

# California Community Colleges **HEALTH & WELLNESS**



## Partnering with Local Mental Health Providers to Support Foster Youth in College

February 4, 2021



LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH  
hope. recovery. wellbeing.



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### Information to Participate

- Meeting is being recorded, close caption available (if needed)
- To call in to the meeting:
  - Dial 1-669-900-6833
  - Use Meeting ID: 955 8137 0763
- Access live polling at [menti.com](https://menti.com) or click on the links in the chat box
- Submit questions in Q&A

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## Today's Purpose

- Linking Medi-Cal-eligible students to mental health services in the community, leveraging existing funding, and developing systems to co-locate services on campus
- Replicating practices identified in the Toolkit to serve students with involvement in the foster care system, and other vulnerable student groups
- Providing 2-3 strategies and takeaways for student service providers to adapt or adopt for their campuses

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## Today's Presenters



Nicole Alexander  
California Community  
College Chancellor's Office



Jessica Petrass  
John Burton  
Advocates for Youth



Keri Pesanti  
LA County Department  
of Mental Health



Glenn Heap  
Rio Hondo College

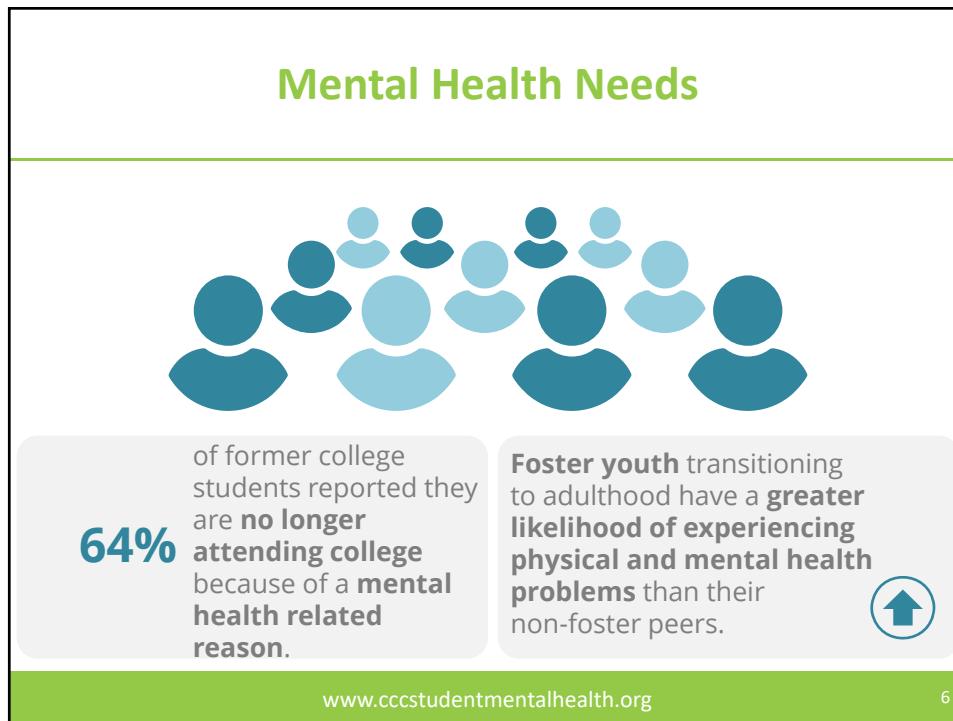


Marisela Saenz  
Rio Hondo College

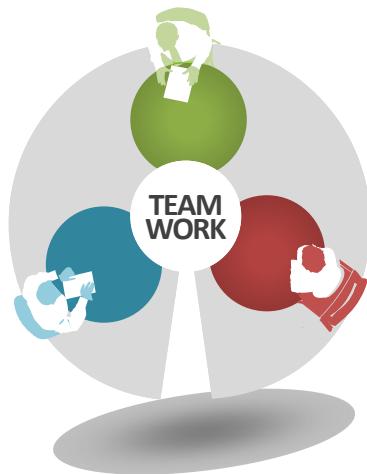


Larry Schallert  
College of the Canyons

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## Background & History



**LA OYC FYCAP**  
JBAY & LACDMH



**MENTAL HEALTH**  
**PROVIDERS**



**COMMUNITY**  
**COLLEGES**

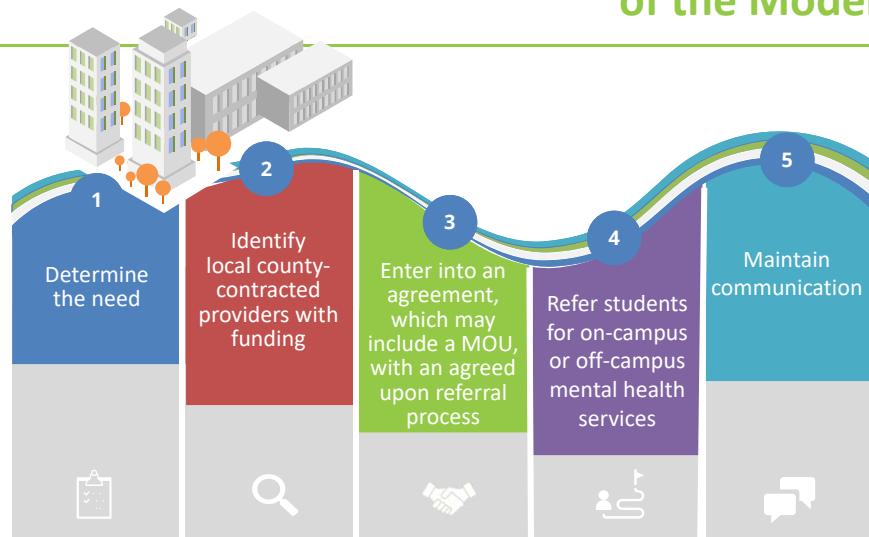
**Special thanks to:**

Cerritos College, Child and Family Center, College of the Canyons, Crittenton Services for Children and Families, Exceptional Children's Foundation, Los Angeles City College, Mt. San Antonio College, Pasadena City College, Rio Hondo College, and Santa Monica College.

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## Overview of the Model



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## School-based vs. School-linked

- **School-based services** are provided on campus at a fixed-site that maintains clients records and requires Medi-Cal certification
- **School-linked services** are provided in the community, which can include a college campus.

*For the Los Angeles County project,  
all the colleges engaged in  
“school-linked services” in which  
student health records were not stored.*

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## The Benefits



- No extra cost for the college, provider, or County
- Easier access to services
- Overcomes stigma barrier

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## The Impact of COVID-19

### Continuation of services through:

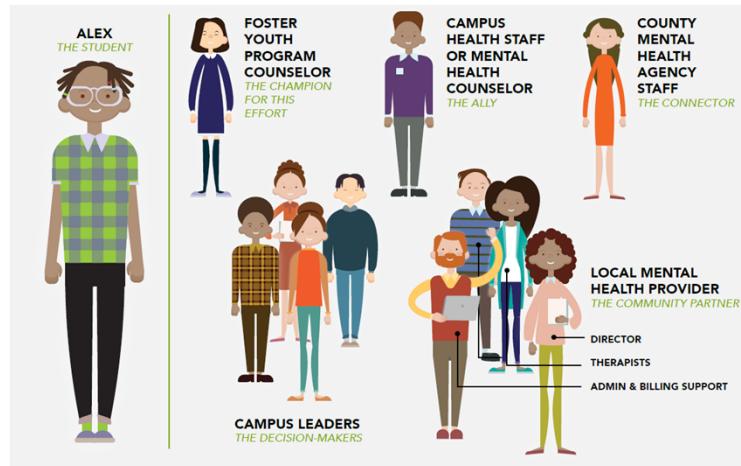
- Telehealth
- Virtual group meetings and workshops
- Remote student outreach and engagement



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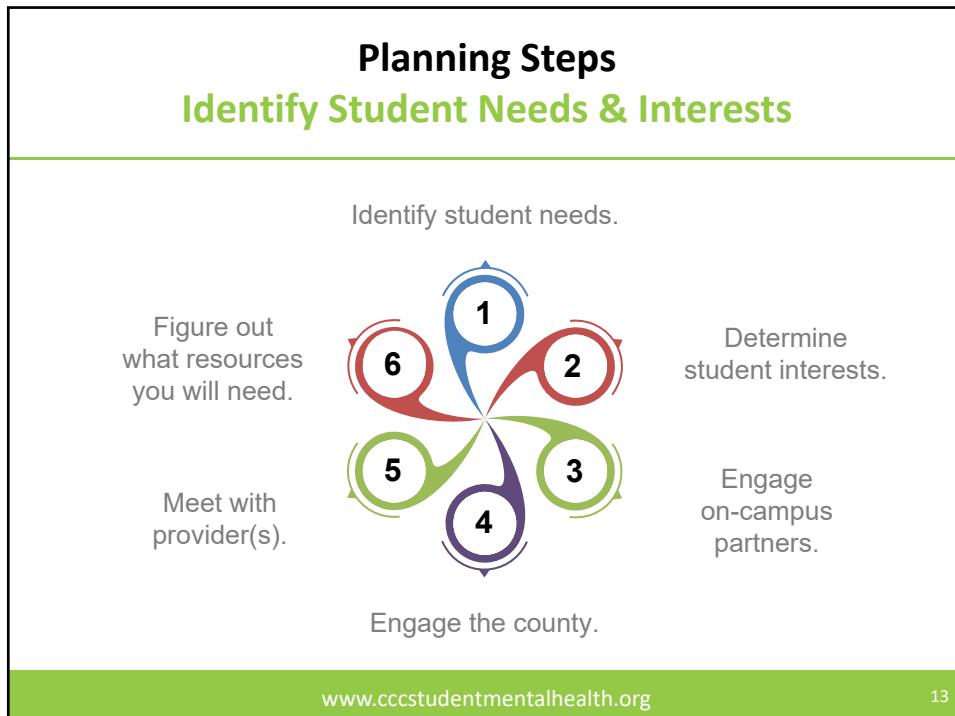
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## Key Players



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## Establishing the Referral Process

- Who will create referrals?
- What will staff need to make the referral?
- How will staff know how to create referrals?
- Where will staff send referrals?
- How will referrals be tracked?

### Referral Form (Request for Services)

Date of Referral: \_\_\_\_\_ Referred by (name and title): \_\_\_\_\_

Signed a Release of Information?  Yes  No

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Medi-Cal Number: \_\_\_\_\_ SSN: \_\_\_\_\_

If under 18, name of representative or parent: \_\_\_\_\_

### Reason for Referral: Behavioral, Emotional, or Mental Health Concerns

[You can include a space for comments only, or checkboxes in addition to a space for comments. Below are sample checkboxes you might include.]

<input type="checkbox"/> Depressed, sad, or hopeless	<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Issues with family
<input type="checkbox"/> Anxiety or worries	<input type="checkbox"/> Hallucinations (visual and/or auditory)	<input type="checkbox"/> Trauma experiences
<input type="checkbox"/> Stress	<input type="checkbox"/> Inability to focus	<input type="checkbox"/> Relationship violence (physical, emotional, or other abuse from partner)
<input type="checkbox"/> Grief or loss	<input type="checkbox"/> Lack of motivation	<input type="checkbox"/> Other physical abuse
<input type="checkbox"/> Suicide attempts or ideas	<input type="checkbox"/> Disordered eating	<input type="checkbox"/> Emotional abuse
<input type="checkbox"/> Self-harm, urge to self-harm	<input type="checkbox"/> Problems sleeping (too much or too little)	<input type="checkbox"/> Stress, sadness, or hopelessness related to racism, homophobia, other discrimination:
<input type="checkbox"/> Harming others, urge to harm others	<input type="checkbox"/> Unexplained pain or other physical concerns	
	<input type="checkbox"/> Substance use	

### Referrer Comments:

Directions: After completing the referral form and the authorization to release information with the student, please send both forms via [secure messaging platform, fax, email, etc.] to:

[Include contact information of therapist or administrative point-of-contact at the provider.]

Specify whether a copy of the referral will also be sent to the student.]

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information is confidential and is provided in accordance with state and federal laws and regulations, including but not limited to FERPA and HIPAA Privacy Standards. Duplication or further disclosure of this information is prohibited without the prior written authorization of the client or their authorized representative, unless otherwise permitted by law.*

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## Sample Referral Tracking Log

### Referral Tracking Log

[This is a simple example of a referral tracking log, adapted from a model that was provided by College of the Canyons/Child & Family Center. The provider and college can use the Comments section for reasons such as noting that the provider is having trouble reaching the student. Note that there are separate sheets for "Open" and "Closed" referrals.]

Student Name	Date Referral Sent	Date of Screening Call	Frequency of Services	Other Services	Comments

A	B	C	D	E	F
Student Name	Date of Referral	Date of Screening Call	Frequency of Services	Other Services	Comments
1					
2					
3					
4					
5					

### Closed Referrals

Student Name	Date Referral Closed	Reason Closed	Comments

A	B	C	D
Student Name	Date Referral Closed	Reason for Closing	Comments
1			
2			
3			
4			
5			

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## Connect Students to Care

Step 1: Outreach to Students    Step 2: Meet with the Student    Step 3: Send the Referral to the Provider    Step 4: Track Referrals

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## Maintain the Partnership

**BE INTENTIONAL WITH...**

-  Selecting the provider
-  Integrating the provider into campus culture
-  Training new staff
-  Continuing the relationship, formally and informally
-  Making changes collaboratively

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## Tools for Success

**Toolkit can be found at [bit.ly/ccc-foster-mh](https://bit.ly/ccc-foster-mh) or [www.jbay.org/mental-health-toolkit/](https://www.jbay.org/mental-health-toolkit/)**

Appendix includes the following templates and samples:

- MOU
- Referral Form
- Authorization to Release Information
- Referral Tracking Log
- Mental Health and Wellness Services Checklist
- Identifying Potential Partners Worksheet
- Partnership Question
- Sample Student Survey

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## MENTI Poll

What opportunities  
do you see to connect  
this to your program  
or campus?



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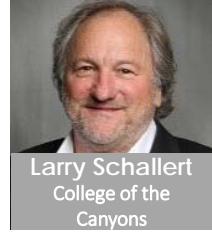
## Panel Discussion



**Glenn Heap**  
Rio Hondo College



**Marisela Saenz**  
Rio Hondo College



**Larry Schallert**  
College of the Canyons

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## Building Rapport with a Mental Health Agency

**After MOU:**

- Meet with their supervisor at least weekly to troubleshoot and build trust
- Make a referral form that works for agency, in our case, Crittenton, and college
- Help students, faculty and staff see Crittenton therapists as Rio therapists
- Include Crittenton therapists as presenters in workshops and classroom visits
- Include Crittenton therapists in support groups
- Expand groups to meet students' needs
- Participate in retreats and field trips to build trust and rapport with students

**Rio Hondo College**  
Student Health and Psychological Services 

### VIRTUAL SUPPORT GROUPS

Our Student Health and Psychological Services department has created the following virtual support groups to help Rio Hondo College students during this time.

TOGETHER WE RISE	COPING AND CONNECTING	CUZ, I LOVE YOU
For Rise Scholars or those formally incarcerated	Anyone managing anxiety and depression	For Queer Initiative members (LGBTQ)
Mondays at 3:30pm	Tuesdays at 11:30am	Wednesdays at 3:30pm
Meeting ID: 209-669-051	Meeting ID: 914-586-354	Meeting ID: 340-709-755

UNDOCUTALKS	CIRCLE OF CARE
Guardian Scholars or those formally in Foster Care	CARE students: (single parents)
Thursdays at 10:30am	Fridays at 3:30pm
Meeting ID: 920-609-900	Meeting ID: 310-727-895

**We would love for you to join us!**

Please contact Glenn Heap by email or text and provide him with your full name and student ID to receive the link and password for the group you would like to join.

Glenn Heap  
(562) 946-6148  
gheap@riohondo.edu








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## Request for Services

**Request for Services**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 S.S.N: \_\_\_\_\_ Medi-Cal ID #: \_\_\_\_\_ Medi-Cal Issue Date: \_\_\_\_\_  
 Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for Request for Services**

PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY:

<input type="checkbox"/> Depressed/sad	<input type="checkbox"/> Eating issues	<input type="checkbox"/> Anger outbursts/issues	<input type="checkbox"/> Grief/loss
<input type="checkbox"/> Irritable	<input type="checkbox"/> Sleep issues	<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Bullying/Threatens others
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Inability to focus	<input type="checkbox"/> Violent/aggressive	<input type="checkbox"/> Sexualized behaviors
<input type="checkbox"/> Tantrums	<input type="checkbox"/> Withdrawn/isolates	<input type="checkbox"/> Substance use	<input type="checkbox"/> Defiant/oppositional
<input type="checkbox"/> Trauma	<input type="checkbox"/> Anxious/worries	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Self harm
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Delusions	<input type="checkbox"/> Lack of Motivation	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual abuse/assault			
<input type="checkbox"/> Suicidal or homicidal ideation			
<input type="checkbox"/> Recent Death of a family member/friend			

Other/Comments: \_\_\_\_\_

**For Elementary-High School & Community Based Requests**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP: Yes  No  504 Plan: Yes  No   
 Referred for:  Individual  Group  Both  
 Parent's/Guardian's/Caregiver's Primary Language: \_\_\_\_\_  
 Parent/Guardian/Caregiver: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
 Caregiver Employment:  Full-Time  Part-Time  Unemployed  
 Who has legal custody of the student? \_\_\_\_\_

**For College Requests Only**

School: \_\_\_\_\_ Student ID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 If known: Experienced foster care  Veteran  Housing insecure  LGBTQ  Formerly incarcerated   
 I hereby authorize (Enter School's Name Here) to disclose records and/or information regarding the above-mentioned student in the course of their treatment to **Crittenton Services for Children and Families**. The disclosure of records authorized herein is required to facilitate and coordinate psychological treatment.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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C120  
SL13

## Collaboration, it's the relationship

- Trust,
- Responsibility
- Expertise
- Support
- Mutual benefit
- Authenticity
- Giving time
- Flexibility
- Awareness of partner's fiscal concerns



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## Slide 24

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**CI20** Could we focus on the collaboration and capacity building? Could you potentially talk about collaboration first and then go into depth about how this collaboration helped you with your capacity building for mental health resources?  
Cho, Irene, 4/5/2017

**SL13** will discuss some key aspects of collaboration and who we would be talking about, and how that has led to the conclusions we drew and results we have had?  
Schallert, Larry, 4/6/2017

## Agreements and Paperwork

- MOU
  - Admin, Boards, Indemnification, parameters, referral criteria, space, communication, cross training, fiscal commitments, special populations e.g. Foster/Rise Program)
- Authorization to Release Information
- Referral Form
- Student Logs
- Referral Protocols
  - e.g. algorithm
- Surveys to Establish Need



Keep it  
simple and  
minimal

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## MENTI Poll

Are there other tips  
or strategies that you  
might want to offer  
to your peers?



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## 9 Tips for Making It Work

1. Communication, collaboration, and collegiality are key.
2. No cost for the college to provide these services.
3. MOUs don't need to be complicated.
4. Be clear about shared expectations
5. Keep paperwork minimal.
6. Ask students what services they want.
7. Make it easy and comfortable for students to understand.
8. Develop multiple partnerships with different providers.
9. Make it mutually beneficial.

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## MENTI Poll

What is one strategy or tip you are going to take with you or follow up on after today?



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## Questions?

### CONTACT US

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