



California College and University Collaborations

Facilitators, Challenges, and Impact on Student Mental Health

Michelle W. Woodbridge, Jennifer Yu, Asha Goldweber, Shari Golan, and Bradley D. Stein

One key objective of California's Statewide Prevention and Early Intervention (PEI) Student Mental Health (SMH) initiative funded under Proposition 63 was to establish a formal process for ongoing collaboration between higher education systems and county mental health, and to increase collaboration among higher education campuses to improve student mental health. It was believed that with effective collaboration, diverse student bodies in California's colleges and universities would 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 could foster the collective efforts of campuses to develop, implement, and share innovative and culturally responsive practices and policies, which could further increase the capacity, quality, and efficiency of student mental health programs statewide.

As part of its evaluation of activities funded under Proposition 63, researchers from SRI International and the RAND Corporation evaluated the development, quality, and effectiveness of collaboration among SMH program partners in higher education. The current report focuses on findings from collaboration surveys; early findings from key informant interviews are available in a separate report (www.rand.org/t/rr689).

The Collaboration Survey

SRI researchers developed and administered a brief collaboration survey intended for all college and university CalMHSA grant coordinators and program staff.

The collaboration survey items were derived from validated surveys found in the current literature (e.g., Bartsch et al., 2012; Larson and Hicks, 2010; Thomson, Perry, and Miller, 2009). The survey was administered electronically via email, included approximately 25 items, and took ten to 15 minutes to complete. Versions of the survey differed slightly in terms of wording to customize items for particular respondent groups, but, in general, questions included Likert-rated items on a three-point scale: *not at all*, *to some extent*, and *to a great extent*. Respondents rated

three major constructs: (1) the governance, function, and goals of collaborative activities as perceived by the respondents; (2) the extent to which respondents believe that collaboration activities were associated with improvements in the delivery of SMH PEI services and supports; and (3) the respondents' perceptions of ongoing challenges and facilitators to collaboration, their personal level of participation in the group, and their perceptions of the group's achievement of goals.

Each potential respondent was asked to give consent (electronically) for his or her participation in the survey. No incentives were offered for participation, and individuals could refuse to participate and/or refuse to answer any question in the survey. Survey items asked participants to identify themselves by gender and age categories and to provide brief demographic information (e.g., location of workplace by county). There were no unique links between participants' responses and identifying information, however, so responses were not attributable to specific individuals.

Findings from Collaboration Surveys

Participants. The SRI research team consulted with the California Mental Health Services Authority (CalMHSA) program coordinators and partners at the college and university campuses and chancellors' and presidents' offices to identify individuals who participated in collaborative activities and represented various programmatic and administrative roles across all locations. These individuals who were invited to participate in the surveys, due to their personal and professional involvement in SMH partnerships, were in positions to judge the benefits, challenges, and achievements of collaboration. Here, we summarize program features, describe survey respondents, and report findings from 43 surveys completed in spring 2014 across the higher education program partners.

- **California Community Colleges (CCC).** The CCC Student Mental Health Program (SMHP) offered centralized training and technical assistance 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 (CBGs), rep-

representing 30 CCC campuses, to expand and enhance their capacity to address mental health PEI needs of students, faculty, and staff. Grant activities included peer-to-peer activities, suicide prevention, and faculty and staff training, among others. There were 14 survey respondents from the CCC system, each representing the CalMHSA grant coordinators from funded CBGs.

- **California State University (CSU).** All 23 CSU campuses focused 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 provided centralized training across campuses to certify staff in Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), and Interactive Video Simulation Training (IVST). As part of their CalMHSA grant requirements, all campuses were expected to establish a partnership with their county mental health departments. There were 21 survey respondents from the CSU system, each representing the CalMHSA grant coordinator at a CSU campus.
- **University of California (UC).** The UC Student Mental Health Initiative (SMHI) provided funding and centralized support to all ten UC campuses to train students, faculty, and staff on how to recognize and respond to students in distress, enhance peer programming, develop comprehensive suicide prevention approaches, launch marketing and media campaigns to reduce stigma and discrimination, and hire additional campus psychologists to promote SMH PEI. There were eight survey respondents from the UC system, each representing the CalMHSA grant coordinator at a UC campus.

Campus survey respondents. Demographic information regarding the campus survey respondents is provided in Table 1.

Nearly one-half (44 percent) of the campus respondents had been involved with the CalMHSA project just one to two years; 40 percent were involved two to three years, 12 percent more than three years, and 4 percent were involved for less than one year. About two-thirds of respondents (64 percent) reported that, in the past six months, they participated regularly in scheduled in-person meetings with their partners; 33 percent attended scheduled meetings infrequently, and 2 percent had not met with their partners in person.

Governance and structure of campus collaborations. Most of the CalMHSA campus coordinators (74 percent) across the higher education systems reported that they rely on *informal* personal relationships with their partners at county mental health or community-based organization when making decisions about their work together. In contrast, only 13 percent of respondents said they relied on *formal* agreements, such as memoranda of understanding or contracts. A majority of campus representatives (54 percent) believed that they had consistent opportunities to share information with partners about

Table 1. Campus Survey Respondents

Description	n	%
Total participants	43	100
Age		
26–35	10	23
36–45	8	19
46–59	17	40
60+	8	19
Gender		
Female	32	74
Male	11	26
Race/ethnicity ^a		
White	30	69
Black	6	14
Latino	4	9
Asian	3	7
American Indian/ Alaska Native	2	5
Other	5	12
System		
CCC	14	33
CSU	21	49
UC	8	19

^a Respondents could select more than one response.

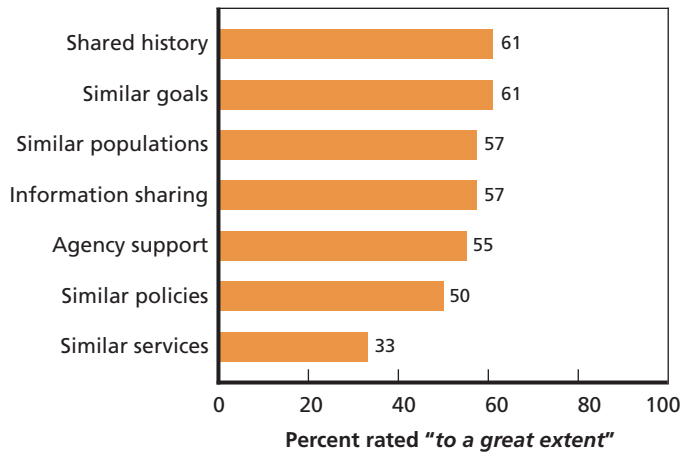
resources and capabilities, but only one-third (33 percent) problem solved together with their partners to develop solutions to student mental health issues.

When asked about the partnership process and what brings the collaborative organizations together, respondents overwhelmingly (86 percent) reported that the advantages of collaboration outweigh the disadvantages. More than one-half (51 percent) also agreed that their partners share similar goals and activities, but only about one-third (35 percent) believed that they had combined and used each other’s resources so that they all benefited from the collaboration.

Function of campus collaborations. When asked about which area was the focus of their collaborative work, a majority of campus coordinators (63 percent) indicated that informing audiences of available mental health services and support was frequent; about one-half also indicated that training students and staff/faculty (49 percent) and identifying and promoting best practices (42 percent) were also areas of focus.

The nature of campus collaboration. There were multiple factors that many respondents agreed were facilitators of collaboration (Figure 1), including a history of working together (61 percent), similar or complementary program goals (61 percent),

Figure 1. Facilitators of Collaboration

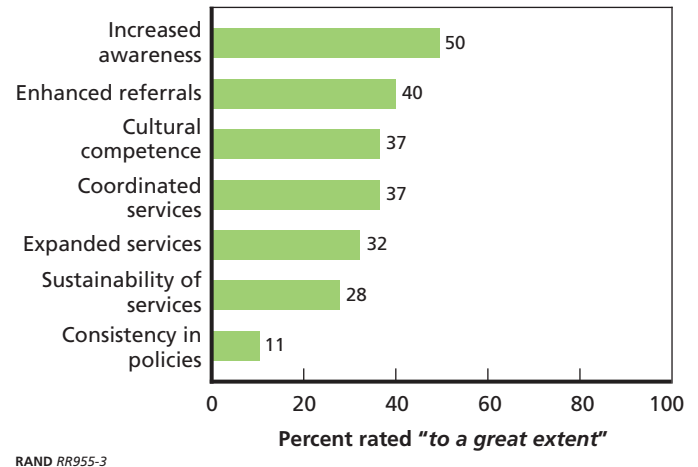


similar populations of interest (57 percent), ease of information sharing (57 percent), agency support to pursue interagency work (55 percent), and similar policy goals (50 percent).

There was one factor that a majority of respondents (61 percent) agreed was a serious challenge to collaboration: lack of agency resources (e.g., staff time) to support interagency work (Figure 2). All other factors, such as no preexisting relationships or difficulty sharing information, were rated as serious challenges by no more than one-quarter of all respondents.

Impact of campus collaboration. About one-half (47 percent) of the campus coordinators reported that, overall, their collaboration resulted in improved mental health outcomes among students served. When asked the degree to which they believed that collaboration resulted in improved quality of services and supports along various dimensions, one-half of the campus coordinators (50 percent) believed that their campuses were successful in increasing awareness of available SMH supports and services (Figure 3). More than one-third of respondents also believed that the collaborative efforts impacted referrals (40 percent), such as through increasing the capacity of students and staff/faculty

Figure 3. Improved Quality of Services



to refer students in need; improved the cultural competence of services for diverse groups (37 percent); and better coordinated services and supports (37 percent).

Nearly one-half of respondents reported that SMH services on their campus were improved by their collaborating with other higher education partners (49 percent), community mental health partners (48 percent), and county mental health (42 percent). When asked to rate their relationship with county mental health, most respondents (79 percent) characterized that relationship in the good to excellent range (Figure 4).

We examined whether respondents' beliefs about facilitating or challenging factors in the success of their collaboration were associated with their beliefs in the collaboration's impact on SMH outcomes. This analysis helped us to understand if particular accomplishments or challenges might be associated with participants' perceptions of their success in effecting improvements through collaborative activities. Results indicated that there was a strong relationship between respondents' belief in the importance of agency support and their belief that the group's collaborative work ultimately improved SMH outcomes ($\chi^2 = 10.38, p < 0.01$).

Figure 2. Challenges to Collaboration

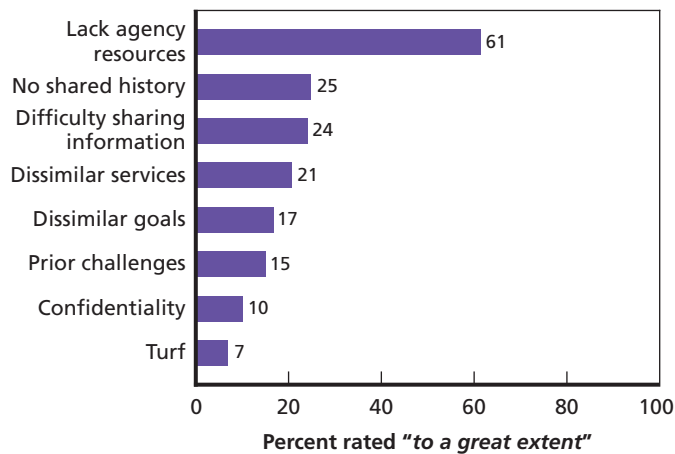
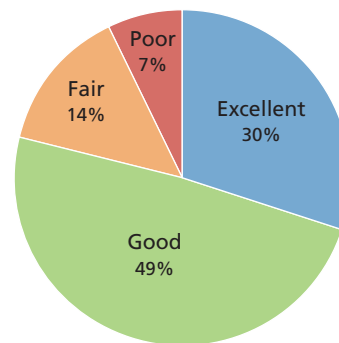


Figure 4. Collaboration with County Mental Health



Finally, more than one-half (54 percent) of the respondents reported that their partners were planning for sustainability of SMH PEI services beyond the period of grant funding, and 57 percent believed that the collaboration would likely remain strong and effective in efforts to address SMH even after the CalMHSA grant funding ended. When asked the degree to which CalMHSA provided resources necessary to pursue collaborative activities that otherwise would not have occurred, 70 percent of respondents attributed “a great extent” of their capacity to CalMHSA’s support.

Summary

Most of the 43 survey respondents of the CalMHSA SMH higher education programs reported that they relied on *informal* personal relationships to build collaborative partnerships. Campus representatives agreed that there were many factors that

facilitated collaboration, such as a history of working together, similar program and policy goals, similar populations, ease of information sharing, and agency support. One serious challenge noted by a majority was the lack of staff time or resources to support interagency work.

Overwhelmingly, respondents reported that the advantages of collaboration outweighed the disadvantages. About one-half attributed improvements in SMH outcomes to collaboration, including improved awareness about available SMH supports and increased referrals. Respondents were more likely to attribute improved outcomes to collaboration if they also felt that they had support and committed resources of their organization to pursue collaboration. Finally, more than one-half of the campus representatives reported that they were planning for sustainability and believed their collaborations would remain strong even after the CalMHSA grant funds ended.

References

- Bartsch, D., A. Keller, P. Chung, and C. Armijo, *Improving Access to Health Through Collaboration: Lessons Learned from The Colorado Trust’s Partnerships for Health Initiative Evaluation*, Denver, Colo.: The Colorado Trust, 2012.
- Larson, C., and D. Hicks, “Collaboration Survey,” in OMNI, *House Bill 1451 Collaborative Management Program: Collaborative Effectiveness Surveys—Initial Data Summary 2010*, December 14, 2010, pp. 20–25.
- Thomson, A. M., J. L. Perry, and T. K. Miller, “Conceptualizing and Measuring Collaboration,” *Journal of Public Administration Research and Theory*, Vol. 19, No. 1, 2009, pp. 23–56.

About the Authors

Michelle W. Woodbridge, Jennifer Yu, Asha Goldweber, and Shari Golan are researchers for SRI International. Bradley D. Stein is a researcher for the RAND Corporation.

Acknowledgments

The RAND Health Quality Assurance process employs peer reviewers. This document benefited from the rigorous technical reviews of Joshua Breslau and Paul Koegel, which served to improve the quality of this report.

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.

© Copyright 2015 RAND Corporation

www.rand.org



The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND focuses on the issues that matter most, such as health, education, national security, international affairs, law and business, the environment, and more. As a nonpartisan organization, RAND operates independent of political and commercial pressures. We serve the public interest by helping lawmakers reach informed decisions on the nation's pressing challenges. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark.



CHILDREN AND FAMILIES
EDUCATION AND THE ARTS
ENERGY AND ENVIRONMENT
HEALTH AND HEALTH CARE
INFRASTRUCTURE AND
TRANSPORTATION
INTERNATIONAL AFFAIRS
LAW AND BUSINESS
NATIONAL SECURITY
POPULATION AND AGING
PUBLIC SAFETY
SCIENCE AND TECHNOLOGY
TERRORISM AND
HOMELAND SECURITY

The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis.

This electronic document was made available from www.rand.org as a public service of the RAND Corporation.

Support RAND

[Browse Reports & Bookstore](#)

[Make a charitable contribution](#)

For More Information

Visit RAND at www.rand.org

Explore the [RAND Corporation](#)

View [document details](#)

Research Report

This report is part of the RAND Corporation research report series. RAND reports present research findings and objective analysis that address the challenges facing the public and private sectors. All RAND reports undergo rigorous peer review to ensure high standards for research quality and objectivity.

Limited Electronic Distribution Rights

This document and trademark(s) contained herein are protected by law as indicated in a notice appearing later in this work. This electronic representation of RAND intellectual property is provided for non-commercial use only. Unauthorized posting of RAND electronic documents to a non-RAND website is prohibited. RAND electronic documents are protected under copyright law. Permission is required from RAND to reproduce, or reuse in another form, any of our research documents for commercial use. For information on reprint and linking permissions, please see [RAND Permissions](#).