



Mental Health Services Report

California Community Colleges Chancellor's Office | Eloy Ortiz Oakley, Chancellor

A11Y 7/25/22



June 11, 2019

The Honorable Gavin Newsom Governor of California State Capitol Sacramento, CA 95814

RE: Legislative Report on Student Mental Health Services

Dear Governor Newsom:

On behalf of the Board of Governors for the California Community Colleges, I am pleased to present to you the California Community Colleges report on student mental health services. This report is written in response to 2017 Senate Bill 85, Chapter 23, Section 31.

In this report, the California Community Colleges Chancellor's Office describes the student mental health programs, policies, and practices being implemented; the types of services students will receive under this allocation; and a brief series of recommendations.

Vice Chancellor for Student Services and Special Programs Rhonda Mohr may be contacted for questions and comments. She can be reached at (916) 323-6894 or rmohr@cccco.edu.

Thank you for your interest in these programs and the students they serve.

Sincerely,

Eloy Ortiz Oakley, Chancellor

Enclosure: Report

2019 REPORT ON STUDENT MENTAL HEALTH SERVICES

Prepared By

California Community Colleges Chancellor's Office

Educational Services Division

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EXECUTIVE SUMMARY

The California Community Colleges system serves 2.1 million students. It is the largest higher education system in the United States and enrolls one out of every four Californians between the ages of 18-24. The system teaches a significant proportion of current and future workers across the state. Significant evidence shows that the unmet mental health needs of students results in adverse consequences for student retention, academic success, and future workforce participation. Voters recognized the importance of mental health when they passed Proposition 63 and the Legislature has underscored the specific value of student mental health services through recent appropriations.

The report is based on data from the 2017-2018 academic year and responds to requirements outlined in the 2017 Senate Bill 85, Chapter 23, Section 31. This bill authorized the board of governors of the California Community Colleges to use general funds for "expanding mental health services, providing training, and developing stronger relationships with the county behavioral health department and community-based mental health services."

The bill requires the submission of a report to the Legislature on the use of the funds, including the following:

- Types of activities supported by the funds, including services and training being offered and the number of students being served or trained.
- Data related to the evaluation of the training or services, if available.
- Recommendations for the expansion of the programs, training, or services supported by the grant funds.

This report summarizes the current data from the 15 community college districts (representing 27 individual campuses [see Appendix A]). It describes the programs, policies, and practices being implemented; the types of services students will receive under this allocation; and a brief series of recommendations. The data in this report tracks campus progress towards the three goals and six objectives required by the grants. These goals and objectives were developed to reflect the priorities of the Legislature and to further build upon the infrastructure created with Proposition 63 funds.

INTRODUCTION

The California Community Colleges Chancellor's Office (Chancellor's Office) is pleased to present this progress report of the Mental Health Support funds in response to the requirements outlined in the 2017 Senate Bill 85, Chapter 23, Section 31. Under this bill, \$4.5 million was provided which ultimately funded 15 community college districts representing 27 individual colleges to build or expand student mental health programs, practices, and policies. These 15 community college districts are implementing their proposed projects within the context of an eight-vear initiative supported by the Chancellor's Office and partners. They are tasked with leveraging previously established systems and structures to optimize student mental health opportunities. The learnings from this cohort will enable the Chancellor's Office to better navigate persistent student mental health challenges.

In addition to SB 85, the 2018-2019 state budget also provided the Chancellor's Office with one-time funding to distribute to the colleges. Assembly Bill 1809, Chapter 33, Section 70 appropriated \$10 million to expand mental health services, provide training, and to develop stronger relationships with county behavioral health department and community-based mental health services. All California community colleges received funding through the apportionment process; allocations were based on prioryear student population data.

This report briefly summarizes key achievements from previous activities supported by Mental Health Services Act (Proposition 63) funds. It describes the ways in which both sources of funding (SB 85 and AB 1809) will be leveraged to enhance and expand current activities. The report then explains the continued need for student mental health services in the California community college system. Next, it provides a brief overview of the data sources and methodological strategies used to develop this report. Finally, the goals and objectives stipulated by SB 85 and AB 1809 are defined, and the student mental health activities that the community colleges are implementing to achieve these goals are described.



Photo: Modesto Junior College

Over half of California community colleges (53.3%) participated in on-campus, webinarbased, or online trainings.

One quarter of California community colleges (24.7%) had used Student Mental Health Program resources, products, publications, or newsletters.

About one-fifth of California community colleges (19.5%) credited the Student Mental Health Program with helping raise awareness of mental health, on campus or for them personally.

About one-fifth of California community colleges (18.2%) said the Student Mental Health Program had helped them establish mental health programs, form committees, or collaborate.

THE CALIFORNIA COMMUNITY COLLEGE STUDENT MENTAL HEALTH PROGRAM

The California Community College Student Mental Health Program launched in October 2011 as one of several Prevention and Early Intervention (PEI) initiatives funded by the voter-approved Mental Health Services Act (Proposition 63). When Proposition 63 passed, the California Community Colleges Chancellor's Office (Chancellor's Office) recognized an opportunity to deliver much-needed student mental health services through the California community college system.

The California Community College Student Mental Health Program is administered through a partnership between the Chancellor's Office and the Foundation for California Community Colleges, with a portion of funding provided by California Mental Health Services Authority (CalMHSA). CalMHSA is an organization of California counties working to improve mental health outcomes for individuals, families, and communities. Over the past eight years, the Chancellor's Office focus areas have included suicide prevention; identification and referral of students in distress; collaboration with county mental health; threat assessment and behavioral intervention; and support for underserved populations (e.g., veterans, LGBTQ students, current and former foster youth).

STUDENT MENTAL HEALTH IN CALIFORNIA COMMUNITY COLLEGES

The California community colleges serve more than 2.1 million students, enrolling one out of every four Californians aged 18-24. For many students, the campus represents their best—and perhaps only—access point for mental health services. Moreover, many students will need mental health support: young adults of transition age are at heightened risk for mental health challenges. Most mental illnesses emerge in young people under the age of 25. Although there has been considerable capacity built in the student mental health services available within the California community college system, persistent unmet needs remain. This section briefly summarizes some of the major student mental health needs of California community college students.

• Access to mental health services. In California, one in four students has a diagnosable mental illness¹. Data suggest that this problem may be even more acute in the California community college system: nearly half of community college students report at least one mental health condition².

¹California State Legislature. <u>AB-2017 College Mental Health Services Program</u>. 2015-2016 Regular Session. An act to add and repeal 3.3. (commencing with Section 5832) of Division 5 of the Welfare and Institutions Code, relating to mental health. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB2017

²Eisenberg, D., Goldrick-Rab, S, Lipson, S, and Broton, K. (2016). <u>Too Distressed to Learn? Mental Health Among</u> <u>Community College Students</u>. Wisconsin Hope Lab. Retrieved July 11, 2019. https://hope4college.com/wpcontent/uploads/2018/09/Wisconsin_HOPE_Lab-Too_Distressed_To_Learn.pdf

- Need for culturally competent mental health care. More than two-thirds of California community college students identify as a race or ethnicity other than white, yet disparities persist between students of color and white students. Compared to white young adults, young people of color have less access to services; are less likely to be referred to mental health services; are less likely to receive high-quality services; and are less likely to continue treatment.
- Need for additional identification and referral capabilities. In 2016, 40% of faculty and staff reported that they didn't know how to refer a distressed student to services. In 2017, campus respondents expressed an ongoing need for staff support and topical training around mental health³.

METHODOLOGY AND DATA SOURCES

The data for this report were drawn from multiple sources. The Chancellor's Office has collected data at numerous time points. Formal evaluation activities were undertaken by the Pacific Institutes of Research and Evaluation (PIRE) as well as the RAND Corporation. Additional data were collected by the Center for Applied Research Solutions (CARS) in its capacity as the technical assistance and training contractor for the Chancellor's Office. Some data are also tracked directly by the Chancellor's Office. Collectively, these data inform the overarching strategic priorities of the Chancellor's Office.

- Data Mart. The Chancellor's Office uses Management Information Systems (MIS) to collect and track information about students, courses, student services, outcomes, and faculty and staff. Data from the MIS for the 2017-2018 school year show that nearly 24,000—or about 20% of students served by Disabled Student Programs and Services in the California Community Colleges (CCC) system— are classified as having a psychological disability.
- Mental Health Services Campus Directory. The Chancellor's Office tracks the number of campuses with mental health services. This annually updated report also includes the primary contact information for student health personnel and student health centers. This ensures that services are responsive to the capacity of each CCC and that resources are disseminated appropriately.
- 2017/2018 SB 85. Currently, there are 15 community college districts in receipt of grant funding to build additional capacity to support student mental health. These competitively awarded grants are funded under a one-time budget appropriation by the state. The Chancellor's Office is using the Request for Applications (RFA) to inform data collection and reporting requirements. All work plans have been reviewed and the proposed activities, participant counts, and outcomes for each campus have been recorded for use in project monitoring and reporting.

³Sontag-Padilla, L., Stephen Dunbar, M., Seelam, R., Kase, C. A., Setodji, C. M., & Stein, B. D. (2018). <u>California</u> <u>Community College Faculty and Staff Help Address Student Mental Health Issues</u>. *Rand health quarterly, 8*(2), 4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6183776/

- **Reports.** The Chancellor's Office has historically collected process and outcome data for the initiatives sponsored with Proposition 63 funds. These data were analyzed and presented in a series of reports. Reports detailed participant engagement, program achievements, and recommended next steps at the campus and system level. PIRE published a final evaluation report on the CCC outcomes in May 2015. RAND has documented the outcomes of statewide Proposition 63 funded PEI programs through multiple reports across funding phases. The Center for Applied Research Solutions has submitted several reports on key findings from the CCC.
- Mental Health Stakeholder Meetings by College and County. This tool was created to facilitate partnership development between California Community Colleges and their county behavioral health department staff. Moving forward, the Chancellor's Office will collect information regarding the number of formal external partnerships (i.e., supported by a Memorandum of Understanding [MOU]) or informal partnerships developed. This data will be used to assess the degree to which California Community Colleges has expanded and/or formalized these referral relationships.

THE CALIFORNIA COMMUNITY COLLEGES MENTAL HEALTH SUPPORT GRANTEES' GOALS AND OBJECTIVES

The 15 California community college districts that were awarded funds are tasked with meeting three primary goals and six objectives. These goals and objectives reflect the priorities of the legislature and further build upon the overall scope and purpose of CalMHSA (Proposition 63) funding. They were drafted to directly address the student mental health needs identified above. To create this report, we draw from proposed grantee scopes, previously gathered data, and our historical knowledge of California community college activities to support student mental health to show how these funds will leverage and enhance student mental health programs across the California community college system.

GOAL 1

Increase and/or expand direct mental health services to students.

Previous waves of student mental health funding have been instrumental in building the capacity of the community colleges to provide mental health services to students. However, there remains a significant gap between available mental health services and the demand for these services. Current funding represents an opportunity to considerably expand these services.

Objective 1

Provide screening services to students receiving other health care services and provide linkages to services from the appropriate on- or off-campus mental health provider

California community colleges who received direct funding under the current appropriation are implementing or enhancing a variety of screening and referral processes.

- Many California community colleges are integrating standardized depression screening tools (e.g., PHQ-9) into general student operations.
- Rather than screening only when indicated by other concerns, California community colleges are building screening into their web-based registration; requiring its use for all first-year students; or mandating that it be a routinized element of all student health services.
- California community colleges are forging or solidifying relationships with county departments of mental health and/or community-based mental health providers.
- Partnerships are now being formalized through MOUs to ensure that students who screen positive for depression are appropriately referred.

Objective 2

Ensure that underserved and vulnerable student populations receive culturally competent mental health services.

Disparities in mental health have consequences for academic achievement; research consistently documents a link between mental health and academic success. Students with unmet mental health needs are less likely to graduate; report worse academic and social skills; and have lower GPAs than those who receive needed treatment. Addressing disparities in mental health is a key strategy to reducing academic outcomes disparity. California community colleges are using current funding to reduce these disparities.

• California community colleges are increasingly adding cultural and linguistic competence to faculty and staff training across campus, including mental health services. "California community colleges are providing cultural and linguistic competence training to faculty and staff, collaborating to create safe spaces for diverse students, and assessing disparities data."

- As California community colleges have built capacity to provide mental health services, they are beginning to prioritize outreach to underserved students.
- Some campus mental health programs are forging partnerships with campus clubs that serve diverse groups of students (e.g., Black Student Union, Latinos Unidos) and expanding their Safe Zones for LGBTQ students. These campuses are actively engaging students into the design and implementation of program services.
- Other campuses are establishing new student clubs designed to create safe spaces for underserved students to assess their mental health needs.
- Campuses are also intensifying their collaborations with campus programs that serve veterans to more fully integrate mental health.

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Objective 3

Reduce racial disparities in access to mental health services, and to prevention, early intervention, and suicide prevention training.

Data collection systems have been honed to include the demographic data essential for the analysis of racial disparities in access to mental health services. Currently, California community colleges are assessing their data to better understand campus-specific disparities. The multiple approaches to expanding access to services creates a learning lab for the community college system. The Chancellor's Office is tracking the effects of these strategies to identify approaches that can be successfully replicated at other institutions. California community colleges are currently employing the following strategies:

- Collecting additional data from historically underserved groups.
- Conducting focus groups to further investigate the causes and consequences of mental health disparities.
- Creating campus mental health task forces; developing peer-to-peer mental health strategies; or piloting support groups that serve specific groups of students.

GOAL 2

Provide prevention, early intervention, suicide prevention, and stigma reduction training activities for faculty, staff, and students.

There have been significant increases in student mental health awareness over the course of the Proposition 63 funding. Over 230,000 students, faculty, and staff have been reached through materials dissemination, at-risk suicide prevention online training, training and technical assistance, and community outreach and resources. California's statewide mental health movement, Each Mind Matters, and Crisis Text Line campaigns have saturated many campuses and disseminated thousands of items that link students to crisis call and text lines.

At a recent meeting, campus health staff reported that they routinely hand out these crisis cards and were eager to receive additional materials. However, there remains a need to build on these successes.

Objective 4

Develop and implement campus-based stigma reduction activities.

Stigma is a major barrier to treatment seeking. Campuses have used these funds as a cornerstone of their stigma-reduction efforts since its inception and many continue to disseminate these materials. As a complement to these strategies, campuses are developing additional programs. The role of the Chancellor's Office is to ensure that outputs such as club charters, peer-mentor role descriptions, and "California community colleges are implementing peer-based supports, ongoing faculty and staff mental health trainings, and campusbased mental health chapters." awareness building materials can be adopted elsewhere in the system. As these programs become more robust, the opportunities to leverage learnings at other campuses greatly expands. The strategies listed below result in resources that can be shared system-wide.

- Implementing peer mentor programs to help normalize the experience of mental illness.
- Establishing National Alliance on Mental Illness (NAMI) or Actives Minds chapters.
- Instigating peer-led classroom sessions designed to expand knowledge and awareness of student mental health.
- Adapting materials and activities that correspond to national observances (e.g., National Minority Mental Health Month; Eating Disorder Awareness Week).

Objective 5

Implement education and training to faculty, staff, and students on early identification, intervention, and referral of students with mental health needs.

As mental health services infrastructure has evolved, California community colleges have delivered 153 student mental health trainings to faculty and staff, which includes regional training events, customized training sessions, and 31 regional strategizing forums. The colleges have developed an understanding of which trainings are the best fit for their campus (e.g., Kognito, QPR (Question, Persuade, and Refer), Mental Health First Aid). Now they are in the process of routinizing these training activities so that they become an entrenched part of campus culture. California community colleges are employing the following strategies:

- Requiring all new faculty and staff to complete trainings.
- Ensuring ongoing training opportunities are available for faculty and staff to maintain their certification.
- Continuing to collect and analyze their training data to assess the degree to which trainings are effective and the extent to which the trainings are accessed by all faculty and staff.

GOAL 3

Develop stronger relationships with the county behavioral health department and community-based mental health services for which reimbursement is available through the students' health coverage.

Some community colleges do not have on-campus mental health services. For these campuses, especially, effective student mental health requires strong partnerships with county- and community-based mental health providers. Even those campuses that do provide on-campus mental health services generally are not able to meet the needs of students with serious mental illness, or those who require high-intensity therapeutic care. Many campuses report that they have developed and expanded referral partnerships under the initiative.

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Objective 6

Illustrate the existence or planned partnerships between the college district/college and the county behavioral health department to address complex mental health needs of students based on the extent to which there are students whose needs cannot be met through their health insurance or Medi-Cal.

The strong recommendation of the Chancellor's Office has been to formalize campus/ provider relationship with MOUs. Building these relationships requires time at the beginning, but community colleges are seeing these investments grow as partnerships become more deeply entrenched.

- California community colleges are implementing MOUs with the counties.
- California community colleges are expanding their partnerships to include providers of long-term therapies to serve students without insurance or Medi-Cal.
- County and community partners are participating on student mental health advisory boards; attending on-campus mental health awareness events; and working with community colleges to develop strategies to serve uninsured students.

CONCLUSION AND RECOMMENDATIONS

Consistent support from voters and the Legislature has made substantial improvements in the capacity of the California community colleges to effectively address student mental health needs. Community colleges are building infrastructure to support ongoing mental health assessment, treatment, and referral. They are creating partnerships with county- and community-based mental health providers and formalizing these relationships through MOUs. California community colleges are becoming more knowledgeable about the effects of mental health disparities on student outcomes and are taking steps to work with historically underserved students to develop effective strategies to address these disparities. Stigmareduction efforts have been rolled out across the system and many community colleges are developing innovative peer-to-peer programs that are recognized as evidence-based approaches. More campuses are integrating training for faculty and staff on student mental health topics, including teaching them how to identify and refer distressed students.

These welcome changes have been incremental but steady. Previous investments have paid dividends in student mental health capacity and infrastructure, including regular and robust student mental health data collection. The funding under SB 85 and AB 1809 represents an opportunity to expand successful strategies across the system; replicate effective programs in additional contexts; and sustain the advances in student mental health.

However, the data also indicate specific challenges and highlight persistent needs. Continued student mental health funding should be allocated to respond to these priorities. Recommendations for future funding efforts include:

• Support for the integration of mental health screening tools into student-facing platforms

- Relationship-building strategies with county- and community-based mental health providers
- Training for health staff in cultural and linguistic competence
- Support for campus-based mental health clubs (e.g., National Alliance on Mental Illness (NAMI), Active Minds)
- Expansion of peer-to-peer models
- Establishment of campus- or district-based student mental health task forces
- Development of student mental health classroom materials and training for faculty on how to integrate into existing curricula
- Continued investment in faculty and staff training to support identification and referral of distressed students
- Opportunities for faculty and staff who have been certified in a mental health program to maintain their certifications
- Sustained support for stigma-reduction campaigns
- Enhanced suicide prevention activities

APPENDIX A

DISTRICTS/COLLEGES RECEIVING MENTAL HEALTH FUNDING UNDER 2017 SENATE BILL 85

District	Colleges
Chabot-Las Positas CCD	Chabot College Las Positas College
Los Rios CCD	American River College Cosumnes River College Sacramento City College Folsom Lake College
South Orange County CCD	Saddleback College Irvine Valley College
Coast CCD	Coastline College Golden West College Orange Coast College
San Diego CCD	San Diego City College San Diego Continuing Education
San Mateo County CCD	Cañada College College of San Mateo Skyline College
Riverside CCD	Moreno Valley College Norco College Riverside College
Sonoma County CCD	Santa Rosa Junior College
Palomar CCD	Palomar College
Mt. San Antonio CCD	Mt. San Antonio College
Long Beach CCD	Long Beach City College
Ohlone CCD	Ohlone College
Santa Monica CCD	Santa Monica College
Rio Hondo CCD	Rio Hondo College
Barstow CCD	Barstow College

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