavioral Health create a comprehensive plan that demonstrates the planned use of all funds in the delivery of medically necessary services.
  - The Plan is called the Behavioral Health Integrated Plan (IP).

Behavioral Health Services Act (BHSA)
Workforce Education and Training Overview

- The BHSA allows County Behavioral Health departments to use BHSA funding according to specific categorical spending requirements.
- One of the spending categories, Behavioral Health Services and Supports (BHSS), includes the opportunity to address public behavioral health recruitment, development, and retention.
- This is called the Workforce Education and Training (WET) strategy.
- Counties are expected to describe — in their Integrated Plan — how WET activities fill workforce gaps not covered by state-level programs.

Behavioral Health Services Act (BHSA) Workforce Education and Training – Allowable Activities

- Recruitment, development, training, and retention of behavioral health workforce
- Payment of licensing or certification fees / professional exams
- Loan repayment for providers serving in county behavioral health system
- Retention incentives & stipends
- Internship and apprenticeship programs (including supervision costs)
- Continuing education / workforce upskilling
- Efforts to increase racial, ethnic, geographic, and lived-experience diversity among the workforce
- Supporting non-licensed and peer personnel (clients, family members, community members) into workforce roles

Behavioral Health Services Act (BHSA) Workforce Education and Training – what is not allowed

The following activities are not allowable:

Pay for time spent by staff delivering direct behavioral health services (i.e. you can't use WET to cover billable service time)

Off-set lost revenue from staff who attend training (i.e. WET can't compensate for lost billable hours)

Support workforce needs outside the county behavioral health delivery system (e.g. unrelated social services, criminal justice, other non-BH systems)

OC Framework for Innovating and Enhancing Workforce Activities

In November of 2024, OC received approval to implement an Innovative Workforce Initiative.

The initiative allows Behavioral Health to build a culturally competent and well-trained behavioral health workforce of professionals and paraprofessionals through enhancements to existing or standing up new strategies.

- Expand Internship/Residency Program
- Create Apprenticeship Program
- Strengthen Pipeline and Pathway Activities
- Establish Countywide BH Collaborative

What could this mean for the collective “us”?

- Orange County can leverage WET and Innovation funds to build up a diverse behavioral-health workforce: peer support specialists, community health workers, alcohol and drug counselors, community-based providers, licensed clinicians, non-licensed staff.
- Potential to develop or expand: paraprofessional and professional internship/apprenticeship programs, residency programs, loan-repayment or stipend programs, culturally competent workforce training, certification/licensure support, retention incentives.
- Useful for partnerships with community colleges, local schools, training programs — to align workforce education/training supply with county BH demand.

World Café Activity

We will use a **World Café** format to encourage collaborative dialogue, idea generation, and shared understanding. In this process, all participants will be divided into **three groups**. Each group will experience and participate in all **three discussion stations**, with each station focused on a different set of guiding questions.

- **Purpose of the Process**
- The World Café format helps:
- Tap into the collective wisdom of the group
- Bring forward diverse perspectives
- Ensure every participant has a voice
- Build shared insights across different topics or questions
- Create energy and engagement through movement and dialogue

World Café Activity

How the Process Works

Divide Into Groups

Participants will be split into three balanced groups.

Station Discussions (25 minutes each)

Each station will have a unique set of focused questions with a designated Facilitator and Note Taker.

Groups will spend **25 minutes** discussing the questions and capturing key insights.

Rotation

After 25 minutes, each Facilitator and Note Taker will move to the **next station**

Attendees in the group will remain where they are and engage in discussion about the next topic.

The cycle will repeat until all three topics are discussed.

Synthesis and Report-Out

Once all rotations are complete, everyone will reconvene as a full group.

- Each group will **report out** the key themes, insights, and ideas they heard during their station conversations.
- Facilitators will help identify patterns, areas of agreement, questions that remain, and opportunities for next steps.

Debrief & Next Steps

- As you were in your discussion groups, did you notice any stakeholders or organizations that were missing that should be involved in future meetings?
- Synthesize the information
- Share themes and results in future meetings
- Plan to meet again to continue the discussion of building a behavioral health pipeline

Please Complete Workgroup Survey

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PIVOT Evaluation

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