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# California Colleges and Universities Collaborate to Support Student Mental Health

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One key objective of California's Prevention and Early Intervention (PEI) Student Mental Health (SMH) initiative funded under Proposition 63 is to establish a formal process for ongoing collaboration between higher education systems and county mental health, as well as to increase collaboration among higher education campuses to improve student mental health. With effective collaboration, diverse student bodies in California's colleges and universities will have increased access to a wider array of services, including linkages to local community mental health and substance abuse prevention and treatment partners. In addition, collaboration fosters the collective efforts of campuses to develop, implement, and share innovative and culturally responsive practices and policies, which further increases the capacity, quality, and efficiency of student mental health programs statewide.

As part of its evaluation of activities funded under Proposition 63, SRI International and RAND researchers are evaluating the development, quality, and effectiveness of collaboration among SMH program partners in higher education. Through multiple methods, including document reviews, key informant interviews, and participant surveys, the SRI research staff is collecting data about the development, function, and goals of collaborative activities; the ongoing challenges and facilitators to successful collaboration; and the degree to which collaboration activities contributed to short- and long-term outcomes relevant to SMH PEI services and supports.

## Preliminary Findings from Key Informant Interviews

The SRI research team consulted with the California Mental Health Services Authority (CaMHSA) program coordinators and partners at college and university campuses and Chancellor's Offices to identify individuals who participate in collaborative activities and represent various administrative roles in different locations. These individuals, nominated to participate in the interviews due to their personal and professional involvement in SMH partnerships, were in positions to judge the benefits and challenges of collaboration. Below we report preliminary findings

from 34 interviews conducted with these SMH key informants in fall 2013, for each higher education system.

**California Community Colleges (CCC).** The CCC Student Mental Health Program (CCC SMHP) is a partnership between the CCC Chancellor's Office (CCCCO) and the Foundation for Community Colleges (FCCC). CCC SMHP offers centralized training, technical assistance, and online suicide prevention training (Kognito) at no cost to all of its 112 campuses to support SMH PEI services and supports. In addition, CCC SMHP selected 23 Campus-Based Grantees, representing a total of 30 CCC campuses, to expand and enhance their capacity to address mental health PEI needs of students, faculty, and staff.

Interviewees described strong relationships with partners within the CCC campus communities, including campus health and mental health providers, student government, administrative and academic leadership, campus safety, Disabled Students Programs and Services, peer educators, and student veterans offices. Interviewees reported that campuses also collaborated with individuals from agencies and organizations outside campus boundaries, including county and community mental health and substance abuse providers, law enforcement, advocacy groups (e.g., the National Alliance on Mental Illness [NAMI]), CalWorks, the Veterans Administration, suicide prevention coalitions, and staff from California State University (CSU) and University of California (UC) campuses, as well as a range of other stakeholders including individuals with personal or family experience with suicide or mental health concerns.

A hallmark activity of the Campus-Based Grantees is their hosting of Regional Strategizing Forums to foster dialogue with local collaborators about best practices related to student mental health resources and services. Many interviewees remarked about how these events, although labor-intensive in planning and implementation, usually strengthened personal relationships and professional connections. Other facilitators to collaboration included the use of training opportunities as a bridge to partnerships both on- and off-campus (e.g., offering campus facilities to host Mental Health First Aid [MHFA] certification trainings by local departments of mental health), and the inclusion of campus

representatives on county mental health boards and CalMHSA planning committees. Most importantly, interviewees discussed personal characteristics of program coordinators that strengthened and sustained relationships, such as good problem-solving abilities, routine communication, openness and availability, a results-orientation, and a mental *wellness* approach.

CCC's organizational structure is unique relative to the other systems (i.e., CSU and UC), with local governance that makes it difficult to implement system-wide initiatives. As a result, interviewees voiced that one of the major challenges of their work is garnering buy-in and support from their Board of Trustees, administration, and faculty. In addition, many CCC campuses are in critical need of direct services (not funded under the CalMHSA grant), and referrals to county and community agencies are often met with limited (or temporary) resources.

Still, respondents declared that due to the collaborations that have been formed as a result of the CalMHSA project, there is significant momentum within the CCC systems about stigma reduction and mental health awareness—all linked to the priority outcomes of student wellness and academic success. As one program partner put it, "To infuse this kind of resource into this diverse, underserved and marginalized population, and to raise the level of awareness to such a degree with the local communities, is a monumental accomplishment in scope and depth."

**California State University (CSU).** The CalMHSA grant program at CSU functions in the context of CSU's Executive Order No. 1053 ("Policy on Student Mental Health") issued in 2010 that specifies mental health service requirements at each campus. All 23 CSU campuses focus their PEI efforts on three strategic directions: (1) curriculum development and training, (2) peer-to-peer support programs, and (3) suicide prevention. The CSU Chancellor's Office (CSUCO) is providing centralized training across campuses to certify staff in MHFA, Applied Suicide Intervention Skills Training (ASIST), and Interactive Video Simulation Training (IVST, specifically for CSU police departments). In addition, CSUCO has offered the trainings to CCC and UC staff, fostering consistency and sustainability across the higher education system.

As part of their CalMHSA grant requirements, all campuses are expected to establish a partnership with their county mental health departments. Interviewees commented on the strength of support they received from CSUCO to facilitate these relationships, including email introductions to their respective county representatives. Other external collaborators of note included community mental health providers, law enforcement, and advocacy groups (e.g., NAMI, Active Minds, Mental Health America [MHA]). Many CSU campuses participated in CCC's Regional Strategizing Forums as well as in the California Suicide Prevention Network (CSPN) and the local suicide prevention task force teams in their respective counties.

Interviewees also described strong relationships with partners within the CSU campus communities, including campus health and mental health providers, peer health educators, resi-

dential life, student activities, academic leadership and specific academic departments (e.g., psychology, health sciences), campus police, veterans services, and international students programs.

Facilitators of collaboration included strong leadership and administrative support by the CSUCO, especially its production of quarterly summary reports and calendars that highlight campus events and share best practices, and the centralized training structure and list of certified trainers (of ASIST; safeTALK; MHFA; Question, Persuade, and Refer; and other trainings) by county offered to all systems. CSU interviewees also recognized that they shared PEI goals with county mental health, offering CSU the opportunity to help the county deliver on PEI objectives by providing access to transition-aged youth and other diverse populations. These shared goals make it mutually beneficial for the entities to collaborate and share resources, deepening relationships and the possibility for sustainability.

However, interviewees also recognized the CSU campuses' and the counties' differences in definitions of eligibility and levels of mental health severity, sometimes resulting in conflicts. The complexity of the county system also reduced some campuses' confidence in connecting with the appropriate person to address SMH needs. CSU respondents mentioned geographic isolation of some campus locations, territorial or managerial issues, and overwhelming burdens in terms of the CalMHSA project deliverables and ambitious timelines of the contract cycle as particular challenges to building and sustaining authentic, enduring relationships with campus partners. Still, they overwhelmingly acknowledged that through collaboration and the sharing of ideas and resources, CSU campuses have reduced duplication of efforts and redundancies in services, and they have developed innovative, creative solutions to serving an increased number of students with mental health needs.

**University of California (UC).** The UC Student Mental Health Initiative (SMHI) began as a collaboration spearheaded by the UC Student Mental Health Oversight Committee (SMHOC) and including campus Counseling and Psychological Services (CAPS) and the UC Office of the President (UCOP) Student Affairs. All ten UC campuses receive funding and centralized support from UCOP to train students, faculty, and staff on how to recognize and respond to students in distress, enhance peer programming, develop comprehensive suicide prevention approaches (including system-wide online screening tools), launch marketing and media campaigns to reduce stigma and discrimination, and hire additional campus psychologists to promote SMH PEI.

A particular strength noted by the UC interviewees is the infrastructure in place to support collaboration: the UCOP Student Affairs office supports CAPS, who report to the Vice Chancellor of Student Affairs (VCSA) on their campuses, who have their own council of VCSA that meets routinely. In addition, CalMHSA-funded campus psychologists participate in their own collaborative that is facilitated by the UCOP SMHI program manager. UC representatives are also well-positioned

on other committees, such as the CCC SMH Advisory Group, the SMHPW, “Each Mind Matters” county committees, local county mental health boards, and county suicide prevention coalitions.

Interviewees also described strong relationships with partners within the UC campus communities, including health and mental health providers, peer-to-peer counselors, student affairs, housing, campus police, Disabled Students Programs and Services, women’s centers, and veterans centers. In fact, as part of the SMHI, UC launched the “Red Folder” Initiative, where each campus produced and published a quick reference guide to mental health resources for those on campus who may interact with students in distress. They also developed and shared (across UC, CSU, and CCC campuses) public service announcements (on topics such as sexual assault prevention and awareness) to air on campus television programs and in materials disseminated across campuses, and hosted a Systemwide Mental Health Summit (in March 2013) showcasing best practices in mental health. The Summit offered an opportunity for UC, CSU, and CCC programs to showcase their most effective programs and promising practices, and to explore next steps for impactful student mental health and wellness in partnership with county mental health.

Interviewees attributed the success of these efforts to many factors, including UCOP’s foundational work to collaboratively design the CalMHSA grant deliverables in ways that enhanced what some campuses were already doing while building capacities where some campuses lacked resources. In addition, the strong UC identity across a small number of campuses provided an environment conducive to unity, synchronicity, and centralized support. Furthermore, respondents acknowledged UC administrators’ understanding of the direct link between SMH and academic outcomes, as well as their colleagues’ passion about SMH issues and dedication to the cause despite some system challenges. These challenges include a student services system that can operate independently and in silos—rarely coming into contact with agencies beyond its campus borders, unless there is a serious crisis with a student. In addition, UC faculty often prioritize academic research, not recognizing incentives for their involvement in SMH issues. Finally, collaboration with community partners requires building trusting relationships and an investment of time—with timelines not necessarily in sync with the CalMHSA deliverables.

Nevertheless, UC interviewees remarked on broad cultural changes that were taking place across campuses, increasing faculty and staff understanding about and skills with students in distress, promoting student well-being, and reducing stigma associated with mental illness. In addition, collaboration was promoting shared resources that increased campuses’ quality and efficiency in putting into place operations, evidence-based practices, and protocols to meet SMH demands. Communication with counterparts at other systems (CCC and CSU) was described as “frequent and frank,” allowing colleagues to share struggles as well as accomplishments. As one respondent stated, the personal

relationships formed by the many face-to-face meetings promoted by CalMHSA with colleagues within UC and across the other systems “really transformed and probably transcended what we imagined it would be.”

### **Cross-System Findings and Next Steps**

Across the SMH program partners, interviewees also highlighted the extent to which the CalMHSA SMH program director facilitates initiative-wide collaboration through multiple venues and opportunities, including hosting monthly conference calls to provide updates across the CalMHSA initiatives (Student Mental Health, Suicide Prevention, and Stigma and Discrimination Reduction), twice-annual in-person SMH program partner meetings that include county representatives, and quarterly meetings with SMH higher education program coordinators. In addition, CalMHSA regional contract specialists work at the state and regional levels to implement and coordinate multi-county programming efforts; opinions about the extent of the specialists’ successes to date varied across the interviewees, but most acknowledged the importance of this ongoing effort.

Overall, the key informants of the CalMHSA SMH higher education programs expressed their opinions that California colleges and universities have made great strides in fostering partnerships both on and off campus to support SMH PEI services. In just two years, CalMHSA SMH programs have enhanced relationships with departments and organizations within the campus communities as well as with neighboring mental health agencies, community support services, and other higher education campuses. These collaborations resulted in joint efforts to provide cross-system training opportunities and conferences, multi-media campaigns, and public awareness information. Still, differing infrastructure supports and governing principles of the individual educational systems, buy-in of key leaders in the campus communities, and capacity issues of the broader community mental health system pose challenges to the sustainability of strong, authentic cross-system and cross-agency partnerships.

To learn more about the extent to which collaboration and networks supported by CalMHSA have fostered improvements in the delivery of PEI services and supports on college and university campuses, the SRI research team will next develop a brief collaboration survey to be disseminated widely to participants in SMH collaborative activities (e.g., program partner SMH advisory and workgroup committee members, campus coordinators). These additional survey data will allow researchers to integrate quantitative findings from a larger audience with the in-depth data from the key informant interviews, and to investigate whether specific characteristics of collaborative entities (e.g., degree of formality, level of mutuality) or participants (e.g., duration of involvement, gender, role) affect the success or challenge of forming partnerships.

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## RAND Health

This research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at <http://www.rand.org/health>.

## CalMHSA

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 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.

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