Student Mental Health Workgroup
Meeting Documentation
Fall 2016

From the Office of
Associate Vice Chancellor, Student Services
Los Rios Community College District
Mental Health Work Group

Tuesday, November 1, 2016 9:30-11:30

DO Board Room

AGENDA

1. Introductions

   Project Sponsor: Victoria Rosario
   Work Group: DO: Betty Glyer-Culver
               Nurses: ARC: Michele Arnott, Pam Whipple CRC: Michelle Barkley; FLC
               Mary Hansen: SCC: Jeff Christian, Wendy Gomez
               DSPS: Tim McHargue (FLC)
               Counselors: ARC: Lydia Delgado, Jennifer Scalzi; CRC: Estella Hoskins;
               FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen
               Classified: Rhonda Calloway (FLC)
               Students: tbd

   Business Lead: Manuel Pérez (ARC)

   Subject Area Expert: Shannon Dickson (CRC)

   Communication Lead: Scott Crow

2. Project Overview

3. Follow up from Spring Meeting
   a. Sending in BIT/CIT protocols, team compositions, role/scope and referral processes
      (Note: I received the team compositions, but not protocols or role/scope, referral
      processes)
   b. Investigating how other colleges are using a board approved health fee to support
      student mental health services
   c. Exploring ways to intersect student mental health needs with the Student Equity Plans
   d. Querying the CC Mental Health Association for best practices
   e. Establishing local campus teams to begin to gather input on future directions/interests
   f. Researching any resources or agencies that need to be included in our review
   g. Confirming membership of the workgroup and identify any additional participants

4. Review Survey Results

5. Review Focus Group Results- D. Doan

6. Reflect on the Themes

7. Strategize About Process

8. Next Steps Adjourn
MINUTES

1. Commence: 9:55am

2. Members present:
   a. ARC: Manuel A. Pérez, Lydia Delgado
   b. CRC: Shannon Dickson, Estella Hoskins
   c. SCC: Wendy Gomez
   d. DO: Victoria Rosario, De Doan, Mayra Villarreal

3. Purpose:
   a. Develop a mental health strategic plan to be implemented throughout the district
   b. Establish:
      I. Goals
      II. Delivery
      III. Populations to be assisted
      IV. Cost associated with the plan
      V. Provide recommendations to the board

4. Current Strategy and Position:
   a. LRCCD is one of two community college districts in California that does not have a fee and is all funded via the General Fund
   b. All services are staffed by faculty and staff—there are no outside experts
   c. Based on student and employee surveys, what is currently in place is not enough to meet the need of the student population
   d. There has been an increase in discipline referral
   e. There is a greater number of faculty that are concerned about the increase in difficult situations occurring in the classroom

5. Project Overview:
   a. Since 2008, there have been long conversations around the increasing demand for mental health services. This brought about the creation of the local BIT/CIT/BIRT teams.

6. MH Survey Results Review
   a. Chart 1—We all get a little stressed and overwhelmed…how often, in the last month, did you experience any of the following?
      I. Results from students can be a reflection that students are not good at assessing their own needs
      II. Survey does not capture other stressors that are affecting students at a deeper level than just school work (e.g. financial difficulties, housing, etc.)
      III. Important to acknowledge that results could have been affected by the time when it was delivered
         a. Stress levels may change based on the time of the term (e.g. start of the term, finals, holidays, etc.)
      IV. What stressors have been missed?
         a. Chronic depression
         b. Relationships
         c. Difference between having food to eat and having a healthy diet
         d. Intimate partner violence
      V. Important to examine who is being surveyed—subsets of people
9. Action Items:
   a. De to work with Betty to see how much survey data is disaggregated

10. Adjourned: 11:30AM.
Attachment A: Strategize the Process

### Training and Professional Development
- Kognito
- Campus professional development with mental health specific topics
- “Red Folder” training
- Culturally relevant mental health best practices
- Calendar of mental health trainings (multiple training)
- Access to national training/professional development opportunities
- Mental health 1st Aid
- Team building workshops
- Anxiety, depression, stress
- Off-campus trainings and visits at common center locations
- Health insurance awareness trainings
- Flex mental health activities and presentations

### Stakeholder Engagement

### Resources for Mental Health
- Funding for prescriptions when students need and cannot afford
- Website forms
- Mental health center at each campus
- Health and wellness coordinator at the District Office
- Food pantry
- Funding for mental health
  - District mental health coordinator
  - Professional development trainings
  - FT staff (health centers, counselors, mental health providers)
  - Marketing

### Communication
- Newsletter
- EServices icon for students to access mental health information on- and off-campus
- Mental health website
- Classroom presentations
- Suicide prevention awareness using social media
- Mental health specific push notifications
- Desktop icons for staff and faculty
- Semi-Frequent video (online) presentation for students on mental health topics
- Department and staff meetings with mental health information
- Monthly district office BIT meetings
- Main page icon for self-referral

**Community Partnerships**
- Incentivize CBO’s
- Expediting MOU’s
- MFT Consortium (Northern California)
- Rainbow Book (county)
- Cultural broker (community)
- Engagement coordinator
- Regional Los Rios MH Partners book/pamphlet/database—organized by neighborhood, languages, cost, etc.

**Mental Health Prevention Model**

- Wellness Center/Mental Health Coordinator (MFT, LCSW, Psychologist, Interns)
  - Intake Process
    - Grp., indiv, outside referral
    - 8-10 MH Counseling sessions (semester/year)
    - MH Activities: workshops, trainings, PD
    - Other holistic services: food pantry, clothing, housing

- Los Rios Wellness Center
  - Health services
  - Support grps and peer-to-peer
  - Wellness coordinator
  - FT staff (director)
  - Mental health counseling
  - Educ. and prevention workshop space
  - Exercise
  - Meditation rooms
AGENDA

Members:

- Project Sponsor: Victoria Rosario
- Work Group: DO: Betty Glyer-Culver
  Nurses: ARC: Michele Arnott, Pam Whipple; CRC: Michelle Barkley;
  FLC: Mary Hansen; SCC: Jeff Christian, Wendy Gomez
- DSPS: Tim McHargue (FLC)
- Counselors: ARC: Lydia Delgado, Jennifer Scalzi; CRC: Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen
- Classified: Lybby Cook (FLC)
- Business Lead: Manuel Pérez (ARC)
- Subject Area Expert: Shannon Dickson (CRC)
- Communication Lead: Scott Crow

1. Welcome

2. Check-In by College:
   a. ARC
   b. CRC
   c. FLC
   d. SCC

3. Review of Background Booklet

4. Action Item: Review of disaggregated data (De Doan)

5. Review of Themes
   a. Add new strategies
   b. Cluster strategies

6. Other

7. Adjourn

Meeting Schedule
- Tuesday, November 1, 2016 9:30AM – 11:30AM — DO Main Conference Room
- Wednesday, November 9, 2016 9:30AM – 11:30AM — DO Main Conference Room
- Tuesday, November 15, 2016 9:30AM – 11:30AM — DO Board Room
- Tuesday, November 22, 2016 9:30AM – 11:30AM — DO Main Conference Room
- Tuesday, November 29, 2016 9:30AM – 11:30AM — DO Main Conference Room
- Wednesday, November 30, 2016 9:30AM – 11:30AM — DO Main Conference Room
- Tuesday, December 6, 2016 9:30AM – 11:30AM — DO Main Conference Room
Mental Health Work Group Fall 2016
Wednesday, November 9, 2016 9:30AM - 11:30AM
DO – Main Conference Room
1919 Spanos Court, Sacramento, CA 95825

MINUTES

1. Commence: 9:42AM

2. Members present:
   a. ARC: Manuel A. Pérez, Lydia Delgado, Reyna Moore
   b. CRC: Estella Hoskins, Michelle Barkley, Eva Rhodes
   c. FLC: Jill Morrison, Tim McHargue
   d. SCC: Wendy Gomez
   e. DO: Victoria Rosario, Betty Glycer-Culver, Scott Crow, Mayra Villarreal

3. Welcome and Introductions

4. Check-In by College:
   a. ARC—
      • Since the last MH Work Group meeting, the BIT team and senior leadership from the college have been made aware of the progress and objectives for the work group.
      • BIT concerns over work group timeline:
         o Timeline process for writing the report is too fast—they are being pulled in too many directions
         o Speed of process may facilitate losing key pieces
      • BIT protocol has yet to be submitted because it is currently being updated
      • BIT meets on a weekly basis
   b. CRC—
      • Counselor perspective is the same as from the BIT team at ARC
      • Will be able to report back more information once the counselor meet
      • Nurses perspective is that the process is moving too slowly because this is something that has been moving along the pipeline for several years already
      • BIT meetings occur on a weekly basis
   c. FLC—
      • DSPS has been informed of the progress of the work group during their coordinating meeting
      • Several key student group have also been informed of the progress
      • BIRT team is enthused about moving forward with the process

5. Student Involvement on Mental Health:
   a. Student interest is high—a contingency of students will be advocating for greater finding/services for mental health needs.
   b. Currently no student representative for the work group, but it is in the works.

6. Work Group Timeline:
   a. Movement through the timeline have been sequential
   b. Objective is to have a report draft, at minimum an outline, to present to the Board by the end of the fall 2016 term—this can be amended, however, if needed.
   c. December meeting will provide an opportunity to reassess needs of the work group
   d. It is important to have something prepared for the Board as a means to support student advocacy efforts when they go to the legislature
7. Review of MH Resources Binder:
   a. Six sections—
      I. Regulations—national, state, county, and district level
      II. National level resources
      III. State level resources
      IV. County level resources
      V. District level actions
      VI. Current actions by campus
         • Is there anything that is missing from the compiled list?
         • Work group members to take back to their campuses to fill the gaps
         • Important to maintain focus on the importance of training for staff that are at the front lines—those that have the heaviest student traffic
   b. Are there any gaps in strategies?
      I. ARC—
         • In working with the nurses at the college, there is an expressed need for a model that is defined and prescriptive
         • Preliminary model—Public Health Prevention Model
            o Model has yet to be vetted
            o HSACCC is the closest thing to the Public Health Prevention Model
               ▪ Speaks to a health fee
               ▪ The is room within the model to include a coordinator and interns
   c. Game Plan to Analyze Binder Contents:
      I. Look through the first four tabs of the binder and get familiarized with this information and report back—what is and what is not relevant to the district?
      II. Assignments—
         • Regulations—DO: Mayra
         • National Level—ARC: Manuel and Lydia
         • State Level—CRC: Estella and Michelle
         • County Level—FLC: Tim
         • 10,000 Foot View—DO: Scott and Betty

8. Add New Strategies to MH Themes:
   a. Team members were asked to identify additional strategies/issues related to each of the focus group themes (see Attachment A)

9. Group Strategies into Categories/Themes
   a. Team members were asked to categorize strategies/issues within each focus group theme (see Attachment A)
      I. Training and Professional Development
         • Level 1—Staff and Front Lines
            o General awareness
            o Web resources
            o Referral process
            o Chain of command
            o Symptom identification
            o Kognito
         • Level 2—Counselors and Faculty
            o Referral process and education
            o Kognito
            o Education on different at risk populations
         • Level 3—BIT/CIT/BIRT teams, Nurses, and Police
            o Crisis response
II. Communication

- Website Resources for personnel and for students
- Communication tools
  - Website
  - Classrooms
  - Department meetings
  - Social media

III. Stake Holders

- Development of an Advisory Group
  - Group 1—CSUS, UCD, Sacramento/El Dorado/Yolo counties
  - Group 2—campus teams for local implementation
  - Groups to meet biannually if not more

IV. Community Partnerships

- Resources
- Implementation/Programs
  - Having specific individuals (liaisons) to connect population needs to the services and programs on the various campuses

10. Action Items:
   a. All members to communicate with their colleges about the MH strategies within their colleges and fill in any gaps
   b. All members to report back findings from MH binder tab
   c. Mayra to report back findings from research on MH models at CSUS and UCD

11. Adjourned: 11:30AM.
Focus Group Themes

- Kognito
- Campus professional development with mental health specific topics
- “Red Folder” training
- Culturally relevant mental health best practices
- Calendar of mental health trainings (multiple training)
- Access to national training/professional development opportunities
- Mental health 1st Aid
- Team building workshops
- Anxiety, depression, stress
- Off-campus trainings and visits at common center locations
- Health insurance awareness trainings
- Flex mental health activities and presentations

Categories Within Themes

- Level 1—Staff; General Awareness
  - Campus professional development
  - Resource availability
  - Scenarios
  - Deck and Cover
  - Health Insurance awareness training
  - Flex MH activities/presentations
  - Safety training for faculty/staff
  - Kognito
- Level 2—Faculty; Education Referral
  - Anxiety, Depression, Stress
  - “Red Folder” Training
  - MH 1st Aid
  - Culturally relevant MH best practices
  - Personal counseling MH
- Level 3—Crisis Response
  - Access to national training
  - Advisory groups (health/mental health)
  - NaBITA training (extensive)
  - Community partnerships
  - Off-campus trainings

Communication

- Newsletter
- EServices icon for students to access mental health information on- and off-campus
- Mental health website
- Classroom presentations
- Suicide prevention awareness using social media
- Mental health specific push notifications
- Desktop icons for staff and faculty
- Semi-Frequent video (online) presentation for students on mental health topics
- Department and staff meetings with mental health information
- Monthly district office BIT meetings
- Main page icon for self-referral

How/Process

- Dept/staff meeting-MH info
- Desktop icons for staff and faculty
- Classroom presents.
- Monthly DO BIT meetings
- Advisory groups (internal and external)

Tools

- Social media
- Use Palmor as ex
- Face to face comm. Or press kit

Students and Staff (internal)

- Newsletter (student? and staff?)
- MH web site
- E.Serv. icon for students MH info
- MH specific push notices
- Video presentations for students on MH
- Suicide prevent. Awareness
- Multi-click resource guide
- Instructors to bring classes for extra credit
- Classroom announcements

Stakeholder Engagement

Advisory Group

- Health/mental health
- Meet bi-annually
- External Partners—CSUS, UCD, MH agencies

Campus/District Engagement

- Coordination team to implement programs
- Convocation meetings
- MH awareness activities
- Filmed workshops and presentations

Faculty—Department meetings
- Law Enforcement
- Staff—Staff meetings; release time/college hour for staff to attend workshops
- Students—club meetings; student activities;
Community Partnerships
- Incentivize CBO’s
- Expediting MOU’s
- MFT Consortium (Northern California)
- Rainbow Book (county)
- Cultural broker (community)
- Engagement coordinator
- Regional Los Rios MH Partners book/pamphlet/database—organized by neighborhood, languages, cost, etc.

Resource and Partners
- Yolo and El Dorado counties
- Regional: Los Rios, MH partners, database
- Organized by comm., lang., cost, etc.
- Rainbow Book (county, 211)
- Advisory group
- VA

Programs and Implementation
- Expedite MOU’s
- Incentive to CBO’s
- Interns: CSUS, UCD, private university
- MFT consort.
- Cultural broker (comm. Advocate)

New Position
- Engage. Coordinator

Resources for Mental Health
- Funding for prescriptions when students need and cannot afford
- Website forms
- Mental health center at each campus
- Health and wellness coordinator at the District Office
- Food pantry
- Funding for mental health
  - District mental health coordinator
  - Professional development trainings
  - FT staff (health centers, counselors, mental health providers)
  - Marketing

Mental Health Prevention Model

Wellness Center/Mental Health Coordinator
(MFT, LCSW, Psychologist, Interns)

Intake Process
- Grp., indiv, outside referral
- 8-10 MH Counseling sessions (semester/year)
- MH Activities: workshops, trainings, PD
- Other holistic services:
  - Support groups and peer-to-peer
  - Wellness coordinator
  - Mental health counseling
  - Los Rios Wellness Center
  - Exercise
  - Meditation rooms
  - FT staff (director)
  - Edc. and prevention workshop space

classroom presentations
- Managers—managers’ meetings
**Public Health Prevention Model**

- **Primary Prevention**
  - universal
  - environment
  - college as cause
  - equity
  - customer service

- **Secondary Prevention**
  - at risk
  - emerging symptoms

- **Tertiary Prevention**
  - chronic
  - may involve bit, discipline

**EMPLOYEES**
- Gatekeepers
- Referrals
- Counseling
- Assessment
- MFT, LCSW, BT

**STUDENTS**
- Support
- Peer groups
- Referrals
- Clubs
- Out/in reach
- Events

**ANY MODEL**
- sustainability
- turnover - employee
- baseline assessment
  - opinion survey
  - experience data

- defined targets
- expected, measurable goals
  - process
  - outcome

- funding

- supervision of employees/partners

- coordination of efforts

- ability to expedite contracts and MOU's

- capacity to partner
  - space
  - staff
AGENDA

Members:
- Project Sponsor: Victoria Rosario
- Work Group:
  - DO: Betty Glyer-Culver
  - Nurses: ARC: Michele Arnott, Pam Whipple; CRC: Michelle Barkley; FLC: Mary Hansen; SCC: Jeff Christian, Wendy Gomez
  - DSPS: Tim McHargue (FLC)
  - Counselors: ARC: Lydia Delgado, Jennifer Scalzi, Reyna Moore; CRC: Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen
  - Classified: Lybby Cook (FLC)
- Business Lead: Manuel Pérez (ARC)
- Subject Area Expert: Shannon Dickson (CRC)
- Communication Lead: Scott Crow

1. Welcome

2. Check-In by College:
   a. ARC
   b. CRC
   c. FLC
   d. SCC

3. Action Item: Review of disaggregated data (Betty Glyer-Culver)

4. Report by Tab
   a. Regulations—DO: Mayra
   b. National Level—ARC: Manuel and Lydia
   c. State Level—CRC: Estella and Michelle
   d. County Level—FLC: Tim
   e. 10,000 Foot View—DO: Scott and Betty

5. Review of Strategy Clusters
   a. What is missing?
   b. What’s the purpose of each cluster?
   c. Does each cluster tell the story we want to tell?
   d. Assign lead writer to each cluster

6. Review Timeline
   - Tuesday, November 22, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Review draft outlines
   - Tuesday, November 29, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Review draft content
   - Wednesday, November 30, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Review draft content
   - Tuesday, December 6, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Evaluate progress and determine next steps/meetings?

7. Adjourn
1. Commence: 9:40AM

2. Members present:
   a. ARC: Manuel A. Pérez
   b. CRC: Shannon Dickson, Eva Rhodes
   c. FLC: Jeff Dillon, Tim McHargue, Mary Hansen
   d. SCC: Wendy Gomez, Shannon Gilley, Victor Vargas (student), Melody Jimenez (student), Shelby Gauthier-Owensby (student)
   e. DO: Betty Glyer-Culver, De Doan, Mayra Villarreal

3. Welcome and Introductions

4. Check-In by College:
   a. ARC—
      • Moving along with BIT team, but it has been a lot of busy work to get everyone on the same page with the timeline
   b. CRC—
      • Still a struggle to have folks understand the purpose of the work group and being in agreement with the timeline
   c. FLC—
      • There is some frustration at how slow the process has been moving with BIT teams
   d. SCC—
      • It has been difficult to get a team together to get feedback on existing resources at the college and identifying the gaps as folks are already being pulled in many other areas.

5. Review of Student Mental Health Survey (Betty Glyer-Culver):
   a. Recapped main findings
   b. Importance of looking at the data in disaggregated form
      • Because the data from employees was self-reported and anonymous, there is not a real way to disaggregate employee demographics
   c. To address in the report:
      • The employee survey results are a reflection of the staff/faculty that responded to the survey and their level of interaction with students in crisis
   d. Sections of the Survey:
      • Check-in questions—establishing rapport
      • How students are doing
      • What are their current needs
      • Available mental health resources at individual campuses and in Sacramento
      • Perceptions of individual campuses—campus climate
      • Seeking services
      • Barriers to obtaining services
      • Open-ended responses
   e. To unpack the various reasons of the current state of mental health resources at the district is a very complicated task to undertake
      • Issues with funding opportunities
      • Restructuring priorities
f. The Student Perspective:
   - “When I walk onto the campus, there seems to be nothing that speaks to available mental health resources and services.”

g. The student perspective speaks to the great need to establish a strong bridge between the campuses and county services

6. Mental Health Binder Reports by Tab:
   a. Regulations (Mayra Villarreal)—
      - Much of what has been proposed by the various levels of government involve establishing grant funding for colleges and universities
      - What the various levels of government are interested in seeing in grant applications are areas that Los Rios is already interested in incorporating:
        - Increase access to mental health and behavioral health services
        - Improve the prevention of disorders and the promotion of mental health
        - Improve identification and treatment for students at risk
        - Improve collaboration development of levels of health care
        - Reduce stigma and increase access to services
        - Improve efficacy of outreach efforts
      - Special consideration is given to programs that:
        - Show the greatest need for new services due to their current ratios of student to mental health professionals
        - Propose most effective approaches for initiating or expanding services
        - Target traditionally underserved populations and those most at risk
        - Demonstrate willingness to collaborate with community organizations for screening and referral
        - How the institutions will address psychiatric emergencies
        - Demonstrate innovation in care
        - Demonstrates greatest potential for replication and dissemination
        - Encourage help-seeking behavior
        - Connecting mental health to academic success
        - Identifying warning signs
   b. National Level (Manuel Pérez)—
      - In reviewing the information, looked to see where the gaps were and took an equity lens
      - Importance should be given to services and programs that take into account an individual’s various intersecting identities
      - Given the current social climate, importance of having “post-election” resources
      - Important to meet students where they are, in terms of communication
        - Utilizing apps. and blogs—Active Minds Blog (for mental health and wellness); My (Un)documented Life (population specific)
   c. State Level (Eva Rhodes)—
      - Recommendations for Los Rios:
        - Create a survey for students who use the health services center
        - For faculty and staff, have available the Mental Health First Aid and release time to participate in trainings
        - Mention mental health resources during student and employee orientations
        - Provide a link for students through E.Services
        - Mental health awareness month
        - U-Lifeline for self-assessment
        - Develop a campus climate survey for each campus with focus around mental health and culture
        - Establish web based counseling
        - Develop a resources fair for specific populations
        - Move resources online—meeting students where they are
d. County Level (Jeff Hilton, Tim McHargue, Mary Hansen)—
   - Critical to find the right person to connect with at the county level. This will facilitate all other efforts.
   - Establish effective prevention models
   - Development of cost effective methods to deliver services—support group, peer-to-peer groups
   - Develop a plan that links mental health wellness to student academic success
   - Prop. 63 and its relationship to community colleges:
     o Though it was supposed to assist K-14 with funding, it has yet to reach community colleges
     o Inquiry:
       ▪ Is there any funding available for community colleges that can be tapped into?
       ▪ Why were the community colleges left out of this funding opportunity?
     o Community colleges seen as a resource for K-12 and not as a recipient for available funds
   - Important to include in the report the trauma research that is available (look at the theory that it provides as well as the practical application)

7. Communicating Effectively with Students:
   a. Put up large posters of events in the most student populated areas on each campus
   b. Events should be more specific to certain populations and certain needs
   c. Involve the faculty more—to make announcements in class, provide extra credit for attending events, invite professionals to make presentations in class
   d. Utilize social media
   e. Incentivize participation by developing programs with mental health focus where students can volunteer and/or receive academic credit for participating—service learning

8. What is Missing?
   a. Funding opportunities
   b. Look to CSUS/UCD mental health models
   c. Review open-ended responses
   d. Defining what is meant by mental health wellness
   e. In report and in developing programs, being mindful of not using potential triggering language
   f. Benefit in providing a physical space where students can obtain all services—one stop shop
   g. Clearly identifying safe spaces on all campuses
   h. Put together a student focus group to obtain feedback on services/programming they need

9. Action Items:
   a. All members to communicate with their colleges about the MH strategies within their colleges and fill in any gaps
   b. Mayra to report back findings from research on MH models at CSUS and UCD

10. Adjourned: 11:25AM.
### Focus Group Themes

- Kognito
- Campus professional development with mental health specific topics
- “Red Folder” training
- Culturally relevant mental health best practices
- Calendar of mental health trainings (multiple training)
- Access to national training/professional development opportunities
- Mental health 1st Aid
- Team building workshops
- Anxiety, depression, stress
- Off-campus trainings and visits at common center locations
- Health insurance awareness trainings
- Flex mental health activities and presentations

### Categories Within Themes

- Level 1—Staff; General Awareness
  - Campus professional development
  - Resource availability
  - Scenarios
  - Deck and Cover
  - Health Insurance awareness training
  - Flex MH activities/presentations
  - Safety training for faculty/staff
  - Kognito
- Level 2—Faculty; Education Referral
  - Anxiety, Depression, Stress
  - “Red Folder” Training
  - MH 1st Aid
  - Culturally relevant MH best practices
  - Personal counseling MH
- Level 3—Crisis Response
  - Access to national training/PD opportunities
  - Advisory groups (health/mental health)
  - NaBITA training (extensive)
  - Community partnerships
  - Off-campus trainings at community centers locations

### Communication

- Newsletter
- EServices icon for students to access mental health information on- and off-campus
- Mental health website
- Classroom presentations
- Suicide prevention awareness using social media
- Mental health specific push notifications
- Desktop icons for staff and faculty
- Semi-Frequent video (online) presentation for students on mental health topics
- Department and staff meetings with mental health information
- Monthly district office BIT meetings
- Main page icon for self-referral

### How/Process

- Dept/staff meeting-MH info
- Desktop icons for staff and faculty
- Classroom presents.
- Monthly DO BIT meetings
- Advisory groups (internal and external)

### Tools

- Social media
- Use Palmor as ex
- Face to face comm. Or press kit

### Students and Staff

- Newsletter (student? and staff?)
- MH web site
- E.Serv. icon for students MH info for on and off campus
- MH specific push notices
- Semi-frequent video present. Fir students on MH
- Suicide prevent. Awareness
- Multi-click resource guide
- Instructors to bring classes to present and provide extra credit
- Instructors to make announce, in class of activities

### Stakeholder Engagement

![Stakeholder Engagement Diagram]

### Advisory Group

- Health/mental health
- Meet bi-annually
- External Partners—CSUS, UCD, MH agencies

### Campus/District Engagement

- Coordination team to implement programs
- Convocation meetings
- MH awareness activities
- Filmed workshops and presentations

- Faculty—Department meetings
- Law Enforcement
- Staff—Staff meetings; release time/college hour for staff to attend workshops
- Students—club meetings; student activities; classroom presentations
- Managers—managers’ meetings
### Community Partnerships
- Incentivize CBO’s
- Expediting MOU’s
- MFT Consortium (Northern California)
- Rainbow Book (county)
- Cultural broker (community)
- Engagement coordinator
- Regional Los Rios MH Partners book/pamphlet/database—organized by neighborhood, languages, cost, etc.

### Resource and Partners
- Yolo and El Dorado counties
- Regional: Los Rios, MH partners, pamphlet, database
- Organized by comm., lang., cost, etc.
- Rainbow Book (county, 211)
- Advisory group
- VA

### Programs and Implement.
- Expedite MOU’s
- Incentive to CBO’s
- Interns: CSUS, UCD, private university, other
- MFT consort.
- Cultural broker (comm. Advocate)

### New Position
- Engage. Coordin.

### Resources for Mental Health
- Funding for prescriptions when students need and cannot afford
- Website forms
- Mental health center at each campus
- Health and wellness coordinator at the District Office
- Food pantry
- Funding for mental health
  - District mental health coordinator
  - Professional development trainings
  - FT staff (health centers, counselors, mental health providers)
  - Marketing

### Mental Health Prevention Model

<table>
<thead>
<tr>
<th>Wellness Center/Mental Health Coordinator (MFT, LCSW, Psychologist, Interns)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake Process</strong></td>
</tr>
<tr>
<td>Grp., indiv, outside referral</td>
</tr>
<tr>
<td>8-10 MH Counseling sessions (semester/year)</td>
</tr>
<tr>
<td>MH Activities: workshops, trainings, PD</td>
</tr>
<tr>
<td>Information services: food pantry, clothing, housing</td>
</tr>
</tbody>
</table>

**Los Rios Wellness Center**
- Health services
- Support group and peer to peer
- Wellness coordinator
- FT staff (director)
- Mental health counseling
- Exercise
- Meditation rooms
- Edu. and prevention workshop space
Model for Comprehensive Suicide Prevention and Mental Health Promotion

The JED Foundation ([https://www.jedfoundation.org/](https://www.jedfoundation.org/)) is a national nonprofit that exists to protect emotional health and prevent suicide for our nation’s teens and young adults. JED partners with high schools and colleges to strengthen their mental health, substance abuse and suicide prevention programs and systems. The agency has identified seven key areas vital for a comprehensive model. Below are those seven areas with examples of sample current college activities that might fit those areas.

<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Current Los Rios Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify Students at Risk</strong></td>
<td>KOGNITO training, Flex/professional development workshops,</td>
</tr>
<tr>
<td>Goal: To identify those students who may be at risk for suicide through the use of outreach efforts, screening, and other means (e.g. gatekeeper training)</td>
<td></td>
</tr>
<tr>
<td><strong>Increase Help-Seeking Behavior</strong></td>
<td>mental health awareness week/month campus activities, text talk act, food pantries</td>
</tr>
<tr>
<td>Goal: To educate students about mental health and wellness, encourage seeking appropriate treatment for emotional issues, and reduce the stigma surrounding mental illness</td>
<td></td>
</tr>
<tr>
<td><strong>Provide Mental Health Services</strong></td>
<td>counseling (general and Nurse), Veterans counseling, CSU interns</td>
</tr>
<tr>
<td>Goal: To accurately diagnose and appropriately treat students with emotional issues, including assessing for and managing suicide risk</td>
<td></td>
</tr>
<tr>
<td><strong>Follow Crisis Management Procedures</strong></td>
<td>BIT, CAST, CIT, BIRT</td>
</tr>
<tr>
<td>Goal: To address the safety of distressed, distressing, or suicidal students using institutionalized processes around issues such as emergency contact notification and medical leave/re-entry</td>
<td></td>
</tr>
<tr>
<td><strong>Restrict Access to Potentially Lethal Means</strong></td>
<td>not sure what we can do here</td>
</tr>
<tr>
<td>Goal: To limit access to potential sites, weapons, and other agents that may facilitate dying by suicide</td>
<td></td>
</tr>
<tr>
<td><strong>Develop Life Skills</strong></td>
<td>student workshops (stress management, time management, anxiety, meditation, etc.), disability awareness activities</td>
</tr>
<tr>
<td>Goal: To promote the development of skills that will assist students as they face various challenges in both school and in life</td>
<td></td>
</tr>
<tr>
<td><strong>Promote Social Networks</strong></td>
<td>Veterans centers, women's conferences, learning communities</td>
</tr>
<tr>
<td>Goal: To promote relationship-building among students as well as a sense of community on campus</td>
<td></td>
</tr>
</tbody>
</table>
Mental Health Work Group Fall 2016
Tuesday, November 22, 2016 9:30AM - 11:30AM
DO – Main Conference Room
1919 Spanos Court, Sacramento, CA 95825

AGENDA

Members:
- Project Sponsor: Victoria Rosario
- Work Group: DO: Betty Glyer-Culver
  Nurses: ARC: Michele Arnott, Pam Whipple; CRC: Michelle Barkley; FLC: Mary Hansen; SCC: Jeff Christian, Wendy Gomez
  DSPS: Tim McHargue (FLC)
  Counselors: ARC: Lydia Delgado, Jennifer Scalzi, Reyna Moore; CRC: Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen
  Classified: Lybby Cook (FLC)
  Students: Victor Vargas (SCC), Melody Jimenez (SCC), Shelby Gauthier-Owensby (SCC)
- Business Lead: Manuel Pérez (ARC)
- Subject Area Expert: Shannon Dickson (CRC)
- Communication Lead: Scott Crow

1. Welcome

2. Check-In by College:
   a. ARC
   b. CRC
   c. FLC
   d. SCC

3. Review of Strategy Clusters
   a. What is missing?
   b. What’s the purpose of each cluster?
   c. Does each cluster tell the story we want to tell?
   d. Model for Comprehensive Suicide Prevention and Mental Health Promotion (Scott Crow)
   e. Assign lead writer to each cluster

4. Review Timeline
   a. Tuesday, November 22, 2016 9:30AM – 11:30AM—DO Main Conference Room
   b. Tuesday, November 29, 2016 9:30AM – 11:30AM—DO Main Conference Room
      o Review draft outlines
   c. Wednesday, November 30, 2016 9:30AM – 11:30AM—DO Main Conference Room
      o Review draft content
   d. Tuesday, December 6, 2016 9:30AM – 11:30AM—DO Main Conference Room
      o Evaluate progress and determine next steps/meetings?

5. Adjourn
1. Commence: 9:30AM

2. Members Present:
   a. ARC: Manuel A. Pérez, Parrish Geary, Scott Crow, Reyna Moore
   b. CRC: Shannon Dickson, Eva Rhodes, Estella Hoskins
   c. FLC: Mary Hansen
   d. SCC: Melody Jimenez (student)
   e. DO: Mayra Villarreal

3. Welcome and Introductions

4. Check-In by College:
   a. SCC—
      • Student senate is making an effort to give out scantrons, blue books, and other test taking materials to students to assist during finals week
      • Nurse Wendy Gomez has received authorization to bring back therapy dogs onto the campus to comfort students that may be having difficulties during this time of the semester to destress and reduce anxiety
      • “Coffee, Cookies, and Care” event—provides an opportunity for students to relax and talk with someone during finals week
   b. FLC—
      • Meditation group have been well attended
      • Book club—topic covers how to stay sane even when there is a lot going on around you
   c. CRC—
      • ACSW is currently seeing students
      • Puente is engaging in a lot of work right now, especially with DACA and other undocumented students
      • It has been challenging to keep up with demand as they are down four counselors
   d. ARC—
      • On Wednesday, November 16, met with senior leadership of the college to further discuss the progress of the work group
      • A new website and referral process is to go live in January
      • Have had three opportunities for “Brave Spaces”
         o Opportunity for dialogue as it relates to post-election impact
         o Good turnout from the whole campus (students, staff, faculty, and admin.)
      • Student group are becoming more active and vocal on the campus:
         o Undocumented and Unafraid group
         o QSA: Fierce—new pride center to open in the spring
         o Muslim Student Association
      • Crisis Assessment Support Team (CAST) mobilizing:
         o Trainings—
            ▪ Delegation from ARC attended NABITA training in San Antonio
            ▪ Sexual assault training in Napa
            ▪ Development of flex activities for faculty
5. Strategy Clusters
   a. Review of existing clusters and themes
   b. Review of Scott Crow’s compilation of a comprehensive mental health model
      - Modeled after research from the Jed Foundation
      - The developed model takes a macro-level look at the research provided via the mental health resource binder—it is a melding of current models at the national, state, county levels and the existing resources at all Los Rios campuses
      - May not be the model used for purposes of the report that will be given to the board but can provide a start
   c. Clustering of strategies for themes: Resources and Mental Health Model—team members were asked to categorize strategies/issues within each focus group theme (see Attachment A)
      I. Resources
         a. Funding Opportunities
         b. Advocates/Staff
         c. Marketing/Communication
      II. Mental Health Model
         a. Centralizing Resources
         b. Intervention
         c. Wellness and Support
   d. What is missing from the existing strategies?
      I. Mental Health Model
         a. Help seeking behavior—prevention
         b. Case management—the link between attending to the crisis and follow up
         c. Holistic measures (prevention)
            - Exercise
            - Support groups
            - Meditation
      d. Include culturally inclusive language
         - Should the phrase “mental health” be removed from the model name?
            o For purposes of the report/proposal that is to be given to the Board, “mental health” must be included in the name
            o Each campus can have the discretion as to how it operationalizes the proposal if approved by the Board
      e. The report can be expanded to be inclusive of all facets of mental health
      f. Great importance to addressing the intersection of culture and mental health
         - Acknowledging that different cultures use language differently in speaking about mental health—acute v. chronic issues
         - Addressing cultural differences will be key component to the marketing and communication plan that is established
      g. Potential Model (Scot Crow):
- Model provides a more holistic view
- Strategies can be chunked together under each area
- Circular model that takes students back to wellness

h. Moving from crisis to prevention and intervention
i. Inclusion that we all go through periods of wellness and un-wellness
j. Primary factor in mental health and wellness is the support networks that we are a part of
   - The various support programs that students are a part of allow them to make connections and community at a small scale

k. Recapping—The model should be:
   - Holistic
   - Appropriate language: mental health; culturally relevant; moving away from an individualistic approach to inclusivity
   - The lens and perspective used is reflective of the current climate and needs of students at the LRCCD
   - Inclusive of the student perspective
     - Conducting focus group
       - For students that are part of communities that have a history of oppression, the usual way of outreaching to them may not be the most effective—must be open to more unorthodox approaches
       - Incentivizing student participation
         - Stipend
         - Connecting with them during the weekend rather than during the week
         - Inviting them to a summit or training where the end goal is to get their input

II. Resources
   a. Difficult to sift through as there is a lot of cross over into other themes
   b. Staffing is key to maintaining continuity, as it relates to the community
   c. Establishing a fee
   d. Additional staff that are culturally sensitive and representative of the campus they are a part of
   e. Dividing up the resources that can be creating internally and those that are already accessible from organizations outside of LRCCD
   f. Translation of resources and translators available (additional staff, not a task to be added onto existing staff)
   g. Recapping—Section should include:
      - Student fee
      - Additional staff
      - Translation services

III. Stakeholder Engagement
   a. Legislature—engaging in politics
   b. An opportunity to consolidate groups and to have better coordination of all invested groups on each campus
      - Opportunity to engage others that may not normally be part of these conversations
   c. Opportunity to have a cultural shift
   d. On a practical level, what does this area look like?
      - Something similar to the wok group: 1) representatives from various constituencies meet, then 2) the representatives disseminate information and plan to the different colleges for local implementation
6. **Action Items:**
   a. Mayra to report back findings from research on MH models at CSUS and UCD
   b. Review 11/22/16 minutes to be ready to jump into next strategy areas

7. **Next Week Items:**
   a. Considering the LRCCD a sanctuary institution
   b. Developing a model title
   c. Consideration of communication as thread that runs through all areas rather than as its own individual area
   d. Be prepared to be assigned as leads for report sections

8. **Adjourned: 11:30AM**
### Focus Group Themes

#### Staff and Faculty Training
- Kognito
- Campus professional development with mental health specific topics
- “Red Folder” training
- Culturally relevant mental health best practices
- Calendar of mental health trainings (multiple training)
- Access to national training/professional development opportunities
- Mental health 1st Aid
- Team building workshops
- Anxiety, depression, stress
- Off-campus trainings and visits at common center locations
- Health insurance awareness trainings
- Flex mental health activities and presentations

#### Communication
- Newsletter
- EServices icon for students to access mental health information on- and off-campus
- Mental health website
- Classroom presentations
- Suicide prevention awareness using social media
- Mental health specific push notifications
- Desktop icons for staff and faculty
- Semi-Frequent video (online) presentation for students on mental health topics
- Department and staff meetings with mental health information
- Monthly district office BIT meetings
- Main page icon for self-referral

#### Categories Within Themes

- **Level 1—Staff: General Awareness**
  - Campus professional development
  - Resource availability
  - Scenarios
  - Deck and Cover
  - Health Insurance awareness training
  - Flex MH activities/presentations
  - Safety training for faculty/staff
  - Kognito
- **Level 2—Faculty: Education Referral**
  - Anxiety, Depression, Stress
  - “Red Folder” Training
  - MH 1st Aid
  - Culturally relevant MH best practices
  - Personal counseling MH
- **Level 3—Crisis Response**
  - Access to national training/PD opportunities
  - Advisory groups (health/mental health)
  - NaBITA training (extensive)
  - Community partnerships
  - Off-campus trainings

#### How/Process
- Dept/staff meeting-MH info
- Desktop icons for staff and faculty
- Classroom presents.
- Monthly DO BIT meetings
- Advisory opportunities
- Advisory groups (internal and external)

#### Tools
- Social media
- Face to face comm. or press kit

#### Students and Staff
- Newsletter (student? and staff?)
- MH web site
- E.Serv. icon for MH info for on/off campus
- MH specific push notices
- Semi-frequent video present. for students
- Suicide prevent. Awareness
- Multi-click resource guide
- Instructors provide extra credit
- Instructors to make announce. in class

### Stakeholder Engagement

![Stakeholder Engagement](image)

- Faculty
  - Dept. meetings
- Staff
  - Staff meetings
- Law Enforcement
- Engagement Coordinator/Team

- Managers
  - Employees
  - Media
  - Students
  - Clubs
  - Activities
  - MH awareness activities

- Students
  - Club meetings
  - Student activities
  - MH awareness activities

- Law Enforcement

#### Advisory Group
- Health/mental health
- Meet bi-annually
- External Partners—CSUS,UCD, MH agencies

#### Campus/District Engagement
- Coordination team to implement programs
- Convocation meetings
- MH awareness activities
- Filmed workshops and presentations

- Faculty—Department meetings
- Law Enforcement
- Staff—Staff meetings; release time/college hour for staff to attend workshops
### Students—club meetings; student activities; classroom presentations
- Managers—managers’ meetings

### Community Partnerships
- Incentivize CBO’s
- Expediting MOU’s
- MFT Consortium (Northern California)
- Rainbow Book (county)
- Cultural broker (community)
- Engagement coordinator
- Regional Los Rios MH Partners book/pamphlet/database—organized by neighborhood, languages, cost, etc.

### Resources for Mental Health
- Funding for prescriptions when students need and cannot afford
- Website forms
- Mental health center at each campus
- Health and wellness coordinator at the District Office
- Food pantry
- Funding for mental health
  - District mental health coordinator
  - Professional development trainings
  - FT staff (health centers, counselors, mental health providers)
  - Marketing

### Resource and Partners
- Yolo and El Dorado
- MH partners, pamphlet, database
- Organized by community, language, cost
- Rainbow Book (211)
- Advisory grp

### Programs and Implementation
- Expedit MOU’s
- Incentive to CBO’s
- Interns: CSUS, UCD, private university
- MFT consort.
- Cultural broker (community advocate)

### New Position
- Engagement Coordinator

### Funding Resources
- Funding for prescriptions when students need and cannot afford
- Funding for mental health
- Food pantry
- Health fee
- Insurance for outside resources
- Donations
- College foundations

### Staffing/Community Partnerships
- District mental health coordinator
- Health and wellness coordinator at the DO
- FT staff (health centers, counselors, mental health providers)
- Existing community resources/partners
- Mental health providers
- Mental health center at each campus

### Marketing/Communication
- Marketing
- Peer to peer outreach
- Advisory groups (health and mental health)
- Professional development trainings
- Online website forms

### Mental Health Prevention Model

![Mental Health Prevention Model Diagram](image)

- **Wellness Center/Mental Health Coordinator**
  (MFT, LCSW, Psychologist, Interns)
- **Intake Process**
- Grp., indiv, outside referral
- 8-10 MH Counseling sessions (semester/year)
  - MH Activities: workshops, trainings, PD
  - Other holistic services

### Centralizing Resources
- Wellness coordinator
- FT staff (director)

### Intervention
- Group, individual, outside referral
- 8-10 MH Counseling sessions (semester/year)
- Mental health counseling
- Physician

### Wellness and Support
- Support groups and peer-to-peer
- Exercise
- Meditation rooms
- Education
- Multicultural trainings
- Prevention workshops
Los Rios Wellness Center

- Health services
- Support groups and peer-to-peer
- Wellness coordinator
- Mental health counseling
- Educ. and prevention workshop space
- Meditation rooms
- Exercise
- FT staff (director)

Mental health counseling

Support groups and peer-to-peer

Wellness coordinator

Mental health counseling

Educ. and prevention workshop space

Meditation rooms

Exercise

FT staff (director)
Mental Health Work Group Fall 2016
Tuesday, November 29, 2016 9:30AM - 11:30AM
DO – Main Conference Room
1919 Spanos Court, Sacramento, CA 95825

AGENDA

Members:

- Project Sponsor: Victoria Rosario
- Work Group:
  - DO: Betty Glyer-Culver
  - Nurses: ARC: Michele Arnott, Pam Whipple; CRC: Michelle Barkley; FLC: Mary Hansen; SCC: Jeff Christian, Wendy Gomez
  - DSPS: FLC: Tim McHargue, Jeff Dillon
  - Counselors: ARC: Lydia Delgado, Reyna Moore, Jennifer Scalzi; CRC: Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen
  - Classified: CRC: Eva Rhodes; FLC: Rhonda Calloway
  - Students: FLC: Vanessa Acosta; SCC: Melody Jimenez, Victor Vargas, Shelby Gauthier-Owensby
- Business Lead: Manuel Pérez (ARC)
- Subject Area Expert: Shannon Dickson Cooper (CRC)
- Communication Lead: Scott Crow (ARC)

1. Welcome

2. Check-In by College:
   a. ARC
   b. CRC
   c. FLC
   d. SCC

3. Review of Strategy Clusters:
   a. What is missing?
      i. Community Partnerships
      ii. Communication
      iii. Staff and Faculty Training
   b. Assign lead writer to each cluster

4. Timeline
   - Tuesday, November 22, 2016 9:30AM – 11:30AM—DO Main Conference Room
     - Assign lead writer to each section
   - Tuesday, November 29, 2016 9:30AM – 11:30AM—DO Main Conference Room
   - Wednesday, November 30, 2016 9:30AM – 11:30AM—DO Main Conference Room
     - Review draft outlines
   - Tuesday, December 6, 2016 9:30AM – 11:30AM—DO Main Conference Room
     - Review draft content
     - Evaluate progress and determine next steps/meetings?

5. Adjourn
Mental Health Work Group Fall 2016
Tuesday, November 29, 2016 9:30AM - 11:30AM
DO – Main Conference Room
1919 Spanos Court, Sacramento, CA 95825

MINUTES

1. Commence: 9:30AM

2. Members Present:
   a. ARC: Pam Whipple, Reyna Moore
   b. CRC: Shannon Cooper (Dickson), Eva Rhodes, Estella Hoskins
   c. FLC: Tim McHargue, Jeff Dillon, Michelle Madden, Vanessa Acosta (student)
   d. SCC: Shannon Gilley
   e. DO: Victoria Rosario, Betty Glycer-Culver, Mayra Villarreal

3. Welcome and Introductions

4. Check-In by College:
   a. ARC—
      - Meeting with senior leadership generated a lot of positive response
      - No direct feedback as it relates to the progress and strategies developed by the Mental Health Workgroup
   b. CRC—
      - Having main conversations with BIRT teams
      - Management is excited for the Mental Health Workgroup progress
      - Yet to have direct feedback from counselors as they are currently very busy with student loads
   c. FLC—
      - Waiting on feedback and direction from leadership as the leadership is currently in flux
      - Currently preparing to roll out new flex which will have a mental health focus
        - Flex activity will contain a student panel and BIT will be doing a presentation
      - Currently no available forum for reflection on the progress of the workgroup by the campus
      - There is a consensus on excitement and need for the work that is being done by the MH workgroup by the various stakeholder groups on the campus
   d. SCC—
      - Currently doing meditation group with Veterans
      - CARE Team data—
        - Since inception in April, 2016, the team has met with more than 200 students
        - Though limited in space, the team is making due with what they have
      - There are a lot more questions than answers—
        - How will we ensure that there is longevity for students in terms of available resources and funding opportunities?
        - Will each college have flexibility in rolling out these services?
   e. DO—
      - There is great interest from the Board to enact a plan across the district
      - This is the first coordinated effort to describe what a mental health effort would look like
      - It will be important to have alignment (minimum program standards) across all campuses and centers where possible
- Critical to have some level of consistency across the district but provide some level of flexibility to each campus
- The focus will be similar to what was accomplished with the health center initiative: district level minimum program standards and then each campus had the discretion to modify aspects of the plan to fit the needs of their particular campus populations

- We are looking both short term and long term: what would a comprehensive mental health program look like?
- The vetting process for this plan will be far reaching: campus senior leadership, BIT/BIRT/CIT/CAST teams, counselor, students, etc.

f. Further Questions and Concerns—
- After the proposal is submitted to the Board and if the proposal includes the recommendation to enact a health fee, will the students have an opportunity to vote on the matter?
  - It is yet to be determined if it will be sent to the students for voting
  - It is currently an administrative fee
- How can a fee be applied? Strictly for mental health or does it have to have a larger scope?
  - The fee will be a health fee and not just specifically for mental health services.
  - This moves the workgroup to be more mindful of the costs that will be associated with each of the recommendations made
- Why is the LRCCD one of the only district in the state that does not have a health fee for students?
  - The Board has made it a priority to not increase the cost of education to its students
- One of the greatest challenges is garnering active engagement from the instructional side. How do we engage instructional faculty to assist in this work?
  - Information will be sent to the faculty senate’s so that is can be disseminated to all faculty
  - Attending departmental meeting to inform faculty
  - Provide more flex time
  - Much of the concern with faculty relates to classroom safety
  - Faculty have been invited to be present at the workgroup, but commitment has been difficult to garner because of other commitments
  - Once the report are more solidified, the proposal will receive more positive feedback from instructional faculty
- We have the mental health perceptions survey but we need strong collective and quantitative data on how many students actually receive mental health and mental health related services at each campus

5. Strategy Clusters
   a. What is missing from the existing strategies?
      I. Community Partnerships
         a. How do we successfully partner with and maintain relationships with community based organizations?
            • Because of the constant coordination needed, a mental health coordinator is highly needed
         b. Importance to have an effective referral process to counseling groups and other organizations, e.g. Life Practice Counseling Group, WEAVE
            • Importance of having up to date and active county liaisons, e.g. Melissa Jacobs
c. Assessment measures to track what processes have worked and which have not worked

   d. Include larger organizations—Kaiser, Sutter, Well Space
      - Though important to include smaller organizations, the greatest sustainability may come from partnering with larger groups that could assist the greatest number of students

   e. Have a larger area of coverage—Sacramento, Auburn, Placer, Yolo, El Dorado Hills

   f. Recapping—Section should also include:
      - An adequate referral process with current and up to date liaisons
      - Assessment measures to track progress
      - Inclusion of larger organizations
      - Include a larger area for resources

II. Communications

   a. Importance to have a section that is just dedicated to a communications plans so that it receives the attention that it deserves
      - A plan is needed at the district level and one at the local level

   b. Include in-reach and outreach communications

   c. Importance of having clear and catchy campaigns and slogans that are district wide, e.g. “One Click to Wellness”
      - Slogans and campaigns should also be de-stigmatizing

   d. Website based communication should be easy to access, see and navigate
      - Important to have appropriate colors: red, yellow, and orange are most noticeable and attention grabbing
      - One click should send users to a page that has all resources

   e. Utilize spaces that already have captive audiences, e.g. counseling center, health center

   f. Important to remember that less is more

   g. There should be consistency throughout the district on a website, resources, and how the initiative will be rolled out

   h. Important to communicate where the safe spaces are on each campus

   i. Utilize a text format to send out important information to students
      - Use “click bait”—catchy text that engages students to follow links

   j. Student Health 101 as a useful tool

   k. Better use of campus space for signage—
      - Important to have signage throughout campuses to me maintained and managed so that it is not cluttered
      - Signage should be clear, concise, formalized and attractive to the eye

   l. Better communication of how the initiative is going to be rolled out with personnel—
      - Utilization of infographics in emails
      - Establishing a communication committee on each campus—should include students

   m. Have a liaison in the student senate of each campus, e.g. student ambassador

   n. Recapping—Section should include:
      - Effective campaigns and slogans
      - Easily accessible online resources
      - Student centered information dissemination, e.g. text format
      - Formalized and maintained campus signage
      - Infographics
• Communication committees
• Student ambassadors

III. Staff and Faculty Training
   a. Enact Mental Health First Aid training as a requirement for all staff and faculty
   b. Include campus police in crisis level
   c. Institutionalized “College Hour”

6. Lead Writers by Section:
   a. Staff and Faculty Training—CRC
   b. Communication—SCC
   c. Stakeholder Engagement—DO and CRC
   d. Community Partnerships—ARC
   e. Resources for Mental Health—FLC
   f. Mental Health Prevention Model—DO

7. Timeline:
   a. Wednesday, November 30, 2016:
      • Brainstorm ideas and structure for the report and each area—what will a report template look like?
      • Budget implications for each section
   b. Tuesday, December 6, 2016: development of a report outline
   c. December – February: vetting of outline for report draft
   d. February – March: vetting of report
   e. April: presentation of final report

8. Action Items:
   a. Brainstorm ideas and structure for the report and each area—what will a report template look like?
   b. Consider budget implications for each section

9. Adjourned: 11:15AM
### Focus Group Themes

**Staff and Faculty Training**
- Kognito
- Campus professional development with mental health specific topics
- “Red Folder” training—a quick reference guide to mental health resources for campus personnel who may interact with distressing or distressed students
- Culturally relevant mental health best practices
- Calendar of mental health trainings (multiple training)
- Access to national training/professional development opportunities
- Mental health 1st Aid—available throughout the county and is at no cost
- Team building workshops
- Anxiety, depression, stress
- Off-campus trainings and visits at common center locations
- Health insurance awareness trainings
- Flex mental health activities and presentations

**Communication**
- Newsletter
- EServices icon for students to access mental health information on- and off-campus
- Mental health website
- Classroom presentations
- Suicide prevention awareness using social media
- Mental health specific push notifications
- Desktop icons for staff and faculty
- Semi-Frequent video (online) presentation for students on mental health topics
- Department and staff meetings with mental health information
- Monthly district office BIT meetings
- Main page icon for self-referral
- District kick-off

### Categories Within Themes

**Level 1—Staff; General Awareness**
- Campus professional development with mental health specific topics
- Resource availability
- Scenarios
- Health Insurance awareness training
- Flex MH activities/presentations
- Safety training for faculty/staff
- Kognito
- Required Mental Health Firs Aid
- Institutionalized “College Hour”

**Level 2—Faculty; Education Referral**
- Anxiety, Depression, Stress
- “Red Folder” Training
- MH 1st Aid
- Culturally relevant MH best practices
- Personal counseling MH

**Level 3—Crisis Response**
- Access to national training/PD opportunities
- Advisory groups (health/mental health)
- NaBITA training (extensive)
- Community partnerships
- Off-campus trainings at community centers locations
- Campus police
- Duck and Cover

### How/Process

- Department/staff meeting-MH info
- Desktop icons for staff and faculty
- Classroom presentations
- Monthly DO BIT meetings
- Advisory groups (internal and external)— communication committees
- Formalized and maintained campus signage
- Infographics
- Student ambassadors

### Tools

- Social media
- Face to face comm. or press kit
- Effective campaigns and slogans
- Student Health 101

### Students and Staff

- Newsletter (student? and staff?)
- MH web site—Easily accessible
- EServices icon for MH info on and off campus
- MH specific push notices—text format for students
- Semi-frequent video presents. for students on MH
- Suicide prevention awareness
- Multi-click resource guide
- Instructors to bring classes to present and provide extra credit
- Instructors to make announce. in class
### Stakeholder Engagement

- Convocation
- Club meetings
- Student activities
- Staff Managers’ Meetings
- MH awareness
- Resources
- Community
- Stakeholder

### Community Partnerships
- Incentivize CBO’s
- Expediting MOU’s
- MFT Consortium (Northern California)
- Rainbow Book (county)
- Cultural broker (community)
- Engagement coordinator
- Regional Los Rios MH Partners book/pamphlet/database—organized by neighborhood, languages, cost, etc.

### Advisory Group
- Health/mental health
- Meet bi-annually
- External Partners—CSUS, UCD, MH agencies

#### Campus/District Engagement
- Coordination team to implement programs
- Convocation meetings
- MH awareness activities
- Filmed workshops and presentations

- Faculty—Department meetings
- Law Enforcement
- Staff—Staff meetings; release time/college hour for staff to attend workshops
- Students—club meetings; student activities; classroom presentations
- Managers—managers’ meetings

### Resource and Partners
- Sacto, Placer, Auburn, Yolo and El Dorado
- MH partners, pamphlet, database
- Organized by community, language, cost, etc.
- Rainbow Book (211)—referral process
- Advisory group
- Kiser Permanente, Sutter Health, Well Space
- Visiting CBO’s to strengthen partnerships

#### Programs and Implementation
- Expedite MOU’s
- Incentive to CBO’s
- Interns: CSUS, UCD, private university, other
- MFT Consortium Urban Valley—train master’s level professionals
- Cultural broker (community advocate)
- Assessment measures to track progress—what has worked, what has not worked

### New Position
- Engagement Coordinator

### Resources for Mental Health
- Funding for prescriptions when students need and cannot afford
- Website forms
- Mental health center at each campus
- Health and wellness coordinator at the District Office
- Food pantry
- Funding for mental health
  - District mental health coordinator
  - Professional development trainings
  - FT staff (health centers, counselors, mental health providers)
  - Marketing

### Funding Resources
- Funding for prescriptions
- Funding for mental health
- Food pantry
- Health fee
- Insurance for outside resources
- Donations
- College foundations

### Staffing/Community Partnerships
- District mental health coordinator
- Health and wellness coordinator at the DO
- FT staff (health centers, counselors, mental health providers)
- Existing community resources/partners
- Mental health providers
- Mental health center at each campus

### Marketing/Communication
- Marketing
- Peer to peer outreach
- Advisory groups (health and mental health)
Mental Health Prevention Model

Wellness Center/Mental Health Coordinator (MFT, LCSW, Psychologist, Interns)

Intake Process
- Grp., indiv, outside referral
- 8-10 MH Counseling sessions (semester/year)
- MH Activities: workshops, trainings, PD
- Other holistic services: food pantry, clothing, housing

Centralizing Resources
- Wellness coordinator
- FT staff (director)

Intervention
- Group, individual, outside referral
- 8-10 MH Counseling sessions (semester/year)
- Mental health counseling
- Physician

Wellness and Support
- Support groups and peer-to-peer
- Exercise
- Meditation rooms
- Education
- Multicultural trainings
- Prevention workshops

Los Rios Wellness Center
- Support groups and peer-to-peer
- Wellness coordinator
- Mental health counseling
- Educ. and prevention workshop
- Meditation rooms
- Exercise
- FT staff (director)
- Health services

- Multicultural trainings
- Prevention workshops
Mental Health Work Group Fall 2016  
Wednesday, November 30, 2016 9:30AM - 11:30AM  
DO – Main Conference Room  
1919 Spanos Court, Sacramento, CA 95825

AGENDA

Members:
- Project Sponsor: Victoria Rosario
- Work Group: DO: Betty Glyer-Culver  
Nurses: ARC: Michele Arnott, Pam Whipple; CRC: Michelle Barkley;  
FLC: Mary Hansen; SCC: Jeff Christian, Wendy Gomez  
DSPS: FLC: Tim McHargue, Jeff Dillon  
Counselors: ARC: Lydia Delgado, Reyna Moore, Jennifer Scalzi; CRC:  
Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen  
Classified: CRC: Eva Rhodes; FLC: Rhonda Calloway  
Students: FLC: Vanessa Acosta; SCC: Melody Jimenez, Victor Vargas,  
Shelby Gauthier-Owensby

- Business Lead: Manuel Pérez (ARC)  
- Subject Area Expert: Shannon Dickson Cooper (CRC)  
- Communication Lead: Scott Crow (ARC)

1. Welcome

2. Check-In by College:  
   a. ARC  
   b. CRC  
   c. FLC  
   d. SCC

3. Brainstorm Report Template:  
   a. How should the report flow?  
   b. What should be covered in each of the areas?  
   c. What are the budget implications for each area?

4. Timeline
   - Tuesday, November 22, 2016 9:30AM – 11:30AM—DO Main Conference Room  
   - Tuesday, November 29, 2016 9:30AM – 11:30AM—DO Main Conference Room  
     o Assign lead writer to each section  
   - Wednesday, November 30, 2016 9:30AM – 11:30AM—DO Main Conference Room  
     o Brainstorm ideas and structure for the report and each area  
     o Budget implications for each section  
   - Tuesday, December 6, 2016 9:30AM – 11:30AM—DO Main Conference Room  
     o Report outline

5. Adjourn
Student Mental Health (Fall 2016)

A Plan Implementing Mental Health Services in the Los Rios Community Colleges

This report contains recommendations developed by a XX member workgroup, the Mental Health Workgroup (Spring 2014- Fall 2016). The workgroup’s charge was to develop a comprehensive plan that responds to the increasing demand for serving students impacted by mental health challenges.
Student Mental Health Workgroup Members

Dr. Victoria C. Rosario, Associate Vice Chancellor, Student Services, DO (Sponsor)

List of participating members listed on minutes

Edited by Mayra Villareal, Student Personnel Assistant for Student Services, DO
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VII. APPENDICES

   Appendix A: Mental Health Needs & Perceptions Survey Results

   Appendix B: Focus Group Questions & Results
I. Executive Summary
II. Background and Project Summary

PROJECT DESCRIPTION:
In 2014, the Board of Trustees requested an assessment of services for students with disabilities, including the provision of mental health services. Increasingly, college and university students are presenting mental health issues with greater frequency and complexity. It has been observed that there is a lack of appropriate support for students who are faced with significant developmental challenges, emotional stressors and mental health risks. At higher education institutions, for example, student risk of suicide has risen. According to a survey, over 9% of students have considered suicide, yet of those, 80% of students who were thinking of suicide received no mental health services at all.

It is the interest of the District to assist students to be proactive about their mental health by making smart lifestyle choices, developing good coping skills and practicing stress management. But for students dealing with mental illnesses like depression, bipolar disorder or anxiety disorders, college can be a trying – and even dangerous – time. Mental illnesses are medical conditions that can dramatically impact a person's thoughts, feelings, judgment and ability to function. These conditions can affect people of any age, but often first appear between the ages of 18 and 24. If unaddressed, these illnesses can lead to distress, dangerous behaviors like substance abuse and thoughts of suicide. The good news is that mental health problems are treatable and, with the proper medical attention, students dealing with these problems can be successful throughout their college years and beyond (The Jed Foundation, 2015).

As an initial first step, the District developed, administered and analyzed the results of two districtwide surveys conducted during the 2015-2016 year of perceptions and needs that will help to frame a discussion around the development of a delivery model that responds to the needs of students, faculty and staff. The survey sets the foundation for a more robust conversation with districtwide stakeholders to solicit input on what would constitute a comprehensive approach to the provision of mental health services in the Los Rios Community College District. The intent is that this conversation will assist in the development of a comprehensive plan that will describe varying levels of student services that could potentially be implemented across the four colleges, along with anticipated costs.

For 2016-2017, the analyzed data will be the foundation for the convening of a structured focus group comprised of members from the college’s Behavioral Intervention, Crisis Intervention, and Behavioral Intervention Response Teams to discuss best practices from other colleges that support student mental health services, explore the intersection of student mental health needs with Student Equity Plans, and explore inter- and intra-campus collaborations. It is our hope in developing this plan that our colleges will be better able to serve students whose learning is impacted, in part, by mental health problems. The information gathered will be utilized to prepare a final report for the Board of Trustees in Spring 2017.

OUTCOMES:
1. Identify the mental health needs of students
2. Examine data relating to student mental health and wellness
3. Through a strategic planning process, define infrastructure and elements to be considered such as training, peer support, prevention & communication plan
   a. Identify the goals of mental health services on our college campuses such as promote social networks, help students develop life skills, identify students at risk, increase student help-seeking, increase access to services, advance the collaboration between educational settings and county services
   b. Identify strategies and interventions
   c. Outline system changes and associated timelines
   d. Prioritize goals/initiatives and choose which to address
4. Prepare Final report

ORGANIZATIONAL STRUCTURE AND RESOURCES:

Project Sponsor: Victoria Rosario
Work Group: DO: Betty Glyer-Culver
Nurses: ARC: Michele Arnott, Pam Whipple CRC: Michelle Barkley; FLC Mary Hansen; SCC: Jeff Christian, Wendy Gomez
DSPS: Tim McHargue (FLC)
Counselors: ARC: Lydia Delgado, Jennifer Scalzi; CRC: Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon Gilley, Kris Janssen
Classified: Eva Rhodes (CRC)
Students: tbd

Business Lead: Manuel Pérez (ARC)
Subject Area Expert: Shannon Dickson (CRC)
Communication Lead: Scott Crow

TIMELINE:
Survey Development: May/June 2015
Vetting of Instruments: June/July 2015
Administration of Surveys: August 2015 (students); March 2016 (employees)
Data Analysis: August 2016
Board Update: October 2016
Focus Group: October 21, 2016, 11:00am – 1:00pm, DO Board Room
Prepare Report: Fall 2016
Board Presentations: Spring 2017

Policy and regulations

Student need (data)
II. Planning Documents and Literature Review

Narrative
IV. Program Plan

Narrative

1. MENTAL HEALTH PREVENTION MODEL [DO lead: Victoria Rosario with Manuel Perez]

Narrative (Based on Discussion as reflected in the Minutes)

I. Mental Health Model
   a. Help seeking behavior—prevention
   b. Case management—the link between attending to the crisis and follow up
   c. Holistic measures (prevention)
      • Exercise
      • Support groups
      • Meditation
   d. Include culturally inclusive language
      • Should the phrase “mental health” be removed from the model name?
        o For purposes of the report/proposal that is to be given to the Board, “mental health” must be included in the name
        o Each campus can have the discretion as to how it operationalizes the proposal if approved by the Board
   e. The report can be expanded to be inclusive of all facets of mental health
   f. Great importance to addressing the intersection of culture and mental health
      • Acknowledging that different cultures use language differently in speaking about mental health—acute v. chronic issues
      • Addressing cultural differences will be key component to the marketing and communication plan that is established
   g. Potential Model (Scot Crow):
      • Model provides a more holistic view
      • Strategies can be chunked together under each area
      • Circular model that takes students back to wellness
   h. Moving from crisis to prevention and intervention
   i. Inclusion that we all go through periods of wellness and un-wellness
   j. Primary factor in mental health and wellness is the support networks that we are a part of
      • The various support programs that students are a part of allow them to make connections and community at a small scale
   k. Recapping—The model should be:
• Holistic
• Appropriate language: mental health; culturally relevant; moving away from an individualistic approach to inclusivity
• The lens and perspective used is reflective of the current climate and needs of students at the LRCCD
• Inclusive of the student perspective
  o Conducting focus group
    ▪ For students that are part of communities that have a history of oppression, the usual way of outreaching to them may not be the most effective—must be open to more unorthodox approaches
    ▪ Incentivizing student participation
      • Stipend
      • Connecting with them during the weekend rather than during the week
      • Inviting them to a summit or training where the end goal is to get their input

2. STAKEHOLDER ENGAGEMENT [CRC lead: Eva Rhodes]

Narrative

II. Stakeholder Engagement
   a. Legislature—engaging in politics
   b. An opportunity to consolidate groups and to have better coordination of all invested groups on each campus
      • Opportunity to engage others that may not normally be part of these conversations
   c. Opportunity to have a cultural shift
   d. On a practical level, what does this area look like?
      • Something similar to the wok group: 1) representatives from various constituencies meet, then 2) the representatives disseminate information and plan to the different colleges for local implementation

3. COMMUNITY PARTNERSHIPS [ARC lead: Pam Whipple with nurses]

Narrative

III. Community Partnerships
   a. How do we successfully partner with and maintain relationships with community based organizations?
      • Because of the constant coordination needed, a mental health coordinator is highly needed
   b. Importance to have an effective referral process to counseling groups and other organizations, e.g. Life Practice Counseling Group, WEAVE
      • Importance of having up to date and active county liaisons, e.g. Melissa Jacobs
   c. Assessment measures to track what processes have worked and which have not worked
d. Include larger organizations—Kaiser, Sutter, Well Space
   • Though important to include smaller organizations, the greatest sustainability may come from partnering with larger groups that could assist the greatest number of students
e. Have a larger area of coverage—Sacramento, Auburn, Placer, Yolo, El Dorado Hills
f. Recapping—Section should also include:
   • An adequate referral process with current and up to date liaisons
   • Assessment measures to track progress
   • Inclusion of larger organizations
   • Include a larger area for resources

4. PROFESSIONAL DEVELOPMENT [CRC lead: Shannon Dickson]

Narrative

I. Staff and Faculty Training
   g. Enact Mental Health First Aid training as a requirement for all staff and faculty
   h. Include campus police in crisis level
   i. Institutionalized “College Hour”

5. RESOURCES FOR MENTAL HEALTH (FLC lead: Tim McHargue]

Narrative

j. Difficult to sift through as there is a lot of cross over into other themes
k. Staffing is key to maintaining continuity, as it relates to the community
l. Establishing a fee
m. Additional staff that are culturally sensitive and representative of the campus they are a part of
n. Dividing up the resources that can be creating internally and those that are already accessible from organizations outside of LRCCD
o. Translation of resources and translators available (additional staff, not a task to be added onto existing staff)
p. Recapping—Section should include:
   • Student fee
   • Additional staff
   • Translation services

6. COMMUNICATION STRATEGY [SCC lead: Shannon Gilley with Scott Crow]

Narrative

II. Communications
   q. Importance to have a section that is just dedicated to a communications plans so that it receives the attention that it deserves
      • A plan is needed at the district level and one at the local level
   r. Include in-reach and outreach communications
s. Importance of having clear and catchy campaigns and slogans that are district wide, e.g. “One Click to Wellness”
   • Slogans and campaigns should also be de-stigmatizing
t. Website based communication should be easy to access, see and navigate
   • Important to have appropriate colors: red, yellow, and orange are most noticeable and attention grabbing
   • One click should send users to a page that has all resources
u. Utilize spaces that already have captive audiences, e.g. counseling center, health center
v. Important to remember that less is more
w. There should be consistency throughout the district on a website, resources, and how the initiative will be rolled out
x. Important to communicate where the safe spaces are on each campus
y. Utilize a text format to send out important information to students
   • Use “click bait”—catchy text that engages students to follow links
z. Student Health 101 as a useful tool
aa. Better use of campus space for signage—
   • Important to have signage throughout campuses to me maintained and managed so that it is not cluttered
   • Signage should be clear, concise, formalized and attractive to the eye
bb. Better communication of how the initiative is going to be rolled out with personnel—
   • Utilization of infographics in emails
   • Establishing a communication committee on each campus—should include students
cc. Have a liaison in the student senate of each campus, e.g. student ambassador
dd. Recapping—Section should include:
   • Effective campaigns and slogans
   • Easily accessible online resources
   • Student centered information dissemination, e.g. text format
   • Formalized and maintained campus signage
   • Infographics
   • Communication committees
   • Student ambassadors
**GOAL 1: MODEL**—Adopt a Mental Health Model that emphasizes the dynamic nature of health and wellness and draws from a Social Psychoeducational Research.

<table>
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<th>Objective</th>
<th>Key Strategies &amp; Major Initiatives</th>
<th>Performance Outcomes</th>
<th>Timelines</th>
<th>Responsible Person(s)</th>
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# ANNUAL WORK PLAN

## GOAL 2: STAKEHOLDER ENGAGEMENT

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**GOAL 3: COMMUNITY PARTNERSHIPS**

Establish outreach to community partners to promote the importance of health and wellness as a vital element of student success.

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**ANNUAL WORK PLAN**

**GOAL 4: PROFESSIONAL DEVELOPMENT** - Establish a professional development program for students, faculty, staff & administration that focuses on prevention and ***the stigma of mental health for our college youth.***

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## ANNUAL WORK PLAN

### GOAL 5: RESOURCES FOR MENTAL HEALTH
- Identify internal and external resources to connect students to community resources and provides opportunities for engagement with support services.

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### ANNUAL WORK PLAN

**GOAL 6: COMMUNICATION STRATEGY**

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### V. Budget Plan

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**Total Costs**

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VI. Summary and Recommendations
VII. Appendices

Appendix A: Mental Health Needs & Perceptions Survey Results

Appendix B: Focus Group Questions & Results
Appendix A: Mental Health Needs & Perceptions Survey Results

During fall 2015 and spring 2016 the Los Rios Community College District Office of Institutional Research collaborated with leadership from across the district and colleges including the associate vice chancellor of student services, faculty, college counselors, and college nursing professionals to develop and administer a survey to Los Rios students to gather their perceptions about mental health resources and services. The Student Mental Health Needs survey was followed by a survey sent to all Los Rios employees to gather employee perceptions about the mental health needs of our students. For the purposes of this survey we asked respondents to use the definition of mental health provided by WHO (World Health Organization) to frame their responses: Mental Health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Two randomly selected samples were drawn from all students who were enrolled in a Los Rios college in fall 2015. The samples were stratified by gender and race/ethnicity specific to reflect the student population of each Los Rios college. Over 8,000 Los Rios students were invited to complete the survey via email for the two separate sample populations, followed by a series of reminder emails. A total of 448 surveys were completed district-wide, for an overall response rate of approximately six (6) percent.

Approximately 5,400 Los Rios employees from across the district were invited to complete the Student Mental Health Needs Survey via email in spring 2018 with over 760 employees providing feedback representing a response rate of approximately 14% district-wide.

What follows are highlights of the survey results for both the student and employee Mental Health Needs surveys. For more information on responses by individual Los Rios college and by various employee groups, please refer to the comprehensive Frequency Distribution Reports available on the LRCCD Office of Institutional Research (OIR) website by clicking: http://sireport.saccc.edu. The Mental Health Needs Survey reports are intended to be used for internal planning purposes specific to the Los Rios Community College District and the students we serve.

Checking in with Los Rios Students

The first survey question was a “check-in” with Los Rios students that asked about potential stressors they may experience and how they deal with these situations. Employees were also asked a similar question about how frequently they believe students experience stress or anxiety and how they perceive students deal with these situations. Chart 1 demonstrates those areas where over 40% of student respondents experienced one of these conditions frequently (every day to several days a week) as well as employee perceptions of how frequently students were experiencing these feelings. Whereas almost fifty percent of students indicate they felt stressed or overwhelmed by their college coursework frequently during the week, employees believe 20.1% of students frequently experience stress related to their college coursework. Likewise, 46.5% of students indicated they felt anxious or nervous frequently while employees believe 67.0% of the students they interact with experience anxiety frequently.

Chart 1: We all get a little stressed and overwhelmed... how often, in the last month, did you experience any of the following? (by Student Responses and by Employee Perceptions)

Students were asked who they would most likely talk to if they found themselves experiencing a stressful situation while employees were asked who they thought students would talk to; results of both student responses and employee perceptions are illustrated in Chart 2. Student respondents indicate they talk to a variety of people in their lives, ranging from 32.1% who talk with family members, 24.8% who talk with friends, 24.8% who talk to their significant other and 11.1% who indicate they don’t talk with anyone. In contrast, significant proportions (61.9%) of employees believe students predominantly talk with their friends when experiencing a stressful situation.
Mental Health Resource Availability

Both students and employees were asked their level of agreement with the availability of mental health resources in the greater Sacramento area as well as within the Los Rios community. Higher proportions of students (27.7%) agree or strongly agree that there are adequate mental health resources in the greater Sacramento area than do Los Rios employees (11.0%). Slightly higher proportions of student respondents, 17.0%, agree or strongly agree that there are adequate mental health resources at their Los Rios college compared to the 8.0% of employees who agree or strongly agree. Fairly equal proportions, over one-third, of students and employees agree or strongly agree that if they needed to access professional mental health services they would know who to contact.

Los Rios College Community as a Mental Health Partner

Both students and employees were asked to indicate their level of agreement with a series of statements that focused on the Los Rios College communities as a mental health partner. Table 2 illustrates the proportions of respondents who strongly agreed or agreed with the statements for both student and employee respondents. There is a fairly strong agreement by students that they feel a sense of belonging within their Los Rios College community, 45.1%, and employee perception of students' sense of belonging is a similar 42.9%. There was strong agreement from students that the Los Rios academic environment supports mental well-being, that mental well-being is a priority, they are actively engaged with their Los Rios community and the Los Rios colleges encourage open conversations about mental health well-being.

Employee agreement is lower for the following statements when compared to student responses: the Los Rios academic environment supports mental health and emotional well-being and mental and emotional well-being is a priority at the employees Los Rios college.
Table 2: Los Rios as a Mental Health Partner by Respondent Agreement (sorted by % students who agree or strongly agree)

<table>
<thead>
<tr>
<th>Los Rios Colleges as a Mental Health Partner</th>
<th>% of Students who Agree or Strongly Agree</th>
<th>% of Employees who Agree or Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel a sense of belonging within my Los Rios College community</td>
<td>45.1</td>
<td>42.3</td>
</tr>
<tr>
<td>The academic environment supports mental and emotional well-being at my Los Rios College</td>
<td>30.5</td>
<td>23.7</td>
</tr>
<tr>
<td>Mental and emotional well-being is a priority at my Los Rios College</td>
<td>30.4</td>
<td>23.5</td>
</tr>
<tr>
<td>I am actively engaged and a part of my Los Rios College community</td>
<td>30.3</td>
<td>27.6</td>
</tr>
<tr>
<td>The Los Rios College community encourages free and open conversations about mental and emotional well-being</td>
<td>30.3</td>
<td>27.4</td>
</tr>
<tr>
<td>There is an understanding that college can be stressful and my Los Rios College provides support by educating the college-wide community on Mental Health</td>
<td>20.6</td>
<td>26.0</td>
</tr>
<tr>
<td>Information about Mental Health resources that are available on and off campus are provided by the Los Rios college community</td>
<td>21.0</td>
<td>22.9</td>
</tr>
<tr>
<td>Students at my Los Rios College are provided connections with community Mental Health resources</td>
<td>20.2</td>
<td>16.3</td>
</tr>
</tbody>
</table>

There are some areas of disconnect in perceptions as illustrated by the differing levels of disagreement to many of the statements by students compared to Los Rios employees as illustrated in Table 3. It is important to note that there are higher proportions of students who responded to each statement with a response of ‘don’t know/not applicable’ than did Los Rios employees.

Table 3: Los Rios as a Mental Health Partner by Respondent Disagreement (sorted by % students who somewhat or strongly disagree)

<table>
<thead>
<tr>
<th>Los Rios Colleges as a Mental Health Partner</th>
<th>% of Students who Somewhat or Strongly Disagree</th>
<th>% of Employees who Somewhat or Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am actively engaged and a part of my Los Rios College community</td>
<td>39.0</td>
<td>31.4</td>
</tr>
<tr>
<td>Mental and emotional well-being is a priority at my Los Rios College</td>
<td>16.3</td>
<td>46.4</td>
</tr>
<tr>
<td>There is an understanding that college can be stressful and my Los Rios College provides support by educating the college-wide community on Mental Health</td>
<td>16.2</td>
<td>44.7</td>
</tr>
<tr>
<td>Students at my Los Rios college are provided connections with community Mental Health resources</td>
<td>14.6</td>
<td>46.0</td>
</tr>
<tr>
<td>Information about Mental Health resources that are available on and off campus are provided by the Los Rios college community</td>
<td>14.2</td>
<td>36.6</td>
</tr>
<tr>
<td>The Los Rios College community encourages free and open conversations about mental and emotional well-being</td>
<td>13.8</td>
<td>30.5</td>
</tr>
<tr>
<td>I feel a sense of belonging within my Los Rios College community</td>
<td>12.9</td>
<td>20.0</td>
</tr>
<tr>
<td>The academic environment supports mental and emotional well-being at my Los Rios College</td>
<td>12.3</td>
<td>41.0</td>
</tr>
</tbody>
</table>

Employees were asked to respond to two additional statements and those responses reflect the employee perception that students do not know who to contact if they have a question related to mental health wellness as well as who to contact if they have questions related to safety concerns at their Los Rios college.

Table 4: Los Rios as a Mental Health Partner by Employee Responses to Additional Statements

<table>
<thead>
<tr>
<th>Los Rios Colleges as a Mental Health Partner</th>
<th>% of Employees who Strongly Agree or Agree</th>
<th>% of Employees who Somewhat or Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students know who to contact at their Los Rios college if they have a question related to mental health wellness</td>
<td>7.2</td>
<td>62.2</td>
</tr>
<tr>
<td>Students know who to contact at their Los Rios college if they have a question related to safety concerns</td>
<td>27.0</td>
<td>36.0</td>
</tr>
</tbody>
</table>

Mental Health Services: The Perceptions

Los Rios students and employees were asked to respond to statements related to their perceptions about mental health services. Chart 4 shows that higher proportions of employees agree or strongly agree that mental health counseling is helpful for students while there are fairly similar levels of agreement when asked about comfort level interacting with those who have received mental health services and to the statement that mental health is as important as physical health.

Chart 4: Perceptions about Mental Health Services (by level of agreement for Student and Employee Responses)

![Chart image]

Mental Health Counseling is helpful for students
Students feel comfortable seeking Mental Health counseling
I am comfortable interacting with those who have received Mental Health services
Mental Health is as important as physical health

Students Employees

Last Updated: November 30, 2016
Charts 4 and 5 illustrate the difference in the perceptions about students’ comfort level in seeking mental health counseling. Substantial proportions of student respondents agree or strongly agree that students feel comfortable seeking mental health counseling while only 10.5% of employees agree or strongly agree with this statement. Conversely, almost half (47.8%) of employee respondents somewhat or strongly disagree that students are comfortable seeking mental health counseling while only 11.6% of students somewhat or strongly disagree with this perception.

![Chart 4: Perceptions about Mental Health Services (by level of disagreement for Student and Employee Responses)](chart)

Table 5 shows the level of agreement by both student and employee responses for a series of statements on perceived barriers students face in accessing mental health services and resources. The perceived barriers with the strongest level of agreement are related to cost factors for both student and employee respondents: cost of mental health services is the most agreed upon barrier followed by mental health services not being covered by insurance. Student agreement for the remaining statements range from the 29.3% who agree or strongly agree that location of services are not convenient to the 16.3% who agree or strongly agree students have had negative experience/s in the past with mental health services is a barrier to care. The level of agreement by Los Rios employees to statements about barriers to mental health services for students are stronger, ranging from the 64.5% who agree or strongly agree that transportation is an issue to the 40.2% who agree or strongly agree that services provided are not sensitive to cultural issues.

![Table 5: Los Rios as a Mental Health Partner by Respondent Agreement (sorted by % students who agree or strongly agree)](table)

Table 6 illustrates the varying levels of student and employee disagreement to the statements about the perceived barriers students face when seeking mental health services. The percent of students who somewhat or strongly disagree range from the 28.2% who disagree that students believe there is a concern that parents might be notified to the 12.6% who somewhat or strongly disagree that the hours of mental health services are inconvenient. Comparatively, employee responses range from the 18.4% who somewhat or strongly disagree that mental health services not covered by insurance is a barrier to the 4.0% who somewhat or strongly disagree that the concern that parents might be notified is a barrier.

![Table 6: Los Rios as a Mental Health Partner by Respondent Disagreement (sorted by % students who somewhat or strongly disagree)](table2)
Employees were asked to respond to two additional statements and those responses reflect the employee perception that the availability of appointments and student concern that services provided are not sensitive to sexual orientation are perceived as barriers to students accessing mental health services and resources.

<table>
<thead>
<tr>
<th>Perceived Barriers to Seeking Mental Health Services</th>
<th>% of Employees who</th>
<th>% of Employees who</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree or Agree</td>
<td>Somewhat or Strongly Disagree</td>
</tr>
<tr>
<td>Availability of appointment</td>
<td>67.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Students are concerned services provided are not sensitive to sexual orientation</td>
<td>29.7</td>
<td>15.5</td>
</tr>
</tbody>
</table>

Students and Employees Provide Additional Feedback Via Open-Ended Comments

Although there are some differences in student and employee perceptions about mental health resource availability and access at Los Rios colleges as well as within the greater Sacramento area, the following open-ended comment summary provided by both respondent groups highlights the similarities in perceptions as well as continues the conversation of ways we can provide greater outreach to the Los Rios community:

- **Promote mental health resources**: mental health day or mental health fair at Los Rios colleges, a “table day” to provide information about mental health resources, develop a dedicated mental health resource website and communicate the availability of information, communicate resources via posters and signage, awareness campaigns, promote the availability of the community resources, use social media as an information portal for mental health resource availability, Los Rios should be an active participant in Mental Health Awareness month, increase outreach.
- **Provide a dedicated mental health counselor or professional** as a resource even part-time (suggestions included shared resources and partnerships with Sacramento mental health resource organizations or interns from 4-year partner institutions), consider the idea of a wellness center or dedicated space with access to mental health resources and information on each Los Rios campus.
- **Communicate to students that it is “ok” to ask for help by providing an open and safe environment to do so**
- **Peer and mentor support groups**
- **Workshops to discuss mental health resources for both staff and students including topics such as stress management techniques, yoga, Tai Chi, conversation and support**
- **Provide students and staff a short video that highlights both Los Rios and community mental health resources**
- **Acknowledge the unique needs of the diverse student population who attend Los Rios colleges and provide resources that are sensitive to cultural and gender issues**
- **Increase faculty and staff training** including information on resource availability and access, develop a strategy for helping Los Rios employees when dealing with a student who is facing mental health challenges

This report serves as an initial framework for internal discussion at the district and college level about student and employee perceptions about mental health...resources, accessibility, and understanding...and how the Los Rios community can work together to address this important issue. Detailed Frequency Distribution Reports by the various constituency groups are available on the OIR website (http://rweb.losrios.edu) and the comprehensive confidential open-ended feedback from both students and employees have been distributed to district and college leadership to help guide the conversations.
Appendix B: Focus Groups
Guiding Questions

Services
Existing Services/Strategies
1. Each campus has tried different strategies to support students, please share about the strategies that have been most effective in lieu of a mental health program?
2. How might we expand the roles of the Behavioral Intervention Team (BIT), Crisis Intervention Team (CIT), and Behavioral Intervention Response Team (BIRT) to complement campus mental health services?

Collaboration
1. What are the available campus and community resources to build a campus mental health program? What are some effective ways to disseminate this information? (From Survey Results—resource website; communicate via posters, signage, social media)
2. How do we build beneficial partnerships with community social services and mental health agencies? (From Survey Results—shared resources and partnerships with Sacramento mental health resource organizations or interns from 4-year partner institutions)

Faculty and Staff
1. What types of training would be most beneficial for faculty and staff? (From Survey Results—resource availability and access, develop a strategy for helping Los Rios employees when dealing with students facing mental health challenges)
2. A mental health program requires institutional support, what practices can be undertaken to involve faculty, staff and administration?

Next Steps
1. With regard to mental health services, what would be your vision for next steps? (From Survey Results—Mental health counselor or professional (even part-time); wellness center or dedicated space with access to mental health resources on each Los Rios campus; mental health fair; table day; Mental Health Awareness month; peer and mentor support groups; workshops; videos/PSA’s)
2. In a perfect world, what would mental health services look like within the Los Rios Community College District in the near future? In 3 years? In 5 years? (From Survey Results—Acknowledge the unique needs of the diverse student population who attend Los Rios colleges and provide resources that are sensitive to cultural and gender issues)
### Participants

Delete this table—duplicates one on next page—double check all names are on the list.

<table>
<thead>
<tr>
<th>District Office</th>
<th>Betty Glyer-Culver</th>
<th>Director of Institutional Research</th>
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<tbody>
<tr>
<td><strong>American River College</strong></td>
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<tr>
<td></td>
<td>Manuel Pérez</td>
<td>Dean, Equity Programs &amp; Pathways (chair)</td>
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<tr>
<td></td>
<td>Jeffrey Stephenson</td>
<td>Dean, Counseling &amp; Student Services</td>
</tr>
<tr>
<td></td>
<td>Christine Thomas</td>
<td>AVPSS/Student Discipline Officer</td>
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<td></td>
<td>Reyna Moore</td>
<td>Counselor</td>
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<tr>
<td></td>
<td>Nisha Beckhorn</td>
<td>Counselor Coordinator, DSPS</td>
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<td></td>
<td>Pam Whipple</td>
<td>Nurse</td>
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<td></td>
<td>Joe Quirarte</td>
<td>Campus Police</td>
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<tr>
<td><strong>Cosumnes River College</strong></td>
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<tr>
<td></td>
<td>Shannon Dickson</td>
<td>Dean, Counseling/BIRT Chair</td>
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<td></td>
<td>Kimberly McDaniel</td>
<td>VPSS</td>
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<td>Alex Kagan</td>
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<td>Jason Newman</td>
<td>Faculty/BIRT Co-Chair</td>
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<td></td>
<td>Eva Rhodes</td>
<td>Administrative Assistant</td>
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<td><strong>Folsom Lake College</strong></td>
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<td>Melanie Dixon</td>
<td>Dean of Student Success</td>
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<td>Interim Vice President</td>
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<tr>
<td></td>
<td>Adrienne Andrews</td>
<td>Educational Center Supervisor, El Dorado Center</td>
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<td></td>
<td>Joyce Heiland</td>
<td>Educational Center Supervisor, Rancho Cordova Center</td>
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<td>Mark Garrett</td>
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<td>Tim McHargue</td>
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<td>Mary Hansen</td>
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<td></td>
<td>Marsha Peralta</td>
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<td></td>
<td>Debra Luff</td>
<td>IVPSS/Discipline Officer</td>
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<td></td>
<td>Elaine Ader</td>
<td>Dean, Information Technology (Former discipline officer)</td>
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<tr>
<td></td>
<td>Julia Jolly</td>
<td>Title IX, Grievance Counselor</td>
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<td></td>
<td>Andre Coleman</td>
<td>Dean of Counseling</td>
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<td></td>
<td>Annette Barfield</td>
<td>Counselor</td>
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<td></td>
<td>Gwyn Tracy</td>
<td>DSPS Coordinator/Counselor</td>
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<td></td>
<td>Jeff Christian</td>
<td>Nurse</td>
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<td></td>
<td>Officer Alex Conroy</td>
<td>Campus Police</td>
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</table>
MENTAL HEALTH FOCUS GROUP THEMES

On October 21st, 2016 members of the colleges’ Behavioral Intervention, Crisis Intervention, and Behavioral Intervention Response Teams as well as others participated in a focus group to discuss best practices that support student mental health services, explore the intersection of student mental health needs with Student Equity Plans, and explore inter- and intra-campus collaborations.

This document summarizes the input from all those who participated in the mental health focus groups based on the transcribed notes recorded at the meeting by each group’s recorder. Emergent themes were identified based on transcribed notes and reported below.

I. Goals
The primary goals of the focus group were to:
1. Identify the goals of mental health services on our college campuses
2. Identify strategies and interventions
3. Identify next steps

II. Participant Representation
A total of 21 participants from across all four colleges took part in the mental health (MH) focus group (Table 1). The group consisted of three representatives from American River College; six representatives from Cosumnes River College; four representatives from Folsom Lake College; six representatives from Sacramento City College; one representative from the Los Rios Police Department; and one representative from the Los Rios District Office. The group consisted of two counselors, three nurses, two faculty, two members of the police, eight administrators, three DSPS coordinators, and one administrative assistant. At the meeting, members were divided into two focus groups each conducted by a facilitator, timekeeper, and recorder. Each group had a facilitator (Shannon Dickson and Betty Glyer-Culver), a recorder (Mayra Villarreal and De Doan) and a volunteered time keeper from the group. For a list of focus group questions, please refer to Appendix A.

Table 1. Mental Health Focus Group Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>College</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reyna Moore</td>
<td>ARC</td>
<td>Counselor</td>
</tr>
<tr>
<td>Pam Whipple</td>
<td>ARC</td>
<td>Nurse</td>
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<tr>
<td>Nisha Beckhorn</td>
<td>CRC</td>
<td>Counselor Coordinator, DSPS</td>
</tr>
<tr>
<td>Jason Newman</td>
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<td>Faculty/BIRT Co-Chair</td>
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<td>Kate Jaques</td>
<td>FLC</td>
<td>Interim Vice President Student Services</td>
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<td>Tim McHargue</td>
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<td>FLC</td>
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<td>FLC</td>
<td>Dean of Student Success</td>
</tr>
<tr>
<td>Julia Jolly</td>
<td>SCC</td>
<td>Title IX, Grievance Counselor, Associate Vice President of General Education and Outreach Programs</td>
</tr>
<tr>
<td>Debra Luff</td>
<td>SCC</td>
<td>Associate Vice President of Enrollment and Student Services</td>
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<td>Andre Coleman</td>
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<td>Elaine Ader</td>
<td>SCC</td>
<td>Dean, Information Technology (Former discipline officer)</td>
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<tr>
<td>Valerie Cox</td>
<td>LRPD</td>
<td>Police Captain</td>
</tr>
<tr>
<td>Scott Crow</td>
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III. Major Themes

Last Updated: November 30, 2016
Throughout the focus group discussion, six major themes emerged: 1) need for district-wide mental health prevention model; 2) targeted resource development for MH; 3) training for faculty and staff on MH issues; 4) communication; 5) faculty involvement; and 6) community partnerships

**Districtwide Mental Health Prevention Model**

An overarching theme that emerged from the focus group discussions was a need to have a mental health prevention model that covers the whole district. It was the hope of the participants that a district-wide model can provide a clear direction of the district and provide clear role definitions and expectations for all district staff and faculty. There was a level of confusion that was expressed by several of the participants as to how the new mental health initiative is to be fulfilled within their current positions. A model can provide this needed clarification to personnel and can establish a solid foundation for the execution of all services.

**Targeted Resources for Mental Health**

Concerns over lack of staffing, funds, and physical space to offer comprehensive mental health services emerged throughout the focus group discussions. Members discussed the lack of proper physical space being a barrier to providing mental health services. Mental health services also need be more available for students attending classes in the evening. Suggestion for a mental health fee was brought up throughout the focus group to obtain more funding for staffing, training, services, and physical space.

Emphasis was provided to the need for mental health counselors and the creation of a mental health coordinator position. Representatives from three of the four colleges expressed the effectiveness of having mental health counselors on their campuses as well as support staff (e.g. mental health interns), to help the greatest number of students and to relieve workload from other personnel. Because of the diversity that exists throughout the campuses, participants also expressed the importance of hiring counselors that are representative of the student population.

To fulfill many of the needs associated with mental health, participants expressed the need to instate a health fee. This fee has the potential to assist in the acquisition of software for case management, training programs for faculty and staff, and the hiring of more personnel that can relieve some of the workloads from other areas.

**Training for faculty and staff on Mental Health Issues**

There was a consensus from the group of the need for greater availability of training around mental health issues and that this training is adapted to fit the various needs of different district constituencies. Regarding the availability of training, participants expressed interest in having more training available online, on campus (e.g. adding a mid-term convocation focused on mental health, a mental health “college hour” several times per month), and during departmental meetings. The training that is provided can then be fitted to meet the different personnel needs. For example, the interaction that occurs between faculty and students in the classroom is different than that of nurses and students or counselors and students. Thus, each group would need training that is more specific to their roles. It was expressed by some of the participants that more accessible trainings can reach more faculty and staff and assist in shifting the paradigm that currently exists within the district to one that is more inclusive and removes the stigma associated with mental health.

**Communication**

A theme that emerged is the need for improved communications regarding information on students of concern between campus stakeholders. There is no existing database tracking student of concern that can be shared between relevant campus stakeholders and between the four colleges. Because students have the ability to attend classes on all of the Los Rios campuses, it can be a challenge to keep track of students, especially those that are in chronic need for mental health resources. As a result, participants of the focus group stated a need to have software that provides the opportunity to track students across all of the campuses and centers. This is especially important for the BIT/CIT/BIRT teams that provide assistance to students with the greatest mental health needs. A case management system can provide personnel the means by which to see what assistance has already been provided and its effectiveness. Members also suggested developing a web page centralizing mental health resources to inform providers and users.

**Faculty Involvement**

Participants would like to see more faculty involved in training on how best to identify students in distress and how to refer students to mental health services. Participants would like to collaborate with faculty to be a pipeline for referral. Participants would like the involvement of faculty to help disseminate information on mental health resources. The suggestion was made to create a short video on self-care and available mental health resources to be shown at the end of classes during typical high-stress weeks such as around final exams.

**Community Partnerships**

Members discussed that they are aware of community resources available to help students with MH needs but there is no formal effort to promote collaboration between colleges and community organizations. Community-based organizations (CBO’s) are important
supplementary resources for students. Because of their role within the student referral process, participants expressed a need to develop the new position of mental health campus coordinator that can be a liaison between each college and CBO’s. It was expressed that this position can facilitate the development of memorandums of understanding with CBO’s and assists to expedite this process. Mental health campus coordinators could also have the opportunity to establish connections with cultural brokers throughout the greater Sacramento area as a means to bridge the gap between different ethnic population to ensure that these groups receive services in an equitable and culturally competent manner. Also, there was a discussion of developing partnerships with Sacramento State and UC Davis to create student internships as MH resources to the Los Rios colleges.
Mental Health Work Group Fall 2016
Tuesday, December 6, 2016 9:30AM - 11:30AM
DO – Main Conference Room
1919 Spanos Court, Sacramento, CA 95825

AGENDA

Members:
- Project Sponsor: Victoria Rosario
- Work Group: DO: Betty Glyer-Culver
  Nurses: ARC: Michele Arnott, Pam Whipple; CRC: Michelle Barkley;
  FLC: Mary Hansen; SCC: Jeff Christian, Wendy Gomez
  DSPS: FLC: Tim McHargue, Jeff Dillon
  Counselors: ARC: Lydia Delgado, Reyna Moore, Jennifer Scalzi; CRC:
  Estella Hoskins; FLC: Michelle Madden, Jill Morrison; SCC: Shannon
  Gilley, Kris Janssen
  Classified: CRC: Eva Rhodes; FLC: Rhonda Calloway
  Students: FLC: Vanessa Acosta; SCC: Melody Jimenez, Victor Vargas,
  Shelby Gauthier-Owensby
- Business Lead: Manuel Pérez (ARC)
- Subject Area Expert: Shannon Dickson Cooper (CRC)
- Communication Lead: Scott Crow (ARC)

1. Welcome

2. Check-In by College:
   a. ARC
   b. CRC
   c. FLC
   d. SCC

3. Initial Section Narrative Development:
   a. Objectives for each section
   b. Identifying costs for executing strategies

4. Email Communication to College Community

5. Timeline
   - Tuesday, November 22, 2016 9:30AM – 11:30AM—DO Main Conference Room
   - Tuesday, November 29, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Assign lead writer to each section
   - Wednesday, November 30, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Brainstorm ideas and structure for the report and each area
     o Budget implications for each section
   - Tuesday, December 6, 2016 9:30AM – 11:30AM—DO Main Conference Room
     o Review of initial work: section narratives and costs

6. Adjourn
MINUTES

1. Commence: 9:35AM

2. Members Present:
   a. ARC: Manuel Pérez, Reyna Moore
   b. CRC: Eva Rhodes
   c. FLC: Tim McHargue, Michelle Madden, Jill Morrison, Mary Hansen, Vanessa Acosta (student)
   d. SCC: Shannon Gilley
   e. DO: Victoria Rosario, Mayra Villarreal

3. Welcome

4. Check-In by College:
   a. ARC—
      • Initial draft sent to senate, counselors, and nurses for feedback
      • Feedback from nurses: may be a good idea to convene only the primary writers of each section to ensure that all sections are aligned together, in particular with the mental health model that is to be developed
         o Perhaps do a half day or full day for this convening
   b. CRC—
      • Recently met with BIRT team—discussion around how to best communicate the difference between BIRT and DO
      • As it relates to the report, questions arose as to how the section of stakeholder engagement should be structured—guidance needed
   c. FLC—
      • Counselors and BIRT team has been informed about the plan and are soon to receive feedback—will be meeting with additional groups in the coming weeks
      • Student representative from FLC (Vanessa Acosta) conducted independent research:
         o Survey of students in her classes to discuss mental health services
         o Survey of over 30 colleges who are doing work on mental health to see what practices are working and which are not
   d. SCC—
      • 300 student referrals through CARE since April—further speaks to the need of a district-wide mental health plan
      • Plan has been sent to the counselors for review and feedback
      • Plan to be placed on agenda for the academic senate and leadership team in the coming weeks
      • Meeting scheduled to meet with the PIO director about the communication plan in January

5. Review of Report Template
   • The members moved through each section of the report to ensure that each sections contained the appropriate material and to provide lead writers feedback for narratives
   I. Student Mental Health Workgroup Members
      • All participants in this initiative (from inception to completion) will be included as part of the membership
II. Table of Contents

III. Executive Summary
- To provide an overview of the process that has led to the writing of the report

IV. Background and Project Summary
- Title of section to be changed to “Background and Project Description”
- This will be a section to demonstrate the work that the district has currently engaged in, e.g. policies and regulations of the district, student surveys, and Los Rios student demographics
- Amendments to the timeline:
  - Survey Development: May/June 2015
  - Vetting of Instruments: June/July 2015
  - Administration of Surveys: August 2015 (student); March 2016 (employee)
  - Data Analysis: August 2016
  - Board Update: October 2016
  - Focus Group: October 21, 2016, 11am – 1pm, DO Board Rm.
  - Prepare Report Outline: Fall 2016
  - Writing Process: December 2016 – March 2017
  - Writing Summit: TBD
  - Vetting of Report: March/April 2017
  - Board Presentations: April 2017

V. Planning Documents and Literature Review
- Lead writer: Mayra Villarreal (DO)
- This will be a summary of the green binder
- Utilize work by Jeffrey Duncan-Andrade to set the stage for an assessment of the federal, state and local sections
  - Speaks to the fact that we all have different parts that make us who we are. These then inform how we arrive to situations
- Use a student equity lens
- Can potentially speak to Maslow’s hierarchy of needs

VI. Program Plan
1. Mental Health Prevention Model
   - The model is to reflect a holistic framework
   - We all experience waves of wellness and un-wellness
   - Focus should be on prevention as well as providing services for intervention
   - More in line with a circular model rather than a linear model
   - Move away from “mental health” to “wellness”
   - Move away from a biomedical model to a bio-psycho-social-cultural model
   - A holistic model promotes a change in lifestyle and health over the course of the lifespan rather than at a single time in life
   - Mental health is to be seen as part of a comprehensive plan
   - Mental health services should reflect need in drug and alcohol use services
   - What encompasses a holistic model?
     - Different elements: mind, emotion, environment (internal and external), intellectual, physical, social, and spiritual (sense of purpose)
     - What keeps all of these elements together is how we balance it all
     - Wellness → Balance / Unwell → Unbalance
   - What is missing from this section?
     - Because of the scope of this section and the lack of strategies developed, this will need a lot more flushing out
     - Important to emphasize the variety of ways to provide services
2. Stakeholder Engagement
   - Important question: How do we engage stakeholders and shift the culture to one that is more understanding of the need to help students be academically successful
   - Importance of having decision-making stakeholders that are representative of the student population
   - Potentially including here the importance of including the student voice in the decision-making process as a strategy

3. Community Partnerships
   - Established Level 1–3 intervention plans and identifying partners that fit in at each of the levels
   - From ARC—importance of establishing a plan that leads to having licensed professionals on the campus
     - With any given CBO’s to which a relationship is made, should have at least the minimum level of the same service on the main campus

4. Professional Development
   - Resources for training at various levels

5. Resources
   - Sections to be addressed:
     - Personnel—
       - Coordinator for mental health
       - Trained clinicians to provide crisis services at each college (FT or PT)
     - Students—
       - Websites, training, clubs, peer-to-peer groups, translation resources
     - Budgeting—
       - A proposed student fee
       - AB 2017, General Fund, Prop. 63, FTE, etc.
   - Reiterate the importance of community partnerships

6. Communications
   - Best Practices (ways to effectively disseminate information)
     - PIO
     - Programmatic
     - Technology (Websites, social media, etc.)
     - Staffing
     - Paper (flyers, posters, etc.)
     - Instructional
     - Faculty/Staff
     - Student
     - Budget
• Must keep in mind the flow of communication v. what is being communicated
• For the communication itself:
  - Campaigns (district-wide and campus specific) – Signage on campus
  - FAQ’s – District-wide kick-off
  - Identifying and communicating safe spaces – Crisis hotlines
  - Smart phone apps

VII. Annual Work Plan
• The chart is a template and basic structure for grant writing—if it proves to not be effective, it can be removed to use an alternative
• Goal—this represents the vision statement for the section
• Objective
• Key Strategies and Major Initiatives
• Performance Outcomes—assessment
• Timelines—this overall initiative is to be rolled out over the course of a few years; consider a 3-5 year timeline
• Responsible Persons—who will be in charge of each section; this will be campus specific
• Resource Needs—this will inform the budget

VIII. Budget Plan

IX. Summary and Recommendations
• Reiterate that the plan is holistic in nature
• There is equity across the colleges

X. Appendices
• Appendix A: Mental Health Needs and Perceptions Survey Results
• Appendix B: Focus Group

6. Timeline:
   a. Tuesday, December 6, 2016: development of a report outline
   b. December – February: vetting of outline for report draft
   c. February – March: vetting of report
   d. April: presentation of final report

7. Action Items:
   a. Convene a separate meeting with community/county liaison to address the funds that were made available through Prop. 63

8. Appendices:
   a. Appendix A: Strategize the Process (updated)
   b. Appendix B: Student Survey and Mental Health Services at California Colleges (Vanessa Acosta—FLC Student Representative)
   c. Appendix C: CSUS and UCR Wellness Model (Mary Hansen—FLC)
   d. Appendix D: Biopsychosocial Approaches to Mental Health (Tim McHargue—FLC)

9. Adjourned: 11:15AM
### Focus Group Themes

**Professional Development (CRC Lead Writer: Shannon Cooper Dickson)**
- Kognito
- Campus professional development with mental health specific topics
- “Red Folder” training—a quick reference guide to mental health resources for campus personnel who may interact with distressing or distressed students
- Culturally relevant mental health best practices
- Calendar of mental health trainings (multiple training)
- Access to national training/professional development opportunities
- Mental health 1st Aid—available throughout the county and is at no cost
- Team building workshops
- Anxiety, depression, stress
- Off-campus trainings and visits at common center locations
- Health insurance awareness trainings
- Flex mental health activities and presentations
- NASPA Mental Health Conference

**Categories Within Themes**
- **Level 1—Staff; General Awareness**
  - Campus professional development with mental health specific topics
  - Resource availability
  - Scenarios
  - Health Insurance awareness training
  - Flex MH activities/presentations
  - Safety training for faculty/staff
  - Kognito
  - Required Mental Health First Aid
  - Institutionalized “College Hour”
- **Level 2—Faculty; Education Referral**
  - Anxiety, Depression, Stress
  - “Red Folder” Training
  - MH 1st Aid
  - Culturally relevant MH best practices
  - Personal counseling
- **Level 3—Crisis Response**
  - Access to national training/PD opportunities
  - Advisory groups (health/mental health)
  - NaBITA training (extensive)
  - Community partnerships
  - Off-campus trainings at community centers locations
  - Campus police
  - Duck and Cover

### Communication Strategy (SCC Lead Writer: Shannon Gilley with Scott Crow)
- Newsletter
- EServices icon for students to access mental health information on- and off-campus
- Mental health website
- Classroom presentations
- Suicide prevention awareness using social media
- Mental health specific push notifications
- Desktop icons for staff and faculty
- Semi-Frequent video (online) presentation for students on mental health topics
- Department and staff meetings with mental health information
- Monthly district office BIT meetings
- Main page icon for self-referral
- District kick-off
- New Student Orientations (online and in-person)
- Faculty syllabi
- Faculty show a student services video in class
- Health Services websites more accessible, understandable, and student friendly
- Utilizing blogs and apps
  - Active Minds blog
  - My (Un)Documented Life
- Mental Health Awareness Month
- Poster campaigns
- Events to be population specific
- In-reach and out-reach efforts
- Website based communication should be easy to access, see and

### How/Process
- Department/staff meeting-MH info
- Desktop icons for staff and faculty
- Classroom presentations
- Monthly DO BIT meetings
- Advisory groups (internal and external)—communication committees
- Formalized and maintained campus signage
- Infographics
- Student ambassadors

### Tools
- Social media
- Face to face comm. or press kit
- Effective campaigns and slogans
- Student Health 101
- Utilizing blogs and apps: Active Minds blog; My (Un)Documented Life

### Students and Staff
- Newsletter (student? and staff?)
- MH web site—Easily accessible
- EServices icon for MH info on and off campus
- MH specific push notices—text format for students
- Semi-frequent video presents. for students on MH
- Suicide prevention awareness
- Multi-click resource guide
- Instructors to bring classes to present and provide extra credit
- Instructors to make announce. in class
navigate
  • Have appropriate colors: red, yellow, and orange are most noticeable and attention grabbing
  • One click should send users to a page that has all resources
  • Consistency throughout the district on a website, resources, and how the initiative will be rolled out
  • “Clickbait”—catchy text that engages students to follow links
  • Formalized and maintained campus signage
  • Infographics
  • Communication committees
  • Student ambassadors

**Stakeholder Engagement (CRC Lead Writer: Eva Rhodes)**

<table>
<thead>
<tr>
<th>Stakeholder Engagement</th>
<th>Advisory Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty</strong></td>
<td>o Health/mental health</td>
</tr>
<tr>
<td><strong>Managers</strong></td>
<td>o Meet bi-annually</td>
</tr>
<tr>
<td><strong>Students</strong></td>
<td>o External Partners—CSUS, UCD, MH agencies</td>
</tr>
<tr>
<td><strong>Law Enforcement</strong></td>
<td>o Working with the legislature to advocate on behalf of LRCCD</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>o Coordination team to implement programs</td>
</tr>
<tr>
<td><strong>Law</strong></td>
<td>o Convocation meetings</td>
</tr>
<tr>
<td><strong>Coordinator/Team</strong></td>
<td>o MH awareness activities</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>o Filmed workshops and presentations</td>
</tr>
</tbody>
</table>

**Community Partnerships (ARC Lead Writer: Pam Whipple with nurses)**

<table>
<thead>
<tr>
<th>Community Partnerships</th>
<th>Resource and Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Incentivize CBO’s</td>
<td>o Sacto, Placer, Auburn, Yolo and El Dorado</td>
</tr>
<tr>
<td>o Expediting MOU’s</td>
<td>o MH partners, pamphlet, database</td>
</tr>
<tr>
<td>o MFT Consortium (Northern California)</td>
<td>o Organized by community, language, cost, etc.</td>
</tr>
<tr>
<td>o Rainbow Book (county)</td>
<td>o Rainbow Book (211)—referral process</td>
</tr>
<tr>
<td>o Cultural broker (community)</td>
<td>o Advisory group</td>
</tr>
<tr>
<td>o Engagement coordinator</td>
<td>o Kiser Permanente, Sutter Health, Well Space</td>
</tr>
<tr>
<td>o Regional Los Rios MH Partners book/pamphlet/database—organized by neighborhood, languages, cost, etc.</td>
<td>o Visiting CBO’s to strengthen partnerships</td>
</tr>
<tr>
<td>o Mental Health and Wellness Association for the California Community Colleges</td>
<td>o Programs and Implementation</td>
</tr>
<tr>
<td>o Effective referral process</td>
<td>o Expedite MOU’s</td>
</tr>
<tr>
<td></td>
<td>o Incentive to CBO’s</td>
</tr>
<tr>
<td></td>
<td>o Interns: CSUS, UCD, private university, other</td>
</tr>
<tr>
<td></td>
<td>o MFT Consortium Urban Valley—train master’s level professionals</td>
</tr>
<tr>
<td></td>
<td>o Cultural broker (community advocate)</td>
</tr>
<tr>
<td></td>
<td>o Assessment measures to track progress—what has worked, what has not worked</td>
</tr>
</tbody>
</table>

**Resources for Mental Health (FLC Lead Writer: Tim McHargue)**

<table>
<thead>
<tr>
<th>Resources for Mental Health</th>
<th>Funding Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Funding for prescriptions when students need and cannot afford</td>
<td>o Funding for prescriptions when students need and cannot afford</td>
</tr>
<tr>
<td>o Website forms</td>
<td>o Funding for mental health</td>
</tr>
<tr>
<td>o Mental health center at each campus</td>
<td>o Food pantry</td>
</tr>
<tr>
<td>o Health and wellness coordinator at the District Office</td>
<td></td>
</tr>
</tbody>
</table>
- Food pantry
- Funding for mental health
  - District mental health coordinator
  - Professional development trainings
  - FT staff (health centers, counselors, mental health providers)
  - Marketing
- Student Health 101
- Resources to be purposeful and take into account individuals’ various intersecting identities
- “Post-Election” resources
- Data collection—
  - Survey for students at the health services center
  - Campus climate survey for each college with focus on mental health
- U-Lifeline for self-assessment
- Web-based counseling
- Resource fair for specific populations
- MH resources online
- Peer-to-peer groups

**Mental Health Prevention Model**
*(DO Lead Writer: Victoria Rosario and Manuel Pérez)*

**Wellness Center/Mental Health Coordinator (MFT, LCSW, Psychologist, Interns)**

- **Intake Process**
  - Grp., indiv, outside referral
  - 8-10 MH Counseling sessions (semester/year)
  - MH Activities: workshops, trainings, PD
  - Other holistic services: food pantry, clothing, housing

- **Los Rios Wellness Center**
  - Support groups and peer-to-peer
  - Exercise
  - Meditation rooms
  - Education
  - Multicultural trainings
  - Prevention workshops
  - Help-seeking behavior
  - Holistic measures
  - Culturally inclusive language
  - Strong support networks
  - Move from individualistic to inclusivity
  - Reflective of current student needs

**Centralizing Resources**
- Wellness coordinator
- FT staff (director)
- Case management

**Intervention**
- Group, individual, outside referral
- 8-10 MH Counseling sessions (semester/year)
- Mental health counseling
- Physician

**Wellness and Support**
- Support groups and peer-to-peer
- Exercise
- Meditation rooms
- Education
- Multicultural trainings
- Prevention workshops
- Help-seeking behavior
- Holistic measures
- Culturally inclusive language
- Strong support networks
- Move from individualistic to inclusivity
- Reflective of current student needs

**Marketing/Communication**
- Marketing
- Peer to peer outreach
- Advisory groups (health and mental health)
- Professional development trainings
- Online website forms
- Translation services

**Staffing/Community Partnerships**
- District mental health coordinator
- Health and wellness coordinator at the DO
- FT staff
- Existing community resources/partners
- Mental health providers
- Mental health center at each campus
- Culturally sensitive
- Representative of student population

**Centralizing Resources**
- Health fee
- Insurance for outside resources
- Donations
- College foundations

**Marketing/Communication**
- Marketing
- Peer to peer outreach
- Advisory groups (health and mental health)
- Professional development trainings
- Online website forms
- Translation services

**Staffing/Community Partnerships**
- District mental health coordinator
- Health and wellness coordinator at the DO
- FT staff
- Existing community resources/partners
- Mental health providers
- Mental health center at each campus
- Culturally sensitive
- Representative of student population
Appendix B: Survey Findings from FLC Student Representative Vanessa Acosta

**FLC Class Survey on Mental Health**

On December 1st 2016 I, Vanessa Acosta – student representative for the mental health committee at Folsom Lake College, decided to conduct an anonymous survey among my fellow students in my abnormal psychology class with the approval of Tim McHargue and the permission of my professor Julie Rodriguez. I believed if anyone had anything to say it would probably be psychology students. 29 students ranging from ages 16-45 and about an even mix of female and male filled out this survey.

There were 3 questions/prompts in the survey which were:

- Do you think there’s a need for mental health services at Folsom Lake College? Why or Why not?
- If so – what would you like to see in the way of mental health services at Folsom Lake College?
- Additional comments/opinions regarding mental health services at Folsom Lake College:

**My Findings**

In response to “Do you think there’s a need for mental health services at Folsom Lake College”:

- 26 out of 29 said “Yes, there is a need for mental health services”.
- 2 out of 29 said “I don’t know”.
- 1 out of 29 said “No”.

List of student concerns and the percentages of how many vocalized said concerns:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Said they were afraid to ask for help</td>
<td>10%</td>
</tr>
<tr>
<td>Said they couldn’t afford services elsewhere</td>
<td>10%</td>
</tr>
<tr>
<td>Said they just wanted someone to talk to</td>
<td>14%</td>
</tr>
<tr>
<td>Said they would like to see peer to peer counseling and support groups:</td>
<td>14%</td>
</tr>
<tr>
<td>Said they want to see classes and workshops dedicated to mental health management (E.G. stress, emotion, depression, etc.):</td>
<td>17%</td>
</tr>
<tr>
<td>Said “it couldn’t hurt [to have mental health services]”:</td>
<td>17%</td>
</tr>
<tr>
<td>Said they would like to see a referral program and a list of resources:</td>
<td>21%</td>
</tr>
<tr>
<td>Said “everyone can benefit from mental health services.”:</td>
<td>24%</td>
</tr>
<tr>
<td>Stated stress and anxiety were their biggest concerns:</td>
<td>34%</td>
</tr>
<tr>
<td>Said we should have counselors/a counseling department dedicated specifically to mental health:</td>
<td>52%</td>
</tr>
</tbody>
</table>

Comments from students:

- “I know there are people who struggle with serious things but do not qualify for DSPS since it is psychological.”
- “It is ridiculous that a college in this day and social climate does not provide these services.”
- “The current system feels very academic and not personal.”
- “Getting to the Dr.’s + school + work + errands is not only too time consuming but expensive and not everyone can afford it.”
- “It doesn’t matter how ’mentally sound’ you are, everyone can benefit from therapy.”
- “References [to get help] at the bare minimum.”
- “College is a place of higher learning, so why not help educate those who need to understand what/why they are having mental problems?”
• “Health services in general are underrepresented.”
• “Every establishment with physical health services should have mental [health services] as well.”
• “We should all have availability to mental health services.”
• “I’ve sacrificed my mental health time and time again here for minimal returns. Help would have been greatly appreciated.”
• “College is stressful. Many students cannot afford to seek out counseling services and if they had more support there would likely be a lower drop rate.”
• “I tried getting help through DSPS requesting assistance because I have ADHD as well as anxiety and I was turned away because I do not have recent documentation with these issues. I asked for an assessment and was told that they don’t do that here. How do I overcome this if there is very limited access to the services?”

Suggestions from students:

➢ Can use interns seeking hours.
➢ Attendance should be extended of how many days can be missed [due to mental health issues having a tendency to be unpredictable].
➢ Modification of add/drop notations to include medical leave so as to avoid a “w”.
➢ Dedicated page on the FLC website that’s easily accessible.
➢ Lecture’s from [mental health] professionals to help bring awareness of kinds of help available.
➢ More awareness campaigns.
➢ Assessments made available to all students.
➢ Open door policy.

**Conclusion and Personal Remarks**

I recognize that this is a small pool, but it doesn’t make it any less significant especially considering that these students are choosing to take a class that solely revolves around mental health. I also understand that some of their comments and suggestions may not be feasible but I felt it important to allow their voices to be represented.

The reoccurring theme I found from these responses was that students are extremely overwhelmed and stressed. We do not live in a world where you can just solely focus on school anymore. Many of these students have so many responsibilities outside of school that is taking a toll on their psyche. There was a sense of apathy in the tone of their writing to which I construed as hopelessness. I know that we have one or two workshops for mental health hosted by our school nurse but not one student even knew of their existence. Many also knew of DSPS’ existence yet they either weren’t clear about what kind of services they offer or as one of the students mentioned – s/he was turned away. Students want help. They’re trying to get help and they are being let down. How can anyone expect students to succeed when their attempts to heal and succeed are consistently being road blocked?

Ultimately the general consensus is that students are desperate for someone to talk to and for someone to help guide them in a way that precedes just academia. These students want to do well but they can’t be expected to do it alone. Without a healthy state of mind, they just simply cannot succeed no matter how much they actually want to.
Mental Health Services at California Colleges

There is an organization known as the Mental Health & Wellness Association that partners with various community colleges to help assist them in providing mental health services to their students in the way of connecting the colleges with mental health professionals and various other resources. In the entire state of California, they have partnered with a total of 32 schools statewide. Of those 32 I have selected 3 schools who I felt were the best to model after. Below are those 3 schools in a comparison chart followed by pros and cons of how each school is handling mental health services.

<table>
<thead>
<tr>
<th>Features</th>
<th>De Anza</th>
<th>Foothill</th>
<th>Santa Monica</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td>M-F 8am to 4pm</td>
<td>M-Th 8am to 4pm</td>
<td>Mon 9am to 4pm</td>
</tr>
<tr>
<td></td>
<td>M - Th 8am to 4pm</td>
<td>Fri 8am – 3pm</td>
<td>Tues – Fri 9am to 5pm</td>
</tr>
<tr>
<td>Cost of Counseling Sessions</td>
<td>0-5: free</td>
<td>Free</td>
<td>Free</td>
</tr>
<tr>
<td></td>
<td>6-10: $10 fee</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>11-15: $15 fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16+: $20 fee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains Process of Services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lists wide variety of issues</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Self-Assessments</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>(Assessment form needed prior to appointment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Help Resources</td>
<td>Yes (List of smartphone apps)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>List of crisis hotlines</td>
<td>Yes (Suicide only)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Staff of licensed MH pros</td>
<td>Yes (6 licensed MH pros.—PsyD, PhD, and M.S.)</td>
<td>Yes (5 licensed MH pros.—PsyD, PhD, LMFT, and LCSW)</td>
<td>Yes (4 licensed MH pros.—PsyD, PhD, and Psychologists)</td>
</tr>
<tr>
<td>MH Workshops</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>List of local providers/services/resources</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Links to brochures w/ more in-depth info</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>List of online resources</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Training resources for faculty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Length of care</td>
<td>Long-term</td>
<td>Short-term</td>
<td>Short-term</td>
</tr>
<tr>
<td>Referral program</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Have drop/walk ins</td>
<td>Not Mentioned</td>
<td>Yes</td>
<td>Not Mentioned</td>
</tr>
<tr>
<td>Has peer to peer counseling</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Active on social media</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
PROS AND CONS

De Anza
https://www.deanza.edu/psychologicalservices/index.html

PROS:
- Website has a great layout, is short and concise, straight to the point, and easy to navigate.
- Well organized list of numbers to call and workshops all efficiently categorized.
- Colors on the website stand out significantly to attract proper attention.
- Has full staff of licensed mental health professionals. Has documents you can print and fill out to expedite services.

CON:
- Not easy to find the mental health services page. Had to go Admissions & Registration > Counseling and Advising > then look for psychological services. Should be easily visible from home page and a separate entity from "counseling and advising" as it is a very broad umbrella term and most students think of that as educational counseling.
- Does not mention health fee.

Foothill
https://www.foothill.edu/psychservices/mentalhealth.php

PRO:
- Has wider variety of issues of crisis hotlines than De Anza.
- Has links to more extensive info for those who are interested in reading more in depth about how everything works.
- Has screening quizzes (e.g. anxiety quiz to see how much anxiety you have).
- Has more self-help resources.
- Has full staff of licensed mental health professionals. Has documents you can print and fill out to expedite services.
- Has a list of upcoming mental health workshops on the side on every subpage.

CON:
- Same complaint as De Anza in regards to navigation in trying to find the proper page.
- Colors are a bit subdued and muted. A bit overloaded with text and that combined with the muted colors tends to blend together.
- Does not mention health fee.

Santa Monica
http://www.smc.edu/StudentServices/PsychologicalServices/Pages/default.aspx

PROS:
- Website has a decent layout, is concise and straight to the point, and easy to navigate.
- Well organized list of numbers to call and workshops all efficiently categorized.
- Has full staff of licensed mental health professionals. Has documents you can print and fill out to expedite services.
CON:
- Same complaint as De Anza in regards to navigation in trying to find the proper page.
- Website feels dated.
- Could stand to have more external resources and assessments.
- Does not mention health fee.

CONCLUSION/OBSERVATIONS:

I looked at all 32 schools and found that the number one consistencies among all schools were that they all provided some form of mental health counseling, had at least 1 full time licensed mental health professional on staff, had minimum of 2 suicide crisis hotlines, referral programs, and external links to other mental health resources. Most schools also had drop ins as opposed to appointments only. Only one school however (West Valley) mentioned the health fee. They not only mentioned that they had a health fee but they broke it down to exactly what it was used for and how much it was ($19 per semester except for summer which was $16). This is a positive. Student or not, everyone likes to know where and how their money is being used.

I noticed that among the schools they varied in how they referred to their mental health services. Some listed them specifically as “mental health services” while many others listed them as “psychological services”. One school (Southwestern College) listed it as “psychological/behavioral health”. This is important to consider as language is extremely important when it comes to de-stigmatization.

The 3 schools I chose to feature were the ones that I believed were nailing mental health services. If Folsom Lake College could manage to take all of the pros from each school and combine them that would be spectacular. We should strive to provide more than just the bare minimum if not surpass these 3 schools.

Suggestions:
- Something that I saw in other schools that would be beneficial is one school did have online webinars for faculty for continued training on mental health.
- Having some sort of “introduction to services” video on the home page I believe would be effective as millennials seem to respond more to videos these days than literature. On D2L I have also noticed that each section has an explanation video as well as a written version which is brilliant since everyone learns differently and it’s always nice to have options. Having something like this would be excellent.
- As I mentioned in the table above, it would be beneficial to have mental health in its own category. I know for a fact that most students when they hear the term “health and wellness”, mental health is not what comes to mind. We think the body and medical issues like disease, nutrition, exercise, etc.
- I advise against having external links to pdf’s of brochures only because of the fact that it throws off the consistency. It’s difficult to switch from one theme to another and students (unfortunately) tend to not want to bother getting used to a new layout/format so quickly and thus don’t read what the brochure has to say. It’s okay to have the brochures, it’s just important to also have a summarization of what they entail.
- I also believe it would be beneficial to interact with these other schools. They’re excelling in this area which is foreign for Folsom Lake College. All schools I presume have the same goal in mind and that is to help students so I don’t see why they wouldn’t be willing to give us “tips” on how to approach the issue. It’s important to network and help each other out. If we had someone or a few people acting as a liaison between the schools, especially since De Anza and Foothill aren’t very far away in comparison to many of the other schools on the list, I believe it could help FLC immensely.
**Appendix C: CSUS and UCR Wellness Model (Mary Hansen—FLC)**

**California State University, Sacramento: Dimensions of WELLness**

Wellness is a multi-dimensional process of achieving a healthy balance throughout one's lifetime. Sacramento State's model of the 7 Dimensions of Wellness was created as a guide to help enhance our community's pursuit of a healthy, balanced lifestyle. Each of the 7 dimensions is represented by an icon that will assist individuals in understanding how programs and events will help enhance their wellness.

<table>
<thead>
<tr>
<th>Intellectual Wellness</th>
<th>Emotional Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sac State's definition: Developing &amp; utilizing one's knowledge.</td>
<td>• Sac State's definition: Awareness, acceptance &amp; a healthy expression of one's feelings.</td>
</tr>
<tr>
<td>• Attributes of Intellectual Wellness:</td>
<td>• Attributes of Emotional Wellness:</td>
</tr>
<tr>
<td>o Lifelong learning</td>
<td>o Intimacy</td>
</tr>
<tr>
<td>o Awareness of current events</td>
<td>o Interdependence</td>
</tr>
<tr>
<td>o Creativity</td>
<td>o Independence</td>
</tr>
<tr>
<td>o Critical thinking skills</td>
<td>o Expression of emotions</td>
</tr>
<tr>
<td>o Educational goals</td>
<td>o Stress management</td>
</tr>
<tr>
<td>o Adaptation to change</td>
<td>o Positive attitude and outlook on life</td>
</tr>
<tr>
<td>• Campus Resources:</td>
<td>o Coping and communication skills</td>
</tr>
<tr>
<td>o Sacramento State University Library</td>
<td>o Assertiveness and healthy boundaries</td>
</tr>
<tr>
<td>o Academic Information Resources Center</td>
<td>• Campus Resources:</td>
</tr>
<tr>
<td>o Academic Advising</td>
<td>o Student Health and Counseling Services</td>
</tr>
<tr>
<td></td>
<td>o The WELL</td>
</tr>
<tr>
<td></td>
<td>o PRIDE Center</td>
</tr>
<tr>
<td></td>
<td>o Women's Resource Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental Wellness</th>
<th>Physical Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sac State's definition: Caring for the earth.</td>
<td>• Sac State's definition: Taking care of one's body.</td>
</tr>
<tr>
<td>• Attributes of Environmental Wellness:</td>
<td>• Attributes of Physical Wellness:</td>
</tr>
<tr>
<td>o Protection of resources</td>
<td>o Regular Physical Activity</td>
</tr>
<tr>
<td>o Safety enhancement</td>
<td>o Medical awareness and disease prevention</td>
</tr>
<tr>
<td>o Awareness of surroundings</td>
<td>o Dietary intake</td>
</tr>
<tr>
<td>o Conservation</td>
<td>o Adequate sleep</td>
</tr>
<tr>
<td>o Understanding of negative effect of personal choices</td>
<td>o Injury prevention</td>
</tr>
<tr>
<td>• Campus Resources:</td>
<td>o Safe habits</td>
</tr>
<tr>
<td>o Sac State Sustainability</td>
<td>• Campus Resources:</td>
</tr>
<tr>
<td>o University Transportation and Parking (UTAPS)</td>
<td>o The WELL</td>
</tr>
<tr>
<td></td>
<td>o Student Health and Counseling Services</td>
</tr>
<tr>
<td></td>
<td>o Associated Students Inc.</td>
</tr>
<tr>
<td></td>
<td>o Peak Adventures</td>
</tr>
<tr>
<td></td>
<td>o Sac State Aquatic Center</td>
</tr>
<tr>
<td></td>
<td>o Athletics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Career/Financial Wellness</th>
<th>Spiritual Wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sac State's definition: Engaging in meaningful work and responsible monetary practices.</td>
<td>• Sac State's definition: Exploring value and meaning in one's life.</td>
</tr>
<tr>
<td>• Attributes of Career/Financial Wellness:</td>
<td>• Attributes of Spiritual Wellness:</td>
</tr>
<tr>
<td>o Purposeful and rewarding career</td>
<td>o Belief system</td>
</tr>
<tr>
<td>o Financial stability and planning</td>
<td>o Hope and optimism</td>
</tr>
<tr>
<td>o Child rearing</td>
<td>o Purpose</td>
</tr>
<tr>
<td>o Household management</td>
<td>o Sense of belonging</td>
</tr>
<tr>
<td>o Balance of work and leisure</td>
<td>o Introspection and contemplation</td>
</tr>
<tr>
<td>• Campus Resources:</td>
<td>o Life satisfaction</td>
</tr>
<tr>
<td>o Associated Students Inc.</td>
<td>o Volunteer work</td>
</tr>
<tr>
<td>Children's Center</td>
<td>Scholarships</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Career Center</td>
<td>Academic Advising</td>
</tr>
<tr>
<td></td>
<td>Financial Aid</td>
</tr>
</tbody>
</table>

- **Campus Resources:**
  - Sokiku Nakatani Tea Room and Garden
  - Student Organizations and Leadership
  - Community Engagement Center
  - The WELL
  - Athletics

### Socio-Cultural Wellness
- Sac State's definition: Effectively relating to others, your community and the world.
- Attributes of Socio-Cultural Wellness:
  - Respect for other cultures
  - Multi-cultural competence
  - Interpersonal relationships
  - Family
  - Fairness and Justice
  - Tolerance and acceptance
  - Concern for community welfare
- **Campus Resources:**
  - The University Union
  - UNIQUE programs
  - Pride Center
  - Dreamers Resources Center
  - Student Organizations and Leadership
  - The WELL

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**University of California, Riverside—Seven Dimensions of Wellness Header**

Wellness is much more than merely physical health, exercise or nutrition. It is the full integration of states of physical, mental, and spiritual well-being. The model used by our campus includes social, emotional, spiritual, environmental, occupational, intellectual and physical wellness. Each of these seven dimensions act and interact in a way that contributes to our own quality of life.

**Social Wellness** is the ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends and co-workers contributes to our Social Wellness.

**The Path to Social Wellness**

If you are a person engaged in the process of social wellness, you see the value in living in harmony with your fellow human beings, seeking positive, interdependent relationships with others, and developing healthy behaviors. You are also willing to actively seek out ways to preserve the beauty and balance of nature and the community.

Are you engaged in the process of social wellness?
- Do I plan time to be with my family and friends?
- Do I enjoy the time I spend with others?
- Are my relationships with others positive and rewarding?
- Do I explore diversity by interacting with people of other cultures, backgrounds, and beliefs?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your social wellness.
Emotional Wellness is the ability to understand ourselves and cope with the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness or stress; hope, love, joy and happiness in a productive manner contributes to our Emotional Wellness.

The Path to Emotional Wellness
The path to emotional wellness may involve:
• Awareness of thoughts and feelings
• Using a positive attitude
• Seeking support and expressing emotions in a suitable manner
• Setting priorities
• Accepting mistakes and learning from them

The path may also involve seeking out support from a mental health professional when needed and gathering information in order to make informed value decisions.

Are you engaged in the process of emotional wellness?
• Evaluate your own emotional wellness with this brief quiz.
• Am I able to maintain a balance of work, family, friends, and other obligations?
• Do I have ways to reduce stress in my life?
• Am I able to make decisions with a minimum of stress and worry?
• Am I able to set priorities?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your emotional wellness.

Spiritual Wellness is the ability to establish peace and harmony in our lives. The ability to develop congruency between values and actions and to realize a common purpose that binds creation together contributes to our Spiritual Wellness.

Reaching Spiritual Wellness
It is important for everyone to explore what they believe is their own sense of meaning and purpose.

The path to spiritual wellness may involve meditation, prayer, affirmations, or specific spiritual practices that support your connection to a higher power or belief system. Yoga and meditation can also help you develop spiritual wellness.

Having compassion, the capacity for love and forgiveness, altruism, joy, and fulfillment help you enjoy your spiritual health. Your religious faith, values, beliefs, principles, and morals define your spirituality.

If you are a person engaged in the process of spiritual wellness, you are willing and able to transcend yourself in order to question the meaning and purpose in your life and the lives of others. In addition, you seek to find harmony between that which lies within and the social and physical forces that come from outside.

Are you engaged in the process of spiritual wellness?
• Evaluate your own spiritual wellness with this brief quiz.
• Do I make time for relaxation in my day?
• Do I make time for meditation and/or prayer?
• Do my values guide my decisions and actions?
• Am I accepting of the views of others?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your spiritual wellness.
**Environmental Wellness** is the ability to recognize our own responsibility for the quality of the air, the water and the land that surrounds us. The ability to make a positive impact on the quality of our environment, be it our homes, our communities or our planet contributes to our Environmental Wellness.

**Achieving Environmental Wellness**
Environmental wellness involves a number of different aspects of personal and societal responsibilities, including:

- Being aware of the earth's natural resources and their respective limits
- Living a life accountable to environmental needs, both in the present and in the long-term
- Realizing the effects of their daily habits on the world around them

Are you engaged in the process of environmental wellness?

- Do I recycle?
- If I see a safety hazard, do I take the steps to fix the problem?
- Do I volunteer time to worthy causes?
- Am I aware of my surroundings at all times?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your environmental wellness.

**Occupational Wellness** is the ability to get personal fulfillment from our jobs or our chosen career fields while still maintaining balance in our lives. Our desire to contribute in our careers to make a positive impact on the organizations we work in and to society as a whole leads to Occupational Wellness.

**The Path to Occupational Wellness**
The occupational dimension of wellness recognizes personal satisfaction and enrichment in one's life through work. At the center of occupational wellness is the premise that occupational development is related to one's attitude about one's work. Traveling a path toward your occupational wellness, you'll contribute your unique gifts, skills and talents to work that are both personally meaningful and rewarding. You'll convey your values through your involvement in activities that are gratifying for you. The choice of profession, job satisfaction, career ambitions, and personal performance are all important components of your path's terrain.

Are you engaged in the process of Occupational Wellness?

- Do I enjoy going to work most days?
- Do I have a manageable workload at work?
- Do I feel that I can talk to my boss and co-workers with problems arise?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your occupational wellness.

**Intellectual Wellness** is the ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction and community betterment. The desire to learn new concepts, improve skills and seek challenges in pursuit of lifelong learning contributes to our Intellectual Wellness.

**Reaching Intellectual Wellness**
Traveling a wellness path allows you to explore issues related to problem solving, creativity, and learning as well as spending more time pursuing personal interests, including reading books, magazines, and newspapers, while keeping abreast of current issues and ideas. As you develop your intellectual curiosity, you'll actively strive to expand and challenge your mind with creative endeavors. Intellectually well people are also curious and interested in the communities as well as the world around them.
Are you engaged in the process of intellectual wellness?
- Am I open to new ideas?
- Do I seek personal growth by learning new skills?
- Do I search for lifelong learning opportunities and stimulating mental activities?
- Do I look for ways to use creativity?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your intellectual wellness.

Physical Wellness is the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress. The ability to recognize that our behaviors have a significant impact on our wellness and adopting healthful habits (routine check-ups, a balanced diet, exercise, etc.) while avoiding destructive habits (tobacco, drugs, alcohol, etc.) will lead to optimal Physical Wellness.

Physical wellness is also concerned with developing personal responsibility for your own health care, such as caring for minor illnesses and knowing when professional medical attention is needed. Developing physical wellness empowers you to be able to monitor your own vital signs and understand your body's warning signs. You'll understand and appreciate the relationship between sound nutrition and how your body performs. The physical benefits of looking good and feeling terrific most often lead to the psychological benefits of enhanced self-esteem, self-control, determination and a sense of direction.

Are you engaged in the process of physical wellness?
- Do I know important health numbers, like my cholesterol, weight, blood pressure, and blood sugar levels?
- Do I get annual physical exams?
- Do I avoid using tobacco products?
- Do I get sufficient amount of sleep?
- Do I have an established exercise routine?

If you answered "No" to any of the questions, it may indicate an area where you need to improve the state of your physical wellness.

National Wellness Institute (NWI)—Six Dimensions of Wellness

Developed by Dr. Bill Hettler, co-founder of the National Wellness Institute (NWI), this interdependent model, commonly referred to as the Six Dimensions of Wellness, provides the categories from which NWI derives its resources and services.

OCCUPATIONAL
The occupational dimension recognizes personal satisfaction and enrichment in one’s life through work. At the center of occupational wellness is the premise that occupational development is related to one’s attitude about one’s work. Traveling a path toward your occupational wellness, you’ll contribute your unique gifts, skills, and talents to work that is both personally meaningful and rewarding. You’ll convey your values through your involvement in activities that are gratifying for you. The choice of profession, job satisfaction, career ambitions, and personal performance are all important components of your path’s terrain. Occupational wellness follows these tenets:
- It is better to choose a career which is consistent with our personal values, interests, and beliefs than to select one that is unrewarding to us.
- It is better to develop functional, transferable skills through structured involvement opportunities than to remain inactive and uninvolved.
PHYSICAL
The physical dimension recognizes the need for regular physical activity. Physical development encourages learning about diet and nutrition while discouraging the use of tobacco, drugs and excessive alcohol consumption. Optimal wellness is met through the combination of good exercise and eating habits. As you travel the wellness path, you’ll strive to spend time building physical strength, flexibility and endurance while also taking safety precautions so you may travel your path successfully, including medical self-care and appropriate use of a medical system. The physical dimension of wellness entails personal responsibility and care for minor illnesses and also knowing when professional medical attention is needed. By traveling the wellness path, you’ll be able to monitor your own vital signs and understand your body’s warning signs. You’ll understand and appreciate the relationship between sound nutrition and how your body performs. The physical benefits of looking good and feeling terrific most often lead to the psychological benefits of enhanced self-esteem, self-control, determination and a sense of direction. Physical wellness follows these tenets:

- It is better to consume foods and beverages that enhance good health rather than those which impair it.
- It is better to be physically fit than out of shape.

SOCIAL
The social dimension encourages contributing to one’s environment and community. It emphasizes the interdependence between others and nature. As you travel a wellness path, you’ll become more aware of your importance in society as well as the impact you have on multiple environments. You’ll take an active part in improving our world by encouraging healthier living and initiating better communication with those around you. You’ll actively seek ways to preserve the beauty and balance of nature along the pathway as you discover the power to make willful choices to enhance personal relationships and important friendships, and build a better living space and community. Social wellness follows these tenets:

- It is better to contribute to the common welfare of our community than to think only of ourselves.
- It is better to live in harmony with others and our environment than to live in conflict with them.

INTELLECTUAL
The intellectual dimension recognizes one’s creative, stimulating mental activities. A well person expands his or her knowledge and skills while discovering the potential for sharing his or her gifts with others. Using intellectual and cultural activities in the classroom and beyond the classroom combined with the human resources and learning resources available within the university community and the larger community, a well person cherishes intellectual growth and stimulation. Traveling a wellness path, you’ll explore issues related to problem solving, creativity, and learning. You’ll spend more time pursuing personal interests and reading books, magazines, and newspapers, while keeping abreast of current issues and ideas. As you develop your intellectual curiosity, you’ll actively strive to expand and challenge your mind with creative endeavors. Intellectual wellness follows these tenets:

- It is better to stretch and challenge our minds with intellectual and creative pursuits than to become self-satisfied and unproductive.
- It is better to identify potential problems and choose appropriate courses of action based on available information than to wait, worry, and contend with major concerns later.

SPIRITUAL
The spiritual dimension recognizes our search for meaning and purpose in human existence. It includes the development of a deep appreciation for the depth and expanse of life and natural forces that exist in the universe. Your search will be characterized by a peaceful harmony between internal personal feelings and emotions and the rough and rugged stretches of your path. While traveling the path, you may experience many feelings of doubt, despair, fear, disappointment and dislocation, as well as feelings of pleasure, joy, happiness and discovery. These are all important experiences and components to your search and will be displayed in the value system you will adapt to bring meaning to your existence. You’ll know you’re becoming spiritually well when your actions become more consistent with your beliefs and values, resulting in a “world view.” Spiritual wellness follows these tenets:

- It is better to ponder the meaning of life for ourselves and to be tolerant of the beliefs of others than to close our minds and become intolerant.
• It is better to live each day in a way that is consistent with our values and beliefs than to do otherwise and feel untrue to ourselves.

EMOTIONAL
The emotional dimension recognizes awareness and acceptance of one’s feelings. Emotional wellness includes the degree to which one feels positive and enthusiastic about one’s self and life. It includes the capacity to manage one’s feelings and related behaviors including the realistic assessment of one’s limitations, development of autonomy, and ability to cope effectively with stress. The well person maintains satisfying relationships with others. Awareness of, and accepting a wide range of feelings in yourself and others is essential to wellness. On the wellness path, you’ll be able to express feelings freely and manage feelings effectively. You’ll be able to arrive at personal choices and decisions based upon the synthesis of feelings, thoughts, philosophies, and behavior. You’ll live and work independently while realizing the importance of seeking and appreciating the support and assistance of others. You’ll be able to form interdependent relationships with others based upon a foundation of mutual commitment, trust, and respect. You’ll take on challenges, take risks, and recognize conflict as being potentially healthy. Managing your life in personally rewarding ways, and taking responsibility for your actions, will help you see life as an exciting, hopeful adventure. Emotional wellness follows these tenets:
  • It is better to be aware of and accept our feelings than to deny them.
  • It is better to be optimistic in our approach to life than pessimistic.
When a person visits a mental health professional to receive a diagnosis for his or her symptoms, the clinician identifies which specific condition or multiple conditions affect the client. However, a fact that goes unnoticed during this procedure is that, depending on who examines the body and brain, the clinician will make a diagnosis influenced by the health care treatment model he or she adheres to. Every clinician or mental health professional learns about health and illness in a certain conceptual way, but there is the chance that this view does not align with how the practitioner’s patients view mental health. Thinking about these clinical variables is important when a smooth and successful recovery is the end goal.

There are two major models concerning mental health, let alone illnesses of any kind:

**Biomedical**
- The biomedical model of illness was established in the early 20th century and posits that all diseases are explainable through some sort of cellular abnormality. Also, this particular framework views health as the complete absence of disease, pain or defect.
- The biomedical perspective accurately represents the time of the model’s establishment, as the largest threats to a healthy life were purely bacterial and viral ailments, such as tuberculosis, pneumonia, influenza and diarrhea. The treatment of this model works to remove illnesses by analyzing the pathology of the disease.
- Then by following a method of narrowing down possible causes and strategies for recovery, the best plan of action is administered. Similar to a lock and key, the biomedical model seeks to find a solution that fits the respective problem.

**Biopsychosocial**
- The biopsychosocial model is aptly named because of its three essential components: biological, psychological and social ideologies. As a result, the concept of health is viewed as a balance between these three sectors.
- In addition to encompassing a variety of different processes involved in the human body, this framework also includes the wide spectrum of psychological conditions and the vast variety of social elements like cultural and economic backgrounds.
- The biopsychosocial perspective is also reflective of the time it was conceived. By the late 1970s, a number of trends started to take a noticeable effect on national health care systems. Decades of war and conflictive civil movements contributed to the diagnosis of many new psychological disorders.
- Psychiatric facilities were negatively viewed by society due to strict and traumatic treatment methods. Due to these facts, an increased attention to a person’s thoughts, emotions and behaviors became a primary new focus of care.

**A necessary transition**
Due to the shifting concern in health care from infectious disease to mental affliction, the biopsychosocial model has gradually become the new standard of viewing illness. With such a diverse set of influences, the new framework seeks to explain more rather than narrow explanations down. It also promotes the idea of the “mind-body connection,” which highlights the interplay between physical and mental processes in the case of illness, recovery and overall health.

Mounting research throughout the decades has detailed the flaws of the biomedical model. The traditional view is regimented in empirical evidence, so it has pushed the development of scientifically supported methods and modalities like experimental drug trials. However, this strictness is also responsible for a lack of innovation in the medical field. It has even created a prominent division between scientists and practitioners.
Despite these limitations, many clinicians and other professionals still use this model due to its long history and more focused reasoning. Although a simple solution is more manageable and digestible, trying to simplify a person’s problems to a single cause excludes too much valuable information about one’s overall health.

There is also an opposition to the biopsychosocial perspective, which claims that the new framework is too broad and complicated. Research shows that many studies do not follow a strict definition of health and many other elements are more subjective than measurable. Others believe that the biopsychosocial model was necessary for innovation, but a new model needs to refocus treatment and move away from more eclectic ideologies.

The inclusive nature of the biopsychosocial point of view may be a direct response to the limited scope of the biomedical model. While a strict focus on cellular and chemical factors is tailor-made for treating observable, bodily dysfunctions, mental illness is a much more intangible and complex ordeal. A biological focus also relies on pharmaceutical solutions for effective treatment, as these medications target specific chemical imbalances.

However, medications are also tied to numerous side effects and can even jeopardize psychological and social health in the process of improving biological health. Sovereign Health Group is an advocate of viewing mental health in a comprehensive manner. Our seasoned staff is well aware of where biological and medicinal avenues end and where other contributing factors begin. Treatment facilities around the state are committed to creating an integrative space where both evidence-based and holistic strategies are utilized.

Regardless if you or a loved one suffers from a serious mental disorder or substance addiction, seeking out Sovereign is an important first step towards healing. Contact a representative online or call 866-528-6467.

(Written by Lee Yates, Sovereign Health Group)

Models of Disability—

Medical Model
The medical model or illness approach is based on the view that disability is caused by disease or trauma and its resolution or solution is intervention provided and controlled by professionals. Disability is perceived as deviation from normality and the role of persons with disability is to accept the care determined by and imposed by health professionals who are considered the experts. In this model, disability is considered as residing within the individual.

This approach to disability has been rejected by many individuals with disability and disability advocacy groups, because it does not cover the full spectrum of issues related to living with a disability. Further, it ignores the ability of many individuals to live full and successful lives and to be independent, the impact of a disability on access to health care, and the need to modify how care is delivered because of a disability. The medical model reinforces the view that physicians, nurses and other health care professionals are best qualified to make key decisions about health issues. Individuals with disabilities are often regarded as tragic.

Rehabilitation Model
The traditional rehabilitation model is based on the medical model and the belief that with adequate effort on the part of the person, the disability can be overcome. Persons with disabilities are often perceived as having failed if they do not overcome the disability.15,51 Similar to the medical model, the rehabilitation model suggests that care and support are determined by professionals.

This approach often fails to consider the reality of permanent disability. Because this model shares many characteristics of the medical model, it has been rejected by many people with disabilities.
Social Model
The social model of disability views disability as socially constructed and a consequence of society’s lack of awareness and concern about those who may require some modifications to live full, productive lives. The model, referred to by some as the barriers model, views the medical diagnosis, illness or injury as having no part in disability. Rather, society is considered the cause of disability, which is considered a consequence of an environment created for the able-bodied majority.

This model has been criticized because it ignores or dismisses disease or injury as part of the picture, although such factors and their consequences may have a major role in the life of a person with a disability and may require intervention by health care providers at times. People with disabilities are encouraged to see any problems they encounter as emerging from barriers and negative attitudes of others in their social environment.

Interface Model
The interface model is based on the premise that disability exists at the meeting point or interface between the person’s medical diagnosis and the environmental factors that affect disability. Disability is seen as neither the medical diagnosis nor the environment alone. In this model those individuals with disability define their own problems and seek solutions, which may include intervention by health care professionals including nurses. However, these interventions are designed collaboratively by those with disabilities and health care professionals. Disability is viewed as a life experience in which the person with the disability is in control and empowered.

The interface model, developed by a nurse with a disability, identifies the role of the nurse that is congruent with the preferences of persons with disability but simultaneously recognizes the reality that disability may be a consequence of disease or trauma, areas in which nurses commonly practice. The model strongly suggests the need for nurses and nurse educators to address disability if nurses are to have a positive and empowering impact in their interaction with persons with disability in their care. The interface model is not well-known and, to date has not been adopted by many nursing or other health care groups or organizations.

Biopsychosocial Model
The biopsychosocial approach or model of disability views disability as arising from a combination of factors at the physical, emotional and environmental levels.

This approach or model takes the focus beyond the individual and addresses issues that interact to affect the ability of the individual to maintain as high a level of health and wellbeing as possible and to function within society. This approach is consistent with the WHO’s revised definitions of disability. It recognizes that disabilities are often due to illness or injury and does not dismiss the importance of the impact of biological, emotional and environmental issues on health, well-being, and function in society. Critiques of this model have suggested that the disabling condition, rather than the person and the experience of the person with a disability, is the defining construct of the biopsychosocial model.
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