

Student Mental Health Program

Training and Technical Assistance for California Community Colleges



Collaboration Toolkit

California Community Colleges and California County Behavioral and Mental Health Departments



The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded through the voter-approved Mental Health Services Act (Prop 63). Prop 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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Introduction

In 2013, the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families, and communities, and the RAND Corporation conducted an online college student mental health survey that found that “students across all higher education systems reported academic performance impairment from anxiety or depression in very high numbers.” Significant findings for California community college (CCC) students include:



- Higher rates of impaired academic performance due to alcohol use, traumatic grief, eating disorders, depression, and anxiety than students from the University of California or California State University systems.
- Considerably less mental health information received from their campuses about alcohol and other drug use, stress reduction, depression and anxiety, suicide prevention, and relationship difficulties.
- University of California and California State University students receiving and using mental health and counseling referrals at double the rates reported by CCC students.

The survey authors also note that over the last decade, colleges have played an increasingly important role in addressing the mental health needs of their students. Campus faculty and staff are often the initial point of contact for many student mental health prevention and intervention strategies. However, due to the wide variation in community college on-campus mental health services and the wide range of student mental health needs, college staff must often refer a student off-campus for care.

To increase the ability of California’s community colleges to better address their students’ mental health needs, CalMHSA funded the California Community Colleges Student Mental Health Program (CCC SMHP). The long-term goal of the project is to increase student success and retention through the development and enhancement of quality student and student veteran mental health support services at all of California’s community colleges. To that end, CCC SMHP coordinates training and technical assistance to enhance California community colleges’ capacity to provide the critical mental health prevention and early intervention services that are so needed. A key focus of CCC SMHP is to assist community colleges and their county behavioral and mental health departments (CBMHD) in building sustainable partnerships that result in more effective linkage of community college students to county and other community mental health service providers.

As part of the CalMHSA Student Mental Health Program, the California Community Colleges Chancellor’s Office Advisory Group on Student Mental Health (COAGSMH) formed an ad hoc committee to explore and develop a *Toolkit* for county behavioral health and mental health departments and community colleges to develop sustainable partnerships. The ad hoc committee (workgroup) included representatives from the COAGSMH, Chancellor’s Office, county behavioral and mental health departments, and community colleges. Additional key interviews were conducted to collect information from counties and colleges in varying geographic areas and size. Information provided by members of the ad hoc committee and other contributors form the basis of this *Toolkit*.

Purpose and Background

Because each CCC and each CBMHD structures its many functions and programs differently and because counties and community colleges also have different resource allocations for behavioral health services, it can be difficult for staff from either party to find the right person and most effective approach for building a sustainable partnership that improves CCC students' access and linkage to mental health services across the continuum of care.



This *Toolkit* addresses these challenges by providing:

- Information on how community college and county staff can find the most appropriate people in each other's organizations with whom to build collaborations that will better meet CCC student mental health needs
- Tools and processes that will guide and facilitate building a successful, sustainable partnership
- Best practices for addressing the unique circumstances for colleges and county behavioral and mental health departments located in urban, mid-sized, and rural communities

Successful collaborations provide its partners a vehicle for mutual support, assistance, and empowerment. By sharing information, pooling resources, and working together to achieve shared goals, collaborations can increase access to services, create greater efficiencies in service delivery systems and coordination of care, as well as prevent individual partners from having to re-invent the wheel and duplicating services. Collaborations also wield more influence with decision-makers than individuals or single organizations and the synergy created by working collaboratively can generate innovation.

Essential to all successful collaborations is the ability to build and sustain deep and trusting relationships with collaboration partners. Although initially and periodically time consuming, members of the workgroup and those interviewed noted that the investment was worthwhile because it not only enabled them to better meet the mental health needs of CCC students more seamlessly, but also led to better mental health outcomes and ultimately better student academic performance and success. County behavioral and mental health departments benefitted by being able to bring their mental health Prevention and Early Intervention (PEI) programs on campus, thus reaching a wider audience. They also had more successful service connections and retention with CCC students referred to them because their collaboration enabled CCC staff to better prepare and more effectively link their students to the most appropriate county and other local mental health services.

Understanding Mental Health in Your Community



Mental health stigma is one of the biggest barriers to people getting treatment for their mental health and substance use problems. Many communities and community groups view people with mental health symptoms as “crazy”, weak, overly sensitive, or just “odd or eccentric”. Often people suffering from depression or anxiety are told that they need to “toughen up and get over it” and many cultures do not believe in counseling. In communities where mental health symptoms are highly stigmatized, people usually do not even recognize they have a treatable mental health condition and many self-medicate by using drugs and/or alcohol.

In these cases, treating only the substance use without addressing the underlying mental health conditions often leads to earlier and more frequent relapse.

In many smaller communities and immigrant communities where mental health stigma is high, people may also avoid seeking treatment because they do not believe confidentiality is possible and the fear of rejection is high. This often contributes to these communities ignoring and underestimating the prevalence of mental health problems among its residents and results in less funding and support for mental health programs across the continuum of care.

The *Toolkit* workgroup found that in smaller, more rural communities where there were far fewer, often geographically difficult to access services and high mental health stigma, PEI programs that helped to reduce stigma were more cost-effective. In the absence of traditional treatment services, informal collaborations were essential to coming up with innovative and discrete alternatives that addressed consumer confidentiality concerns. Some examples cited by the workgroup and those interviewed included tele-therapy, student support or psycho-educational groups, and informal education sessions for key friends or family members to better equip them to support and help students manage their mild to moderate mental health symptoms. In some immigrant and socio-cultural communities, there is no direct translation for “mental health” or mental health stigma was so high that the colleges and counties reported greater student receptivity by using a wellness and quality of life approach and avoiding the terms “mental illness” or “mental health”.

In immigrant, veteran, lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ), and other historically underserved communities, it was crucial to find providers that were able to provide client centered culturally competent and linguistically accessible services. Some workgroup contributors noted that their communities had their own unique vocabularies and service needs. Using the CCC SMHP website, www.cccstudentmentalhealth.org, was one best practice identified by the *Toolkit* contributors and others to improve services for transition-aged foster youth, student veterans, LGBTQ students, deaf and hard of hearing students, and students from diverse racial and ethnic backgrounds. The website provides easily-accessible basic materials and advanced training opportunities to providers about those culture-specific needs.

Samples of such materials include

- [Supporting Students from Diverse Racial and Ethnic Backgrounds](#)
- [Supporting Student Veterans](#)
- [Supporting Lesbian, Gay, Bisexual, and Transgender Students](#)
- [Supporting Transition-Aged Foster Youth](#)

For all cultural groups, the *Toolkit* workgroup stressed the importance of incorporating and building on consumers’ unique cultural beliefs, practices, community resources and support systems in order to successfully link and engage them with services across the behavioral health continuum of care.

In larger urban communities where there are several services and providers, the biggest challenge is determining how to navigate a large and complex behavioral healthcare system. It is not unusual for behavioral health consumers to become so overwhelmed or frustrated trying to access services that they just give up and self-medicate. Accessing services is even more difficult for consumers that are also struggling with mental health stigma and cultural and linguistic barriers. Workgroup contributors noted that in larger county systems, it was critical to have reliable CBMHD partners who were accessible, responsive, and willing to help colleges appropriately prepare and refer a diverse group of students, especially those with more complex issues. Further, CBMHD providers who would also assist students in navigating different services systems to ensure their linkage to care was important.

Understanding County Behavioral and Mental Health Departments

In 2004, California voters approved the Mental Health Services Act (MHSA), which provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities. CalMHSA, an organization of county governments working to improve mental health outcomes for individuals, families, and communities, is the organization responsible for implementing Statewide MHSA funded PEI programs. Each county is responsible for determining how best to use its local PEI funds.



Prior to the Affordable Care Act, most counties had separate departments that provided health care, mental health, and substance abuse prevention and treatment services. Due to the Affordable Care Act's more integrated approach to health care, as exhibited in part by its mandate that mental health and substance abuse treatment be considered essential healthcare benefits, many, but not all counties have consolidated their mental health and substance abuse departments into behavioral health departments and many behavioral health departments are now part of a larger healthcare services department.

CBMHD services throughout the State have strict financial and diagnostic eligibility criteria. Most county mental health services target people who are functionally disabled by severe and persistent mental illness and those who are low income (Medi-Cal eligible), uninsured and temporarily impaired, or in a situational crisis. Smaller counties where mental health service utilization is lower are sometimes more flexible about the diagnostic eligibility criteria.

All counties have an information line that you can call to find out how to access services as well as a 24/7 crisis and/or suicide prevention number. This information is available online at http://www.dhcs.ca.gov/Documents/County_Mental_Health_Crisis_Numbers_CMHDA_04182013_ADA.pdf.

Because California's counties differ significantly in size, demographics, and resources, each county allocates varying amounts of its budget for behavioral health services to better align them with its community's needs and available resources. Larger counties often contract behavioral or mental health services to several non-profit community providers in order to make services more accessible to their diverse and/or geographically dispersed residents. In smaller counties, county employees are more likely to provide direct services out of county offices, and may be that county's only behavioral health provider.

A listing of local county mental health programs is available online at <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Attending local community mental health related meetings for local providers will help you learn about your community's perception of behavioral health issues and what services are available in your area. Meeting attendance also enables you to meet potential collaboration partners and consistent participation at these types of meetings will raise your visibility and enhance your credibility by enabling other attendees to view you as part of their local mental health community. If you cannot attend regularly, partner with other community groups or other colleges in your CCC district to rotate attendance and share meeting information. Add yourself to meeting listservs or email updates so that you can stay informed and more easily decide which meetings are important for you to attend.

Finding the Appropriate County Behavioral Health or Mental Health Contact Person

A good place to start your search for the most appropriate contact person and potential collaborator at your CBMHD is to find your MHSAs Coordinator. MHSAs Coordinators are responsible for engaging community stakeholders in an inclusive and representative MHSAs mandated community planning process. Although their jobs differ somewhat from county to county in order to meet their county's specific needs, they are good people to know if you need an advocate at the county level or want to get connected with other parts of your county's behavioral health system.

You can find your county's MHSAs coordinator at http://www.mhsoac.ca.gov/docs/MHSA_Coordinators_2013.pdf or by calling your county information or access phone line.

If you need services for specific cultural groups and your college is in a larger, more diverse community, it would be helpful to see if your county has an Ethnic Service Manager (ESM). ESM's are responsible for ensuring that counties meet cultural and linguistic competence standards in the delivery of their mental health services. They function as the liaison between the county and the key cultural groups in their communities. You can find your county's ESM at http://www.ca-yen.org/assets/docs/ethnic-service-managers/CMHDA_CC-ESMs_Roster_July2011.pdf or by calling your county linkage or access information line.

In addition to ESM's and MHSAs Coordinators, counties may also have transitional age youth (TAY) coordinators that are more likely to be knowledgeable about and connected with services for CCC students between the ages of 16-25 years old. The County Behavioral Health Directors Association of California provides a listing of TAY program information in select California counties: <http://www.cbhda.org/go/committees/childrens-system-of-care-committee-csoc/transition-age-youth-tay-subcommittee/tay-county-services>.

Based on the unmet mental health needs of your students, identify the types of services they need that your college does not provide. Are you looking for psychiatric evaluation and medication services, long-term counseling in Spanish, someone who can help train your college staff and faculty on how to recognize and respond appropriately to veteran students who may have post-traumatic stress symptoms, or someone who can provide on-campus stress reduction workshops for students? Being clear about the type of services you seek will make it easier for you to find the most appropriate CBMHD partner. [A sample checklist to identify services or supports is available in the Appendix.](#)

If you are looking for a variety of services and do not know anyone in your CBMHD system, it is helpful to start with the highest-level person at your CBMHD. That person will then delegate the task of collaboration-building to someone else they feel is a good match for your needs. This delegation process could occur a few times before you get to the person with whom you will actually be working. Though this can be a more time-consuming process, the person assigned to work with you is more likely to follow through because a higher-level person made the request.

You may also be referred to different people within the CBMHD system if you need different types of services. For example, the MHSAs Workforce Education and Training Department would be the best place to start if you want training for faculty and staff, while a PEI coordinator might be the most appropriate person to work with you to bring mental health wellness and prevention programs on campus. It is important to remember that each county, based on its resources and local community cultures and needs, will have different PEI and treatment program and service offerings.

Understanding California Community Colleges

The CCC system is the largest US system of higher education, with 2.3 million studentsⁱⁱ attending its colleges. The California Community Colleges Board of Governors oversees the 72 districts and 112 colleges that constitute the system. The Board is appointed by the governor and selects a chancellor to oversee the system. Each of the 72 districts has a locally elected board of trustees who oversee the operations of the colleges or college within their district. This has led to a decentralized governance structure for the entire system and significant variations in individual college governance structures among the different districts.



Due to differences in local resources and governance structures, some colleges do not have the staffing and infrastructure to allow them to provide any behavioral health services on campus or to build formal collaborations with CBMHD. You can go to your local community college website to see whether or not it provides campus-based behavioral health services. A complete list of the 112 California community colleges including links to each college's website is available on the California Community College Chancellor's Office website, <http://californiacommunitycolleges.cccco.edu/AlphaList.aspx>.

Finding the Appropriate Community College Contact Person

A good place to start your search would be to go to your local community college website and see if there is a management organizational chart or a listing of administrative staff. If the site appears to focus only on students, search for the college's leadership and governance or administrative/management staff. Because of college accreditation standards, college websites should post a full description of the college organizational structure and all academic and service offerings. (See Appendix C for a sample community college organizational chart.)

If you want to connect with the college staff most likely to refer students for mental health treatment, you could start by searching the student services listing to see if your local college has a student health center and/or a psychological or mental health services center. Many student health centers house behavioral/mental health counseling services because it is less stigmatizing to seek medical care than it is to go to an office that is labeled as mental health or psychological services. The director of mental health or psychological services and/or the student health center director would be the best person to call first. The [Health Services Association California Community Colleges](#) maintains an [online directory of health center coordinators](#) at member colleges.

It is important to note that on many CCC campuses, counseling centers or counseling departments usually refers to academic counseling, not to be confused with mental or behavioral health counseling. Occasionally academic counselors are former or current mental health clinicians, but on campus, their job is to provide academic counseling and assist students with developing their education plan.

If your local college does not have a mental health or student health center, you could call the dean or vice president of student services to see who they feel would be the best person with whom to partner. Similar to the county, the advantage of starting at a higher level of the campus hierarchy is that the person assigned to work with you will be more likely to follow-through if the request comes from a higher-level official. Many faculty and staff also refer students of concern to the academic counseling department or the Disabled Students Programs and Services (DSPS) department if the college has no mental health or student health center. DSPS staff may or may not have a mental health clinical background, but like academic counselors, their job is not to provide mental health services, so if students need behavioral health services, DSPS staff and academic counselors will refer them to community providers.

Connect with Potential Leads

If you know someone who is connected to the person with whom you would like a meeting, see if your contact is willing to facilitate an introduction for you via email or a phone call. This usually increases the likelihood that you will receive a more favorable and timely response to your meeting request.

If you are making a cold call, it helps to provide a brief description about you, your organization, the primary reason for your meeting request and a web link where your prospects can find additional information about your organization and/or your reason for wanting to connect with them. You can enhance your chances of eliciting a positive response by using the [“Identifying Potential Collaboration Partners” worksheet](#) (see Appendix) to not only list prospective partners, but also strategize your approach to generate their interest in meeting with you.

If your prospect turns down your request, they may be able to refer you to a more appropriate person and perhaps be willing to facilitate an introduction.

When Prospects are Slow to Respond

- Be patient and persistent—building a relationship can take three to six months, so set and manage your expectations accordingly.
- Remember that the people you are trying to reach are just as busy as you are and may not make you a priority at times. You may find yourself doing likewise.
- Do not assume that when getting a response takes longer than you expected that people are unreliable or uninterested. Remember that they may assume the same things about you if you are just as slow to respond.
- Informing your prospect that you know some of the same people or being able to say that someone in their professional or stakeholder network suggested you contact them may motivate a more rapid response.



Setting up a Successful Collaboration

Prepare for Your Initial Meeting

Members of the Toolkit’s ad hoc committee and those interviewed at the county and college level all agreed that an in-person initial meeting was a crucial first step in building a successful collaboration, noting that they were more comfortable calling people they met in person and those they met were more likely to respond to their future phone calls and emails. You can use the [“Initial Meeting Planning” worksheet](#) provided in the Appendix to help you set the agenda and prepare for your initial meeting.

Contributors to this *Toolkit* also emphasized the importance of preparing for an initial meeting by:

Researching the organization: Obtaining some basic information about your prospect’s organization, department, program, or job function will give you a context for discussing your meeting goals. Those interviewed for the *Toolkit* also observed that prospective partners appreciated them not needing to use initial meeting time to ask for information they could have easily acquired online or elsewhere.

Setting clear meeting objectives: *Toolkit* workgroup members and collaborators agreed that people who made the best first impression and generated the most engagement during an initial meeting were those who came with clear objectives and a focused agenda. Bringing a list of the questions you want to ask will help ensure that you acquire the information you want.

Identifying potential mutual benefits and shared goals: Potential partners will be more interested in what you are requesting if you can describe how honoring your request will also benefit them. Finding common ground and working toward shared goals enables a partnership to achieve more than each party could individually. Identifying potential mutual benefits is much easier if you do some preliminary research before the meeting. You can also use the [“Identifying Potential Collaboration Partners” worksheet](#) (access via Appendix) to help you identify potential mutual benefits to propose and explore at your initial meeting. Below are some examples.

CBMHD Potential Benefits for CCCs



These examples represent several different counties. It is important to remember that each county has different resources, services, and program offerings so some of these examples may not be available in your county.

- 24-hour crisis and suicide prevention phone lines
- Behavioral health information and referral phone lines
- Behavioral health related trainings for students, faculty, and staff
- Case management and assistance navigating CBMHD systems and services
- Day treatment and other support services for students with severe and persistent mental health conditions
- Drop-in centers for people with behavioral health conditions
- Drug and alcohol detox
- Participation on the campus behavioral intervention team
- Phone consultation for on-campus mental health and student health services staff regarding students with more severe mental health and substance use symptoms
- Provision of mental health prevention, early intervention, and wellness promotion activities on campus
- Psychiatric evaluation and medication services

CCC Potential Benefits for CBMHD

- A potentially sizeable audience for CBMHD on campus mental health prevention, early intervention, and wellness promotion activities
- A normalized environment which supports recovery efforts and successful life planning for students using mental health services
- CCC staff participation on CBMHD community advisory groups
- Collaboration with mental health funding opportunities



- Confidential office space for out-stationed staff to provide on-campus mental health services to students
- In-kind resources such as meeting space
- Trainings to county staff and consumers regarding the CCC application process, financial aid options, on campus resources for mental health consumers
- Personal development classes, such as “Introduction to College” at local Wellness Centers to demystify the college experience for consumers and better equip Wellness Center staff to assess and enhance consumer college readiness
- Support for increased CBMHD funding and policy advocacy
- Students with mental health needs for agencies/programs that may be looking for clients and campus staff trained to better inform students about county services and link them to care

Deciding How to Attain Your Meeting Objectives

First impressions help set the tone for the meeting so spend some time deciding how you want to open the conversation, describe your needs, and obtain the information you are seeking. What questions will you ask to get the information you need? What data do you have to support your requests? If possible, share some quantitative data to demonstrate unmet service needs and some anecdotal examples to bring that data to life. It is also helpful to decide how to handle rejection and how to leverage your meeting to continue to build the relationship. Your prospect may be able to refer you to someone who is in a better position to help you, offer to facilitate an introduction for you, and be a potential resource for you in the future.

Tips from the Field

Lead off your conversation with how your organization could benefit the other.

If you are from a CCC, inform your county how many students could benefit from behavioral or mental health services if you could figure out how to effectively link them to CBMHD and community programs. Also, note how many CBMHD consumers could benefit from CCC programs and your willingness to help link them to your programs.

Do not ask your county for funding before you build a relationship. If you do want funding you should get the support of stakeholder groups before making a funding request. You can access your CBMHD stakeholder groups by going through your MHSA coordinator. Successful collaboration may result in your students being able to access needed mental health services your campus cannot provide rather than about securing funds.

If you have more than one college in your district, collaborate with the others to pool student mental health data and strategize how to strengthen your case for support. You and your fellow college collaborators could set up a joint meeting with your district’s CBMHD.

Initial Meeting

The *Toolkit* workgroup and those interviewed agreed that whoever initiates the meeting should go to the prospect's site in order to better understand the organization you are visiting and its surrounding community. If you are a college staff member, visiting a potential mental health referral agency will enable you to provide more information to students you plan to refer.

If you are a county staff person, take a brief tour of the campus at some point during the meeting to get a feel for the campus and its students. Ask college staff what services they think would be most helpful to their students and share materials with them that describe some of your services across the care continuum and how to obtain more information about them.

As a college staff person, if at the end of meeting you think that you may be referring students often, ask about having a regular contact person that you and your students can call to set up an appointment and receive information and assistance in navigating the intake process. CBMHD staff may also want a college point person to call when there are referral issues on their end. For either party, the contact person should also be the one you call to:

- Follow-up if the student agrees to allow both parties to share information about the student's service utilization and experience.
- Discuss instances in which students encounter service or access problems that they are unable to resolve on their own.
- Discuss other potential collaboration opportunities.
- Find out about program and staff changes.

Before the meeting ends, be sure to summarize the meeting and decide on appropriate next steps to keep the collaboration momentum going.

If You Decide to Collaborate

If you decide to move forward, it is important to clarify each party's roles and responsibilities at the beginning of the partnership to minimize potential future problems. Discuss how best to communicate with each other to ensure timely responses and to minimize miscommunications. Be equally clear about each party's preferred communication vehicle—phone, email, or text.

If colleges refer students to CBMHD and other local services, develop guidelines for how and when collaboration partners will obtain students' consent to share information, how partners will ensure student confidentiality, and how they will address any complaints that students were unable to resolve on their own. It is critical for colleges and county staff to have a clear understanding of each organization's legal and institutional confidentiality requirements and limits. County staff providing mental health treatment must obtain consumer consent to share any consumer information except under very specific circumstances, which must be discussed with consumers as part of their program or service intake process.

It is also helpful to establish some guidelines for how collaboration partners will make joint decisions, resolve conflicts, and hold each other accountable. If the collaboration has several components that require regular ongoing procedures such as frequent student referrals or a community provider out-stationed weekly on campus, you may want to have a written memorandum of understanding (MOU) between the campus and local behavioral health provider. An MOU clarifies roles, responsibilities and accountability measures, can be revised as needed, and preserves the collaboration when there are staff changes. More informal collaborations can also operate successfully without written agreements.

The CCC SMHP MOU template and planning guide are two resources that were developed in response to repeated requests from campuses for guidance around how to formalize relationships between campuses and their respective CBMHD. The MOU planning guide is intended to help campuses engage campus stakeholders in preparing to initiate an MOU by providing them with an overview of the choices, priorities, and responsibilities that will need to be established in advance of an MOU. The template is intended to help campuses and counties and their service providers decide and document the goals, objectives, and scope of the partnership. The template and guide are available for download at:

- [MOU Template](http://cccstudentmentalhealth.org/docs/MOU_Template.doc) (http://cccstudentmentalhealth.org/docs/MOU_Template.doc)
- [MOU Planning Guide](http://cccstudentmentalhealth.org/docs/MOU_PlanningGuide.pdf) (http://cccstudentmentalhealth.org/docs/MOU_PlanningGuide.pdf)

Successful CCC and CBMHD Collaborations

Orange Coast College collaboration with Orange County Behavioral Health to bring the Drop Zone¹ on campus, a supportive CBHD staffed space that provides peer support and case management to veteran students.

Santa Monica College's collaboration with the Los Angeles County Department of Mental Health's client navigator resulted in psychological services staff being able to call the navigator to obtain phone and in-person assistance in directly linking students to DMH services.

College of the Canyons developed a campus mental health consortium to collaborate on mental health efforts with over 20 partners from local UC campuses, community colleges, private colleges, high school districts, NAMI, and Los Angeles County Departments of Rehabilitation and Mental Health.

The CA Community College Programs, Practices, and Policies online searchable database includes these and several other sample MOUs. View the database at http://cccstudentmentalhealth.org/resources/search_resources.php.

Collaboration Sustainability

Rather than approaching relationship building and maintenance as an additional job responsibility, consider it an integral part of how you do business so that it is less likely to compete with other job tasks. Several CCC staff noted that their upfront investment in collaboration building resulted in them spending far less time searching for community referrals and trying to learn how to help navigate students their local mental health system because their community partners were there to assist with linkage to appropriate services.

Sustainable collaborations benefit from having an infrastructure that supports its communications and operations. This could be as simple as informal but regular check-ins with key partners to having MOU templates and consent forms. Results from the *Toolkit* interviews with counties and community colleges noted that regular meetings that occur monthly, quarterly, or twice a year to evaluate the collaboration's challenges and achievements, share quality improvement suggestions, and discuss its future direction help re-energize its partners and re-vitalize the collaboration.

¹ The Drop Zone is an on-campus resource to support Orange Coast College student veterans who are struggling with personal problems that may negatively impact their educational success.

When you know that there will be a staff change at your organization that will affect the collaboration, succession planning is critical to ensuring a smooth transition for the person leaving and the one coming in.

- How will tasks be managed during the transition?
- What will your organization do to facilitate relationship building between the incoming person and your current collaboration partners?
- Who will be responsible for orienting the incoming person to the collaboration's goals, partners, and activities?

Like any good relationship, collaborations also require ongoing time and attention in order to remain viable. Nurture partner relationships by providing support, continuing to seek new collaboration opportunities, share results and credit for success, and promote the visibility of the collaboration. You can offer to write support letters when other partners are applying for funding, attend or contribute to their fundraising events, or assist them with their behavioral health events or projects that would also benefit your students. These activities also provide positive community visibility for the college and CBMHD and may help attract potential new stakeholders.

Although collaboration relationship building can be a slow process, especially when there is a history of silos and turf issues, the *Toolkit* workgroup recognized the value of taking a long-term strategic approach. Their experience shows that the deeper and more trustworthy the partner connections, the easier it is to sustain a dynamic and durable collaboration that improves the well-being and academic performance of CCC students by helping them more successfully address their behavioral health needs.

APPENDICES

Appendix A: Glossary of Terms and Acronyms

ACA	Affordable Care Act
APEDP	Advancing Policy to Eliminate Discrimination Program
CalMHSA	California Mental Health Services Authority
CBHDA	County Behavioral Health Directors Association of California
CBHMD	County Behavioral and Mental Health Department
CCC	California Community College
CCCCO	California Community Colleges Chancellor's Office
CCC MHWA	California Community College Mental Health and Wellness Association
CCC SMHP	California Community Colleges Student Mental Health Program
CDC	Centers for Disease Control and Prevention
CIBHS	California Institute for Behavioral Health Solutions
CIO	Chief Instructional Officer (California Community College)
COAGSMH	Chancellor's Office Advisory Group on Student Mental Health
Consumer	Person utilizing mental health services; term preferred over "client"
CSSO	Chief Student Services Officer (California Community College)
CSU SMHP	California State University Student Mental Health Program
DMH	Department of Mental Health
DSH	Department of State Hospitals
DSPS	Disabled Student Programs and Services
ESM	Cultural Competence/Ethnic Services Managers
FCCC	Foundation for California Community Colleges
FQHC	Federally Qualified Health Centers
HSACCC	Health Services Association California Community Colleges
IAHC	Implementation Ad Hoc Committee
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness

MHSOAC	Mental Health Services Oversight and Accountability Commission
OSP	Office of Suicide Prevention
PEI	Prevention and Early Intervention
PPP	Promising Practices Program
RFP	Request for Proposal
RLSPCBP	Regional and Local Suicide Prevention Capacity-Building Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SCW	Statewide Coordination Workgroup
SDR	Stigma and Discrimination Reduction
SEE	Statewide Evaluation Expert
SME	Subject Matter Expert
SMHI	Student Mental Health Initiative
SMHPW	Student Mental Health Policy Workgroup
SMSPCP	Social Marketing Suicide Prevention Campaign Program
SP	Suicide Prevention
SPEAP	Suicide Prevention Evaluation and Accountability Program
SPNP	Suicide Prevention Network Program
SP SME	Suicide Prevention Subject Matter Expert
SPTWEP	Suicide Prevention Training and Workforce Enhancement Program
SOW	Scope of Work
SSEP	Strategies for a Supportive Environment Program
TAY	Transitional Age Youth
TAFY	Transitional Age Foster Youth
UC SMHP	University of California Student Mental Health Program
VA	Veterans Administration
VPPP	Values Practices and Policies Program

Appendix B: Other Mental Health Resources

California Community Colleges Student Mental Health Program

The appropriate resources can make your work easier by translating research findings and evidence-based approaches into concrete tips and strategies for application in real-world campus settings. Webinars, fact sheets, and other online tools and resources on student mental health provided at no cost through funding by the California Community Colleges Chancellor's Office and the Foundation for California Community Colleges.

www.ccstudentmentalhealth.org

Active Minds Inc.

Active Minds supports over 350 campus-based chapters across the US and Canada made up of student volunteers who provide mental health awareness, education, and advocacy to their peers.

www.activeminds.org

EachMindMatters.org

An umbrella organization launched in 2014 to give every Californian the tools to combat stigma and build mental health awareness, and is a good starting point for student mental health stakeholders seeking connection to a community of individuals and organizations dedicated to mental wellness and equality. The website offers information about the benefits of prevention and early intervention, and allows people to share their own experiences with mental health, identify resources including local speakers and regional networks of care, and access tools for promoting awareness through social media. Ribbons, stickers, and other outreach items are available in both English and Spanish.

www.eachmindmatters.org

Federally Qualified Health Centers and State Health Policy: A Primer for California (California Healthcare Foundation)

Federally Qualified Health Centers (FQHCs) are required to either provide or be able to refer students to affordable local mental health services. FQHC's are not allowed to turn away clients and are located in areas where specific low-income populations are underserved.

www.chcf.org/publications/2009/07/federally-qualified-health-centers-and-state-health-policy-a-primer-for-california#ixzz3CxWZYx2Z

Know the Signs

A statewide suicide prevention social marketing campaign built on three key messages: Know the signs. Find the words. Reach out. This campaign is intended to educate Californians how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources.

<http://www.suicideispreventable.org/>

National Alliance on Mental Illness (NAMI)

An advocacy group for people living with mental illness and their loved ones. A good source of information and resources on mental health topics.

www.nami.org

NAMI California

www.namicalifornia.org

ReachOut.com

ReachOut is an information and support service using evidence based principles and technology to help teens and young adults facing tough times and struggling with mental health issues. All content is written by teens and young adults, for teens and young adults, to meet them where they are, and help them recognize their own strengths and use those strengths to overcome their difficulties and/or seek help if necessary.

www.reachout.com

Substance Abuse and Mental Health Services Administration (SAMHSA)

Their glossary defines terms often used in the disaster mental health response field and terms that may be useful in understanding cultural competence based on standards used by the Federal Government and by national and community-based systems of care.

[Download PDF](#)

The Jed Foundation

Established to prevent suicide on college campuses and focus on the underlying causes of suicide, The Jed Foundation convenes higher education and government leaders as well as mental health experts and researchers in order to design effective prevention programs that reflect the best in current thinking.

www.jedfoundation.org

The Trevor Project

The Trevor Project is determined to end suicide among LGBTQ youth by providing life-saving and life-affirming resources including a nationwide, 24/7 crisis intervention lifeline, digital community, and advocacy/educational programs. 24-hour Crisis Intervention Lifeline: 866-488-7386.

www.thetrevorproject.org

ULifeLine.org

U Lifeline is an anonymous, confidential, online resource center where students can be comfortable searching for the information they need about emotional health.

www.ulifeline.org

United States Department of Veterans Affairs

This agency provides veterans with benefits and services. Their website includes a wealth of information such as a directory of VAs across the US, help for PTSD, descriptions of VA benefits, and facts on healthcare.

www.va.gov

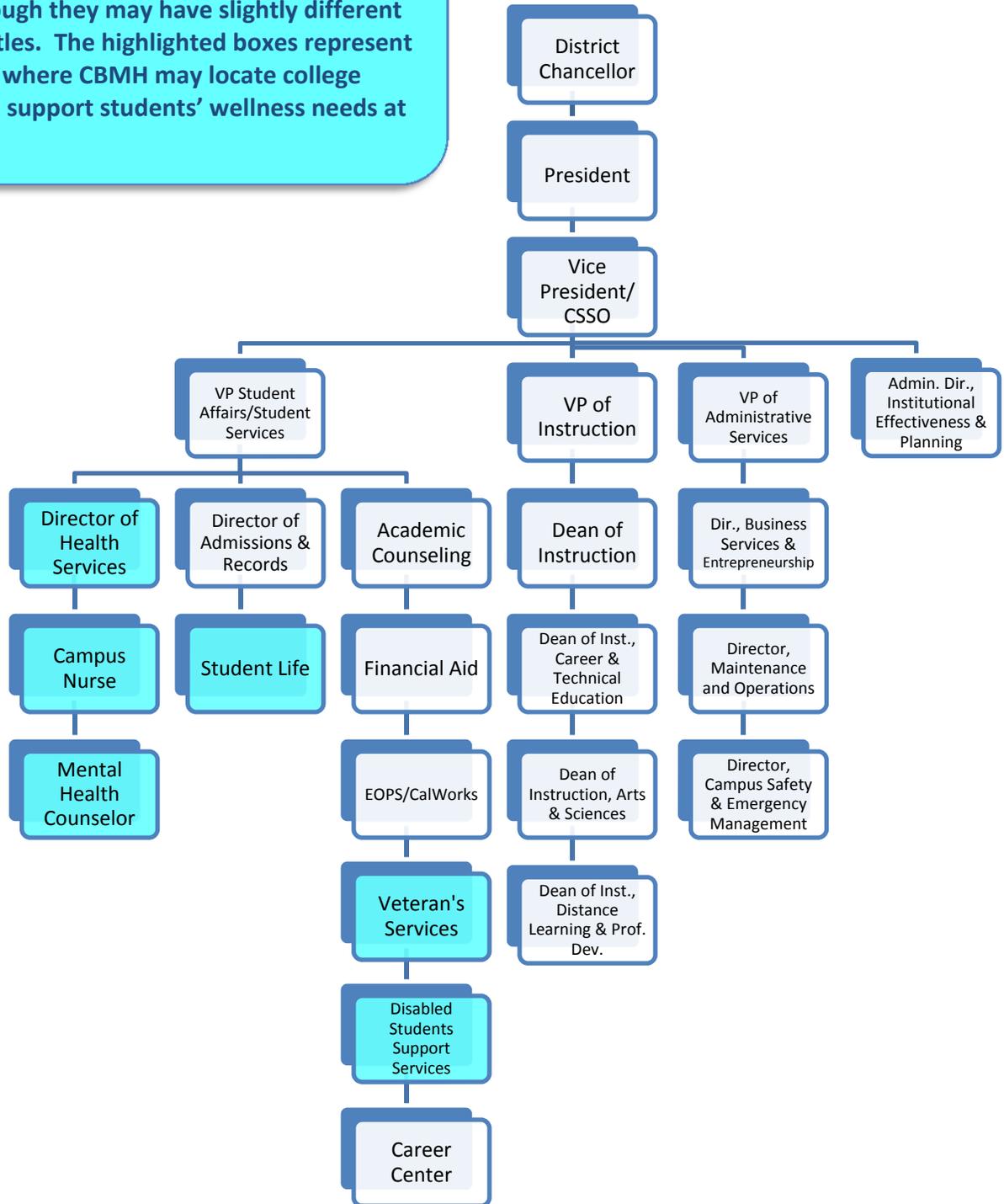
www.mentalhealth.gov

Includes a treatment locator function that helps users locate a variety of local mental health services as well as information about how to recognize, talk about, and cope with an array of mental health symptoms, including trauma and eating disorders. Resources are available in Spanish.

www.mentalhealth.gov

Appendix C: Sample Community College Organizational Chart

This illustrative organizational chart shows departments generally found within a community college, although they may have slightly different position or titles. The highlighted boxes represent departments where CBMH may locate college contacts who support students' wellness needs at that college.



Appendix D: CCC Mental Health Services Checklist

Mental Health Services	On Campus	Have Referrals	Need Referrals	Comments
Behavioral Intervention Team				
Case Management				
Crisis Intervention				
Eating Disorders				
Family and Couples Counseling				
Foster Youth/Former Foster Youth				
Homeless Students				
Individual Counseling				
Information and Referral				
LGBTQ				
Mental Health Assessment				
Mental Health Prevention				
Peer Support Programs				
Psych Assessment				
Psych Medication Evaluation				
Psych Medication Prescriptions				
Services in Other Languages				
Stress Management				
Substance Abuse Detox				
Substance Abuse Treatment				
Substance Use Assessment				
Suicide Prevention				
Support Groups				
Therapy Groups				
Transitional Age Youth				
Trauma				
Veterans				
Wellness Programs				
Other				

Appendix E: Identifying Potential Collaboration Partners Worksheet

Potential Partner	Benefits to Them	Benefits to Us	Potential Barriers to Collaboration	Buy-In Strategies

Appendix F: Initial Meeting Planning Worksheet

Meeting Date _____

Organization _____

Address _____

City/State/Zip _____

Phone _____

Contact Name _____

Title _____

Address _____

Phone _____

Email _____

Desired Meeting Outcomes

1. _____

2. _____

3. _____

Information/Data to Share

Materials to Bring

Key Questions to Ask

Benefits to Collaboration, What We Can Offer

Next Steps/Follow-Up/Person Responsible

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California Community Colleges Student Mental Health Program

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COAGSMH assists in providing support to the implementation efforts related to the California Community Colleges Student Mental Health Program (CCC SMHP). In addition, COAGSMH serves as a forum to counsel on the delivery of services required throughout the length of the CCC SMHP. The COAGSMH is an advisory group to the Chancellor's Office and the Foundation for California Community Colleges.

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CalMHSA

The California Mental Health Services Authority (CalMHSA) is an Independent Administrative and Fiscal Governments Agency focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels. CalMHSA implements Prevention and Early Intervention programs funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

References

ⁱ Sontag-Padilla, L., Roth, E., Woodbridge, M., Kase, C., Chan Osilla, K., D'Amico, E., Jaycox, L., Stein, B. (2013) CalMHSAs Student Mental Health Campus-Wide Survey 2013 Summary Report. Santa Monica, Calif.: RAND Corporation.

ⁱⁱ California Community Colleges Chancellor's Office – Data Mart. Retrieved August 28, 2014 from http://datamart.cccco.edu/Services/DSPS_Status.aspx.

California Community Colleges Student Mental Health Program (CCC SMHP)

Toll-free: (855) 304-1647 ~ www.cccstudentmentalhealth.org

The California Mental Health Services Authority (CalMHSAs) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSAs are funded through the voter-approved Mental Health Services Act (Prop 63). Prop 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.