



**2020 REPORT**

# Mental Health Services Report

California Community Colleges Chancellor's Office | Eloy Ortiz Oakley, Chancellor





California  
Community  
Colleges

**ELOY ORTIZ OAKLEY**  
Chancellor

October 1, 2020

The Honorable Gavin Newsom  
Governor of California  
State Capitol  
Sacramento, CA 95814

**RE: Legislative Report on Student Mental Health Services**

Dear Governor Newsom:

On behalf of the Board of Governors for the California Community Colleges, I am pleased to present to you the California Community Colleges report on student mental health services. This report is written in response to 2019 Assembly Bill 74 (Chapter 23, Statutes of 2019) as well as provides progress report information for appropriations made under Assembly Bill 1809 (Chapter 33, Statutes of 2018), and Senate Bill 85 (Chapter 23, Statutes of 2017).

In this report, the California Community Colleges Chancellor's Office describes the student mental health programs, policies, and practices being implemented; the number of expected students and faculty members who will receive services under this allocation; and a brief series of recommendations. Colleges have seen enormous value for their students in the short time the mental health funding has been in place and have identified areas of continued need. An ongoing and consistent source of funding for student mental health services would assist colleges in expanding and scaling their most successful programs and practices.

Executive Vice Chancellor of Educational Services and Support Marty J. Alvarado may be contacted for questions and comments. She can be reached at (916) 327-5492 or [malvarado@cccco.edu](mailto:malvarado@cccco.edu).

Thank you for your interest in these programs and the students they serve.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eloy Ortiz Oakley'.

Eloy Ortiz Oakley, Chancellor

**Chancellor's Office**

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# 2020 REPORT ON STUDENT MENTAL HEALTH SERVICES

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Prepared By

**California Community Colleges Chancellor's Office**

Educational Services and Support Division



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## EXECUTIVE SUMMARY

The California Community Colleges serves 2.1 million students. It is the largest higher education system in the United States and enrolls one out of every four Californians between the ages of 18-24. The system teaches a significant proportion of current and future workers across the state. Student mental health is a critical predictor of the success of these students. Significant evidence shows that when mental health needs of students are not met, the results have adverse consequences for student retention, academic success, and future workforce participation. Voters recognized the importance of mental health when they passed Proposition 63 (Mental Health Services Act), and the Legislature has underscored the specific value of student mental health services through recent appropriations.

This report fulfills the requirements of Assembly Bill 74 (Chapter 23, Statutes of 2019) as well as provides progress report information for appropriations made under Assembly Bill 1809 (Chapter 33, Statutes of 2018) and Senate Bill 85 (Chapter 23, Statutes of 2017). Data for this report is a result of the progress reports submitted by colleges who received funding under AB 1809 and SB 85, reflecting the project period of January 1, 2019 through June 30, 2019. The college reports provided data on the following:

- Types of activities supported by the funds, including services and training being offered and the number of students being served or trained.
- Data related to the evaluation of the training or services, if available.
- Recommendations for the expansion of the programs, training, or services supported by the grant funds.

The initial data findings strongly supports the student mental health capacity building potential of the Mental Health Support funds. At the college and district level, faculty and staff are implementing an array of innovative, effective programs that are engaging thousands of faculty, staff, and students. Critically, they are delivering these programs while simultaneously developing an infrastructure that institutionalizes the positive changes occurring under these initiatives. Professional development activities at colleges across the system are bringing evidence-based student mental health strategies to the current faculty and staff. Campus clubs are being formed and their members emerged as student leaders in mental health. These clubs may become self-perpetuating systems for future student mental health leaders. Colleges are also creating new student mental health resources and investing in dissemination strategies. They are engaging diverse students to better understand the mental health needs of vulnerable populations, and they are using these data to drive program design and delivery. All of these investments will pay dividends for future classes of California community college students by making mental health more accessible, normalized and responsive to student needs.

# REGIONAL COLLEGE MAP



## Macro Regions

- A** North/Far North  
(Greater Sacramento, Northern Coastal, Northern Inland)
- B** Bay Area  
(East Bay, Mid-Peninsula, North Bay, Santa Cruz/Monterey, Silicon Valley)
- C** Central Valley/Mother Lode
- D** South Central Coast
- E** San Diego/Imperial
- F** Inland Empire/Desert
- G** Los Angeles/Orange County

## **INTRODUCTION**

The California Community Colleges Chancellor's Office (Chancellor's Office) is pleased to present this progress report of the Mental Health Support funds in response to the requirements outlined in Assembly Bill 74 (Chapter 23, Statutes of 2019). Under this bill, \$7 million of one-time funding was appropriated, which will ultimately fund 16 community college districts representing 27 individual colleges to build or expand student mental health programs, practices and policies. These 16 community college districts began implementing their proposed projects in May 2020.

In addition to AB 74, the 2017-18 and 2018-19 state budgets provided the Chancellor's Office with two appropriations of one-time funding to distribute to the colleges in order to expand mental health services, provide training and to develop stronger relationships with county behavioral health departments and community-based mental health service providers. Under AB 1809, 114 California community colleges received a proportion of a \$10 million appropriation based on their prior-year student population data. Under SB 85, 15 community college districts, representing 27 individual colleges, received \$4.5 million in funding. Collectively, these three state budget appropriations task colleges with leveraging previously established systems and structures to optimize student mental health opportunities.

This report summarizes key achievements from activities supported by AB 1809 and SB 85. It provides a brief overview of the data sources and methodological strategies used to develop this report. The goals and objectives stipulated by all three state appropriations are defined, and the student mental health activities that the community colleges are implementing to achieve these goals are described. Lastly, the report explains the continued need for student mental health services in the California Community Colleges.

## **SECTION 1: AB 74 FUNDING**

The California Legislature has recognized the critical importance of student mental health to student outcomes. Citing research that predicts that every dollar California invests in student mental health prevention and early intervention yields a return of between \$6 and \$11, the legislature passed Assembly Bill (AB) 74 in July 2019. AB 74 provides a one-time allocation of \$7 million to California community colleges to support expanded partnerships with their county department of mental health and/or community-based mental health service providers; provide direct mental health services to students; and deliver prevention, early intervention, suicide prevention and stigma reduction trainings to faculty, staff and students. The six objectives that structure this funding opportunity are closely aligned with the project requirements of SB 85. The 16 districts awarded this funding represent 27 individual community colleges, and will become the second cohort of districts to implement intensive student mental health programs.

## SECTION 2: AB 1809 FUNDING

This section of the report serves as a progress update for the Assembly Bill 1809 (Chapter 33, Statutes of 2018). The data in this report covers a six-month project period of January 1, 2019 through June 30, 2019. Colleges were asked to provide quantitative counts of their activities under each of three project objectives (Exhibit 1) and invited to share additional qualitative data under each objective.

### Exhibit 1: AB 1809 Objectives

- Increase and/or expand direct mental health services to students.
- Provide prevention, early intervention, suicide prevention and stigma reduction training activities for faculty, staff and students.
- Develop stronger relationships with county behavioral health departments and community-based mental health services for which reimbursement is available through the students' health coverage.

**Methodology.** Quantitative analysis was performed using standard statistical practices. In addition to the analysis of the data at the systems level, data were also analyzed by region. The Chancellor's Office has defined seven regions throughout the state that align with the Strong Workforce and Guided Pathways programs. Each of the California community colleges is assigned to a region (see Appendix A). Data were analyzed by region to give a more detailed picture of local strategies and progress towards objectives. Qualitative analysis of the open-ended questions assessed the strategies, settings, audience and modalities is reported under each objective. These data are limited by variations in responder interpretation. While the questions asked respondents to report the activities funded by AB 1809 and/or SB 85 under each objective, some campuses interpreted this more broadly and reported on all activities under each objective. As a result, data reflects the overall progress of the campuses towards fulfilling the broad mandate to expand access to student mental health services.

### OBJECTIVE 1: INCREASE OR EXPAND DIRECT MENTAL HEALTH SERVICES TO STUDENTS.

In California, one in four students has a diagnosable mental health condition<sup>1</sup>. The Chancellor's Office has leveraged Mental Health Services Act (Proposition 63) funds to support expanded access to mental health services for community college students for nearly a decade. However, there is still a considerable gap between the demand for mental health services and the ability to meet this demand. The data show that this appropriation has created significant and welcome opportunities for colleges to increase direct mental health services. Under Objective 1, colleges were asked to report on the numbers of students screened for mental health needs and the total, unduplicated number of students receiving mental health services, in addition to providing a brief description of activities completed during the project period that addressed Objective 1. Across both responses, **colleges reported that they leveraged the AB 1809 funding as a bridge to sustain services when other funding sources had concluded.** This is a strong indication that the California community colleges are positioned to maximize additional appropriations to create long-

term, sustainable student mental health infrastructure.

**Mental Health Screening. 55,607 students were screened for mental health service needs.** While this represents only about 3% of the total number of students systemwide, the qualitative data responses show that colleges are successfully using this funding to routinize and institutionalize screening. Many colleges report that they are integrating screening into all contacts with campus health centers; expanding their points of screening to additional campus activities like health fairs; and delivering classroom presentations that include information about where and how to access screening. These activities are precisely aligned with the intent of the funding: they represent mental health capacity building that is sustainable over time.

**Mental Health Services.** Objective 1 paired mental health screening and delivery: across the system, this **funding supported service provision to 42,450 students.** This indicates that colleges are appropriately providing mental health services to students whose screening indicates a need for direct service intervention. This is critical—too often in school settings, the capacity for screening outpaces the capacity of schools to refer students to services.

**A significant majority of the colleges reported that they used the AB 1809 allocation to expand student access to direct services.** Many campuses hired new clinical staff; others implemented peer-support services, developed partnerships with new providers or established clinical internship programs. These results indicate that the first six months of this funding has resulted in substantially increased availability of mental health services across the system.

Tables 1 and 2 show the number of students screened by region and the number of students receiving mental health services by region. Generally speaking, regions that screened high numbers of students also provided services to high numbers of students. This suggests screening activities were appropriately matched by campus-level capacity to provide indicated services.

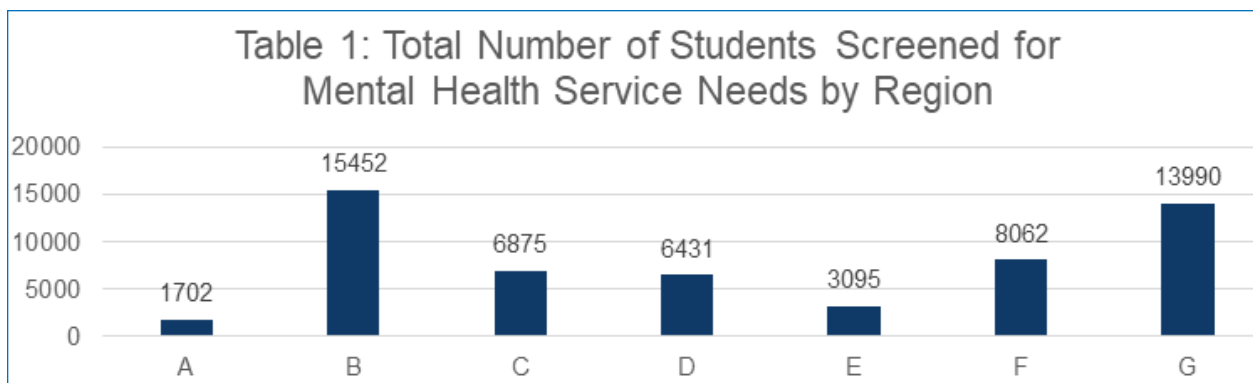
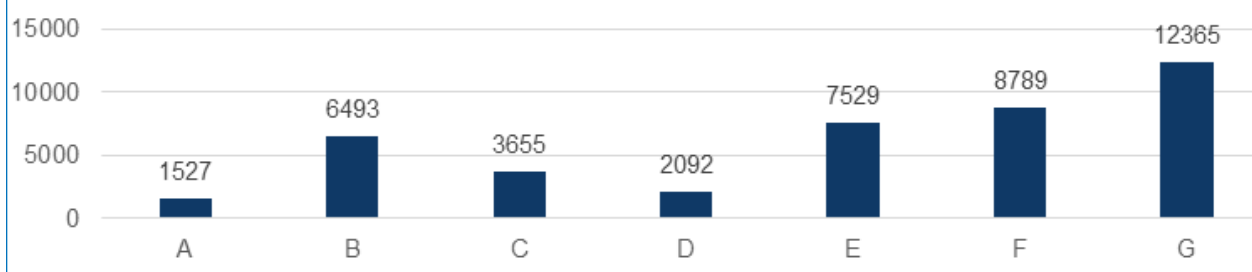


Table 2: Total Number of Students Receiving Mental Health Services by Region (Unduplicated)



## OBJECTIVE 2: PROVIDE PREVENTION, EARLY INTERVENTION, SUICIDE PREVENTION AND STIGMA REDUCTION TRAINING ACTIVITIES FOR FACULTY, STAFF AND STUDENTS.

Training activities under this initiative are designed to reduce barriers and increase opportunities for students, faculty and staff to access mental health services and supports. Surveys of California community college faculty and staff find persistent gaps in knowledge about how to identify and refer students in need of mental health supports. For example, a 2016 report found 40% of faculty and staff didn't know how to refer a distressed student to services and respondents expressed an ongoing need for mental health training.<sup>2</sup> Students also report a lack of knowledge about where and how they can access mental health services, even though nearly half of community college students nationwide report at least one mental health condition.<sup>3</sup> The trainings provided under this funding stream were designed to address these persistent challenges.

### Exhibit 2: Most Common EBP Strategies

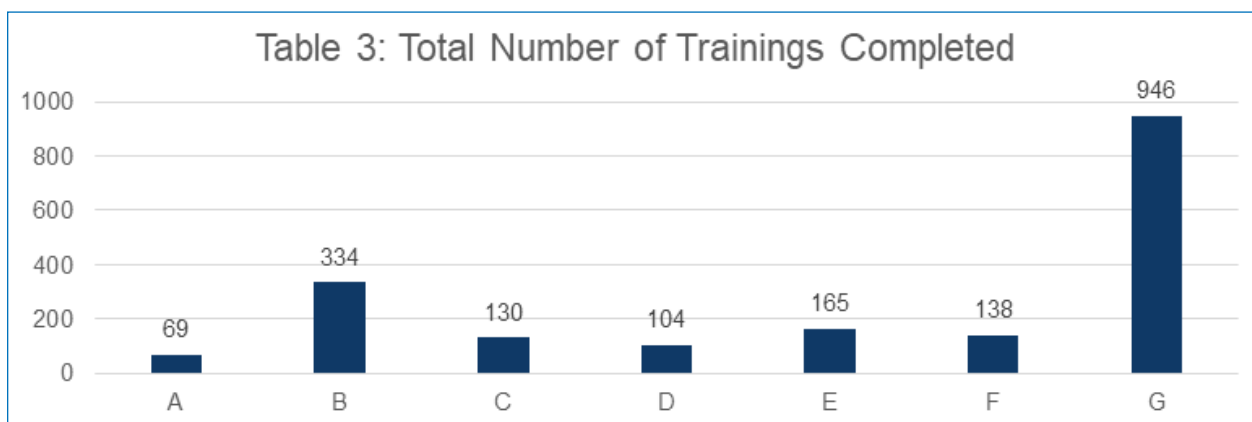
- Suicide prevention and intervention
- Crisis response and referral
- Mental health awareness and education
- Stigma reduction
- Peer support
- Behavioral intervention
- Sexual assault awareness
- Substance use prevention and intervention

<sup>2</sup>Sontag-Padilla, L., Stephen Dunbar, M., Seelam, R., Kase, C. A., Setodji, C. M., & Stein, B. D. (2018). California Community College Faculty and Staff Help Address Student Mental Health Issues. *Rand health quarterly*, 8(2), 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6183776/>

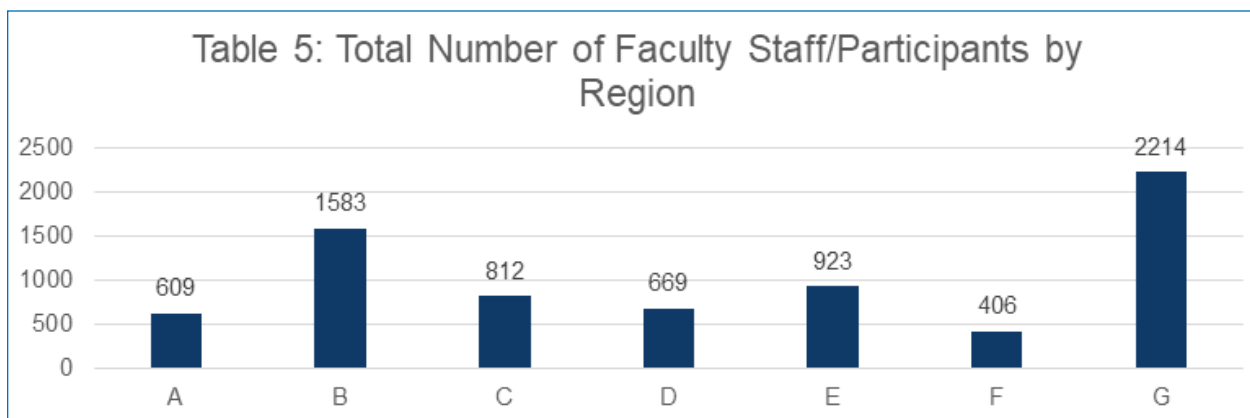
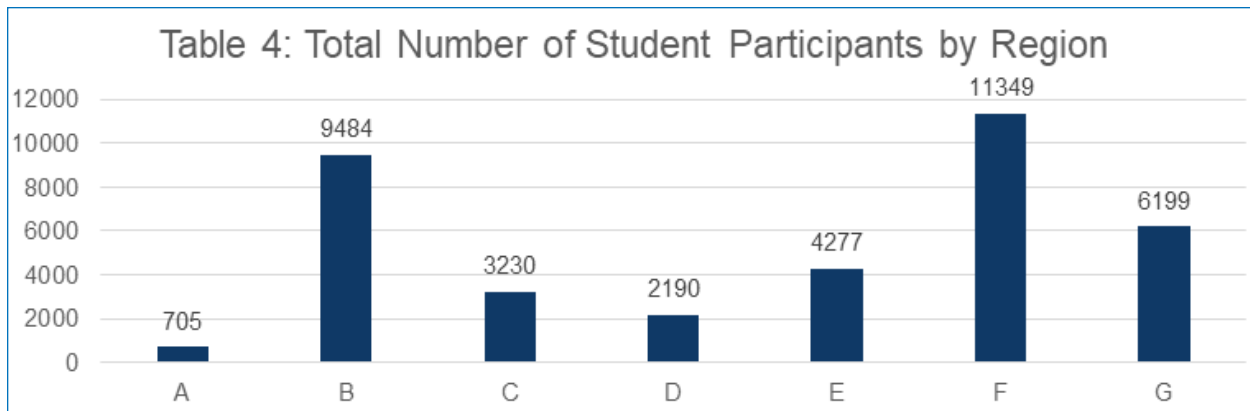
<sup>3</sup>Eisenberg, D., Goldrick-Rab, S, Lipson, S, and Broton, K. (2016). Too Distressed to Learn? Mental Health Among Community College Students. Wisconsin Hope Lab. Retrieved July 11, 2019. [https://hope4college.com/wp-content/uploads/2018/09/Wisconsin\\_HOPE\\_Lab-Too\\_Distressed\\_To\\_Learn.pdf](https://hope4college.com/wp-content/uploads/2018/09/Wisconsin_HOPE_Lab-Too_Distressed_To_Learn.pdf)

**Mental Health Training.** Under Objective 2, colleges reported the total number of trainings completed; the number of student, faculty and staff participants; and a brief description of the activities that they offered under this funding. **During the six-month project period, colleges hosted 1,886 unique training events; trainings engaged nearly 2,000 faculty and staff participants and more than 37,000 students.** Most colleges used the training funds to implement evidence-based practices (EBPs) in mental health (see Exhibit 2). Student mental health trainings were frequently offered as professional development during campus flex days and integrated into student orientation activities. **A substantial majority of colleges delivered trainings across multiple EBPs and in multiple contexts.** Some colleges, for example, used the AB 1809 allocation to develop mental health presentations that were delivered in the classroom. Some hosted tables at multiple campus events to broadly disseminate information about mental health services. Many of these events reflected the diversity of the California community college populations by offering mental health events for specific populations, including LGBTQ students, veterans, foster youth, homeless students and students from diverse racial and ethnic backgrounds.

**Faculty, Staff and Student Participation.** Tables 4 and 5 disaggregate the attendance data for faculty/staff and students by region. Responses to the open-ended questions additionally indicate that many colleges engaged students and faculty/staff in co-training and co-learning. Some colleges held symposia and workshops for faculty/staff and students. Many colleges established or expanded National Alliance on Mental Illness (NAMI) and Active Minds chapters or implemented other peer-to-peer mental health programs under the guidance of faculty/staff advisors. Some colleges integrated community-based partners to bring faculty, staff and students together. For example, SafeTALK, a suicide prevention program that teaches how to recognize the signs of suicidality and effective intervention strategies, was delivered to groups that included both faculty and students. Faculty and students also participated together in other gatekeeper trainings (e.g., Question, Persuade, and Refer (QPR); Kognito interactive simulations) to create campuswide communities of individuals prepared to respond to mental health crises. Movies for Mental Health was a common classroom strategy that created opportunities for dialogue about mental health among students and between faculty and students. Colleges also held workshops on depression, anxiety, domestic violence, date rape, stress reduction and substance abuse, and invited both faculty and students to participate.







**OBJECTIVE 3: DEVELOP STRONGER RELATIONSHIPS WITH COUNTY BEHAVIORAL HEALTH DEPARTMENTS AND COMMUNITY-BASED MENTAL HEALTH SERVICES FOR WHICH REIMBURSEMENT IS AVAILABLE THROUGH THE STUDENTS’ HEALTH COVERAGE.**

California community colleges vary in their ability to provide on-campus mental health services: some have robust services, while others have limited or no on-campus mental health services. However, all colleges can benefit from strong relationships with county and community-based services that can provide additional, specialized, and/or intensive interventions for students in need. The best practice is formal partnerships based on a memorandum of understanding (MOU). However, informal partnerships can be an important first step toward the development of formal partnerships as well as a supplement to these partnerships.

**Mental Health Partnerships.** Under Objective 3, colleges were asked to report on the total number of formal (MOU-based) partnerships and the total number of informal partnerships developed during the project period. **In the first six months, colleges established 151 formal partnerships and 738 informal partnerships.** Tables 6 and 7 show the number of formal and informal partnerships created by each region. There is significant variance in number and intensity of partnerships across the system—some colleges have developed comprehensive referral networks while others are still very much in the initial stages of engagement. However, almost all of the colleges reported partnerships

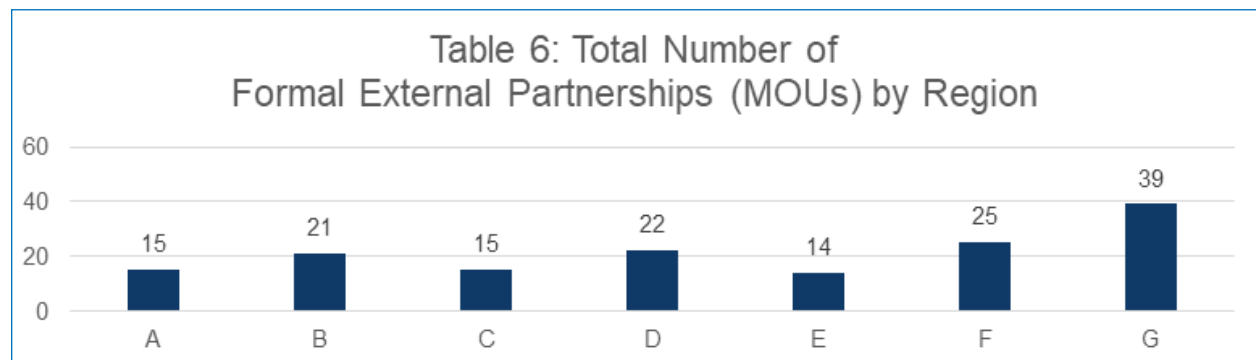


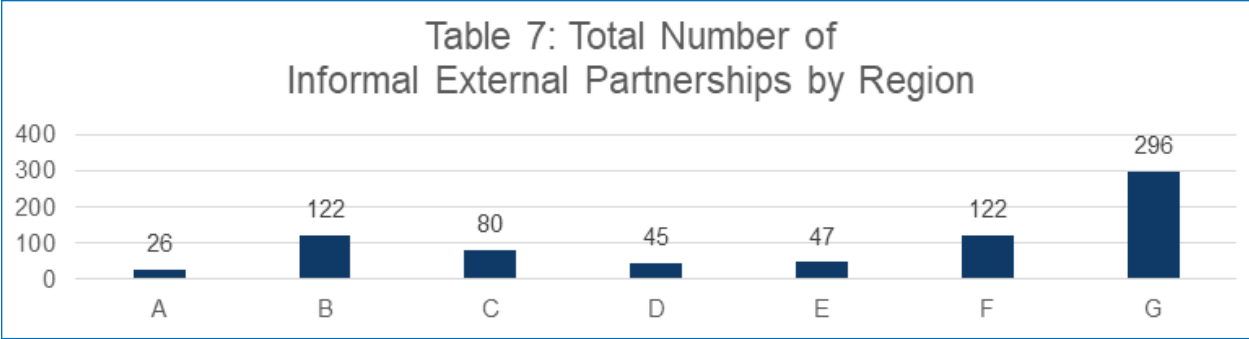
with county departments of mental health and additional engagement with community-based organizations. The most commonly established partnerships are listed in Exhibit 3. A substantial number of colleges used their partnerships to facilitate access to individual counseling services for their students, and some also support group counseling or peer-to-peer services through their partnerships. **One promising data finding is that many colleges are using their funding to develop clinical internship programs in collaboration with other colleges and universities.** This approach can significantly increase sustainable capacity to provide student mental health services on campus.

**Exhibit 3: Most Common Partnerships**

- County Department of Mental Health
- Community-Based Organizations
- Healthcare Agencies/Hospitals
- Colleges and Universities
- Sexual Assault Services
- Domestic Violence Shelters
- Crisis Response Units/Services
- Family Services
- Law Enforcement
- County Department of Education
- Substance Abuse Services (County- and Community-Based)

**Culturally Responsive Partnerships.** The data show that colleges are collaborating with organizations that enhance their ability to provide culturally competent student mental health services. Multiple colleges report partnering with mental health organizations that serve vulnerable populations, including LGBTQ students, transition-aged youth, foster youth, homeless students and veterans. Partnerships with family service organizations and domestic violence shelters reflect the fact that community college students are more likely to have children than students in California’s other systems.





**SECTION 3: SB 85 FUNDING**

Under Senate Bill 85 (Chapter 23, Statutes of 2017), \$4.5 million was authorized by the Board of Governors of the California Community Colleges to use general funds for “expanding mental health services, providing training, and developing stronger relationships with the county behavioral health department and community-based mental health services.” SB 85 ultimately funded 15 community college districts representing 27 individual colleges to build or expand student mental health programs, practices and policies. These 15 districts are tasked with leveraging previously established systems and structures to optimize student mental health opportunities.

The 15 community college districts that were awarded funds are required to meet three primary goals and six objectives. These three goals (Exhibit 4) mirror the three objectives that underpin AB 1809. SB 85, however, uses six objectives under the three goals to further specify the way in which the funding is implemented. These goals and objectives reflect the priorities of the legislature and further build upon the overall scope and purpose of the California Community Colleges Health and Wellness program, launched in October 2011 as one of several Prevention and Early Intervention (PEI) initiatives funded by Proposition 63 (Mental Health Services Act). These programs are administered through a partnership between the Chancellor’s Office and the Foundation for California Community Colleges.

**Exhibit 4: SB 85 Program Goals**

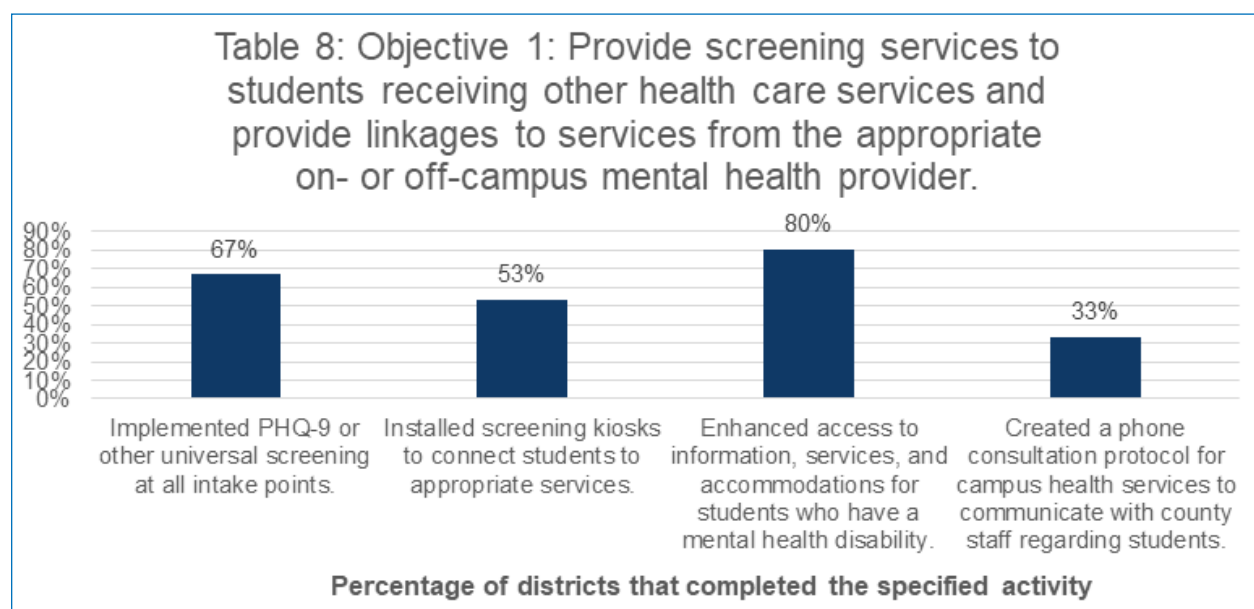
- Increase and/or expand direct mental health services to students.
- Provide prevention, early intervention, suicide prevention and stigma reduction training activities for faculty, staff and students.
- Develop stronger relationships with the county behavioral health department and community-based mental health services for which reimbursement is available through the students’ health coverage.

**Methodology.** The data included in this report reflect a six-month time period. Each community college district completed a progress report in which they indicated the activities they completed under each of the six objectives. Each objective-based question included a specific list of activities and respondents were directed to check all that apply. The results were calculated using standard statistical techniques and are displayed in tables that show

what percentage of districts were engaged in which activities. Districts were also invited to complete an open-ended question for each objective to provide additional, related details or comments. The qualitative analysis of these data informed the narrative that accompanies each objective table. Finally, each respondent was asked to **report the total number of people engaged or events completed in the activities that related to each objective.** These data are provided in tables that reflect the number of districts that reported serving unique individuals or delivering unique events.

### OBJECTIVE 1: PROVIDE SCREENING SERVICES TO STUDENT RECEIVING OTHER HEALTH CARE SERVICES AND PROVIDE LINKAGES TO SERVICES FROM THE APPROPRIATE ON OR OFF-CAMPUS MENTAL HEALTH PROVIDER.

Districts reported that the receipt of this funding significantly increased their ability to screen students and link students in need to appropriate services.



**Screening.** The mandate that students be screened during any contact with student health services resulted in significant levels of screening. **The 27 campuses that received this funding screened nearly 20,000 students** (n=19,487) during the project period. Colleges used this funding to create sustainable infrastructure for screening. First, they trained health center staff to administer screenings. Second, they invested in technology to make screening more widely available and results easier to assess. This included using the funding to move from paper to electronic screenings; buying and maintaining screening kiosks placed in well-traveled areas of campus; and purchasing dedicated screening tablets that facilitated mobile screening opportunities at health fairs and other events. Ultimately, about two-thirds implemented the Patient Health Questionnaire-9 (PHQ-9) or similar universal screening at all points of contact with student health services (Exhibit 5),<sup>4</sup> and most expanded screening beyond the health center to other interactions with students.

<sup>4</sup>[http://www.cqaimh.org/pdf/tool\\_phq9.pdf](http://www.cqaimh.org/pdf/tool_phq9.pdf)

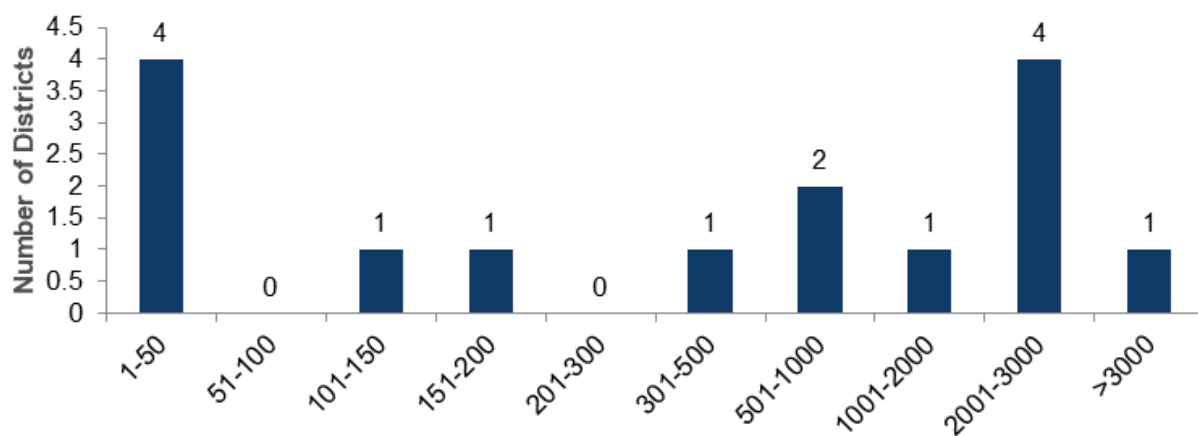
### Exhibit 5: PHQ-9

- Validated instrument for screening, diagnosing, measuring, and monitoring the severity of depression
- Incorporates Diagnostic and Statistical Manual of Mental Disorders (DSM-5) depression diagnostic criteria with other leading major depressive symptoms into a brief self-reporting tool
- Rates the frequency of symptoms as a factor in the scoring index
- Screens for the presence of suicidal ideation

**Linkages.** Colleges coupled their enhanced screening efforts with information dissemination. Most colleges used a portion of their funding to disseminate student mental health information and increase access to services and accommodations for students with a mental health diagnosis (see Table 8). Among this cohort, colleges invested in technological strategies for information dissemination. Some colleges expanded their websites to include comprehensive information about student mental health signs, symptoms and treatment options; others created apps that facilitated access to student mental health services. Several campuses published comprehensive booklets of available mental health resources both on- and off-campus and distributed them to students, faculty and staff in both hard copy and electronic formats.

**Number of Students Screened.** Eleven of the 15 community college districts screened more than 100 students in the first six months of the project period, and nearly a third screened more than 2,000 students.

Table 9: Objective 1: Number of Students Screened for Mental Health Services by District



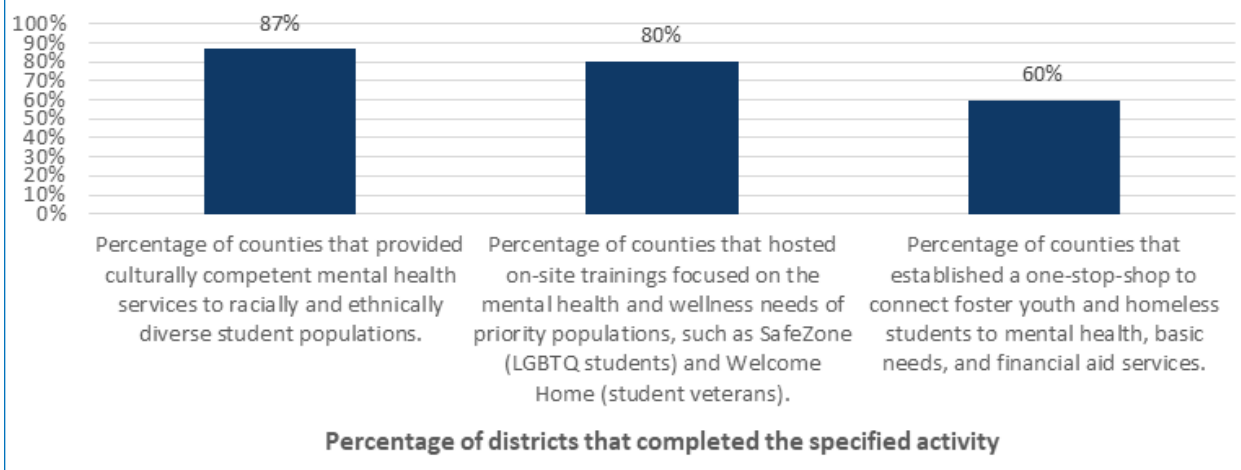
## OBJECTIVE 2: ENSURE THAT UNDERSERVED AND VULNERABLE STUDENT POPULATIONS RECEIVE CULTURALLY COMPETENT MENTAL HEALTH SERVICES.

This objective requires that the community college districts attend to the diversity of students on each college. Colleges reported heavy investment in the development of culturally responsive, sustainable systems and services.

### Exhibit 6: SafeZone Training

- Training on how to become an LGBTQ ally at the individual and organizational level
- Learning LGBTQ welcoming strategies
- Teaching inclusive practices

Table 10: Objective 2: Ensure that underserved and vulnerable student populations receive culturally competent mental health services.

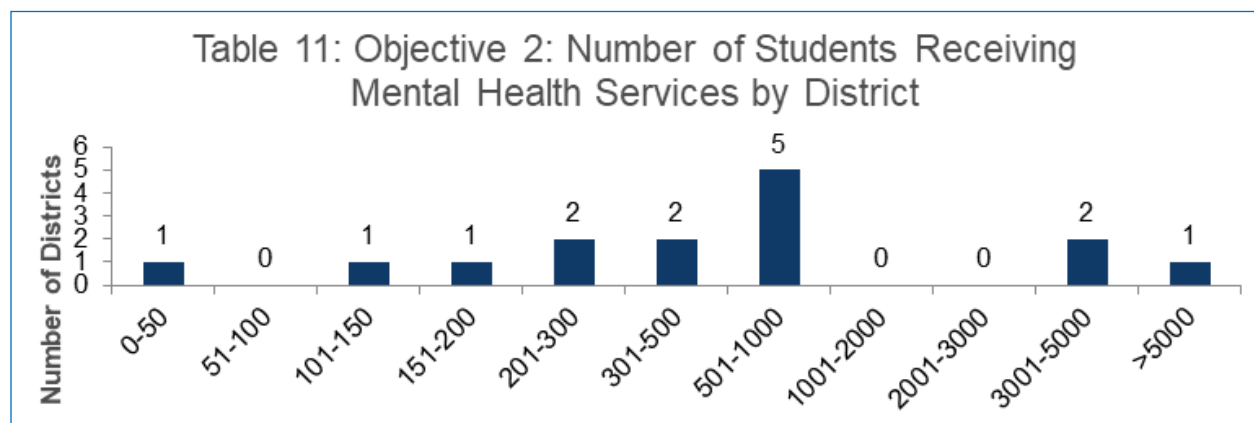


**Culturally Competent Services.** Many districts engaged students as peer ambassadors and educators. For example, some created partnerships with student clubs that unite vulnerable, historically underserved populations and recruited their members to serve as peer ambassadors, enabling them to reach other members of these populations across campus. This strategy ensures broad knowledge of the availability of culturally responsive and respectful mental health services and can encourage help-seeking behavior. Colleges also used peer educators to publicize services for particular mental health stressors, including anxiety and depression; sexual assault and domestic violence; and suicidal ideation. Alternatively, some colleges embedded clinical staff within student groups to both provide immediate consultation and learn about the mental health needs of specific student populations. Colleges also used their funding to hire Spanish-speaking clinicians; partner with community-based organizations that support blind, deaf, and hard-of-hearing students; and employ translators for students with limited English proficiency. **Eighty-seven percent of community college districts reported that they provided culturally responsive mental health services to diverse populations during the project period.**

**Trainings.** Districts took advantage of their Kognito interactive simulation licenses and integrated the online LGBTQ and veteran mental health trainings into their faculty/staff flex days; others offered these trainings in the classroom or at student club meetings. They also invested in SafeZone trainings (Exhibit 6), including sending clinical staff to participate in the Training of Trainers (ToT) programs. ToT models are effective sustainability strategies since the training can be replicated across roles and positions, making certain that the learning persists regardless of who occupies a given job. Additional training included motivational interviewing strategies appropriate for working with diverse students for all clinical staff. Several campuses also hosted Welcome Home Veterans, a respected workshop that teaches clinical staff how best to meet the needs of students who have served in the military. Finally, some colleges engaged with community partners to offer trainings and workshops on the mental health needs of undocumented students and their families. As of this reporting period, **80% of districts hosted onsite trainings that focused on the mental health and wellness of priority populations.**

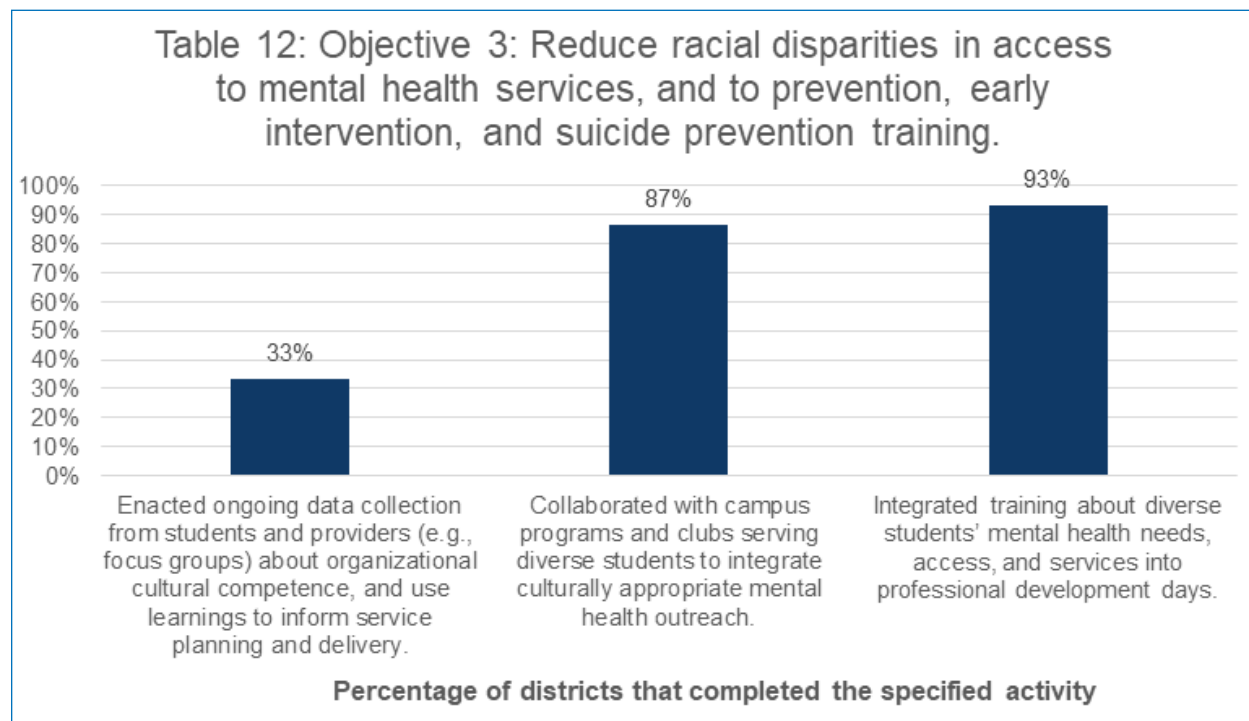
**Foster Youth, Homeless Students and Basic Needs.** Community college districts are leveraging this funding to expand scopes of work and increase support for their homeless and foster youth liaisons (required under AB 801). Under this initiative, liaisons and other staff are collaborating with community partners to provide wraparound services for their most vulnerable students. This includes helping these students register for CalFresh and CalWORKs; offering housing assistance, emergency loans, and access to free food; and navigating financial aid systems to better meet their needs. Campuses are expanding their food pantries; providing free hygiene products; and giving emergency loans. Crucially, colleges are investing in a coordinated systems approach which fosters collaboration between clinical, programmatic, and administrative staff to provide comprehensive services to these students. As of this reporting period, **60% of districts had made progress towards establishing a one-stop-shop to connect foster youth and homeless students to mental health, basic needs and financial aid services.**

**Number of Students Receiving Mental Health Services.** Two-thirds of the community college districts receiving this funding provided direct mental health services to at least 300 students. Twenty percent of the funded community college districts provided direct mental health services to at least 3,000 students.



### OBJECTIVE 3: REDUCE RACIAL DISPARITIES IN ACCESS TO MENTAL HEALTH SERVICES, AND TO PREVENTION, EARLY INTERVENTION AND SUICIDE PREVENTION TRAINING.

The community college districts that received this funding are demonstrating their commitment to addressing racial and cultural disparities in access to mental health services. They are gathering data from diverse students; creating innovative collaboration strategies with campus clubs; and offering professional development credit to faculty and staff who complete trainings intended to reduce disparities in access for vulnerable populations. Overall training numbers demonstrate that campuses are engaging both faculty/staff and students in high numbers (see Tables 13 and 14).



**Data Collection.** Several districts that had previously implemented comprehensive student mental health services reported that they are using this funding stream to support robust data analysis. These colleges formerly struggled with a lack of resources that made the cost of data analysis prohibitive. Because of this opportunity, they are now able to disaggregate and assess their data by race, ethnicity, gender, and sexual and gender orientation, allowing them to identify data-driven implementation strategies. Colleges at earlier stages of student mental health provision are working with campus clubs and other student-run organizations to conduct focus groups with diverse students to identify the student mental health needs of their campus communities. As of the time of reporting, **a third of community college districts had engaged in data collection strategies that assure input from diverse populations.**

**Collaboration with Campus Clubs.** Most of the districts are collaborating with campus clubs to engage diverse student populations in their mental health outreach (e.g., Umoja, Puente, PRIDE). On some colleges, culture-specific clubs have invited student health staff to attend



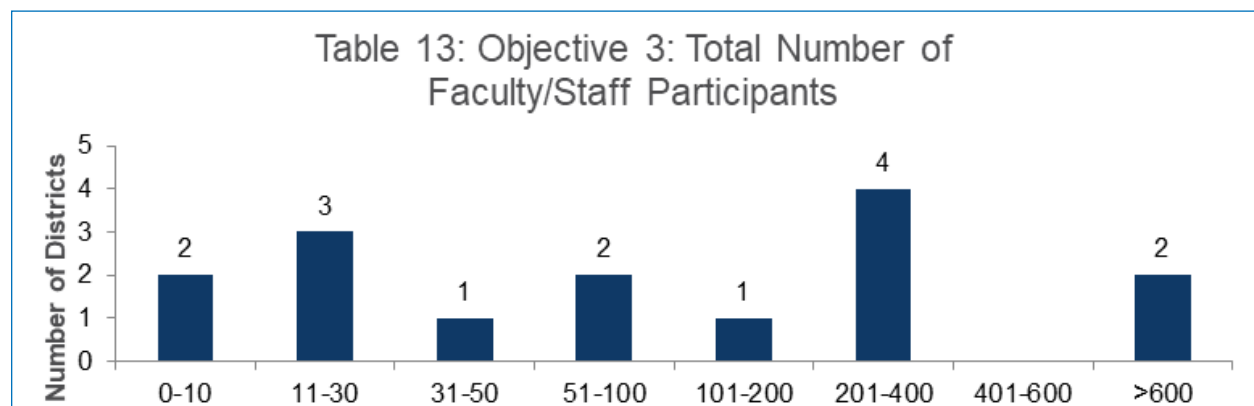
meetings where they can provide both outreach and brief consultations. Other colleges are recruiting members of diverse clubs as student ambassadors and training them in suicide prevention and referral protocols. Peer mentors are also being integrated into mental health outreach strategies and offering to share their lived experience with mental health challenges with other students as a stigma reduction technique. Several campus psychology clubs have hosted QPR (suicide prevention and intervention) trainings for both students and staff. Community college districts are also collaborating with student governments to promote student mental health services and design outreach strategies that resonate with all sectors of the campus community. Collectively, **87% of community college districts are working with campus clubs to create culturally responsive mental health outreach and treatment.**

**Integration of Diverse Student Mental Health Needs into Professional Development.**

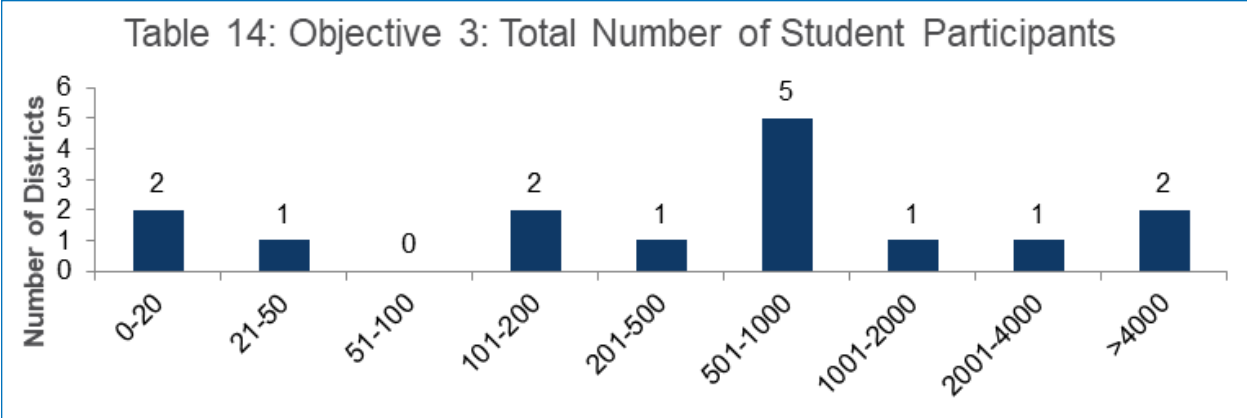
Multiple districts reported that they have used their funding under this initiative to fill or expand positions with responsibility for ensuring that student mental health is well-represented in professional development activities. These new hires have then led workshops and other activities for additional health staff or guided training activities for student peer specialists. Some colleges have partnered with community-based providers to make bilingual and bicultural services available. Others have hosted mental health collaborative meetings that included community providers, other colleges and subject matter experts to explore the causes and consequences of disparities. **Nearly all community college districts—93%—noted that student mental health was a significant part of their flex day/professional development activities.** Content was mostly delivered in person, but some colleges also used distance learning to promote knowledge about student mental health, including webinars, podcasts, and online courses (e.g., Kognito). Some colleges sent health staff to train-the-trainer events in specific intervention strategies and then leveraged this investment by bringing together other staff to be part of a campus-based training.

**Number of Faculty/Staff and Students Trained.** Respondents were asked to report the total number of faculty/staff and students who received training designed to reduce mental health disparities.

Forty percent of the community college districts trained at least 200 faculty/staff in the six-month project period. Sixty percent of districts delivered disparities trainings to at 500 students in that same period and two districts reached more than 4,000 students in the first six months of their project.

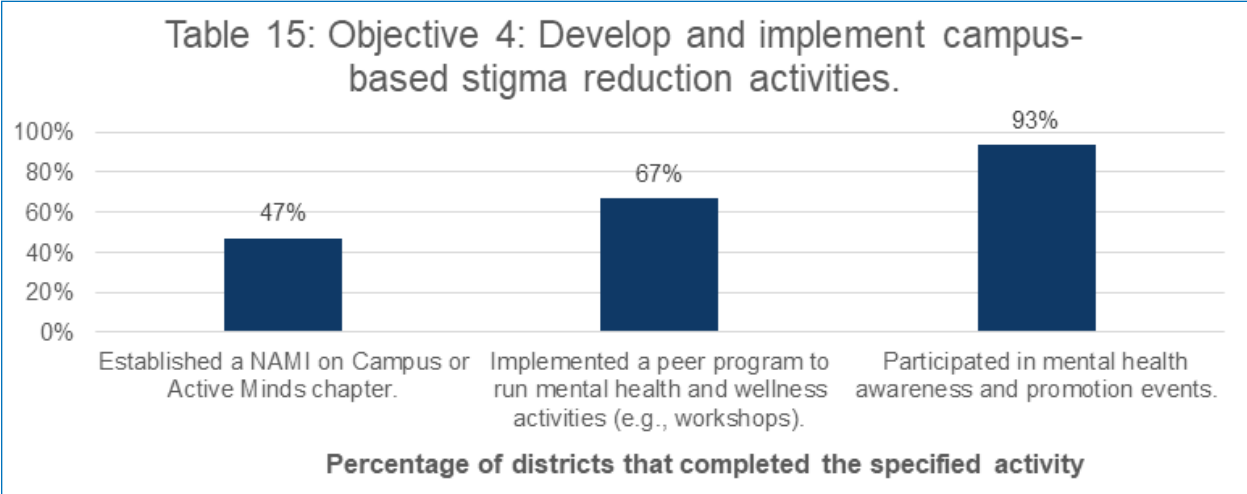






**OBJECTIVE 4: DEVELOP AND IMPLEMENT CAMPUS-BASED STIGMA REDUCTION ACTIVITIES.**

Objective 4 requires districts to implement stigma reduction activities and invites grantees to achieve this across multiple modalities. Colleges implemented a variety of creative strategies in their pursuit of stigma reduction, including peer-based and campuswide strategies.



**Active Minds. About half of the districts formed or expanded their Active Minds chapters under this funding.** Active Minds is chapter-based organization devoted to reducing mental health stigma on college campuses. It has more than 700 campus chapters and reaches nearly 600,000 students annually. In addition to campus chapters, Active Minds also provides instructions for an art exhibit called “Send Silence Packing,” a national conference, and materials that support various awareness events. Many districts integrated these materials into their stigma reduction efforts; several hosted Send Silence Packing events; and a few sent student mental health leaders to the annual conference.

**Peer Programs.** Peer-to-peer models are considered an evidence-based approach to stigma reduction, and many studies have shown that when we have intentional dialogue with a mental health survivor our opinions about those with mental health challenges become more positive. Students were active participants in stigma reduction strategies. **More than two-**

**thirds of districts had a peer-run program at the time of reporting.** At one community college district, the Active Minds chapter hosted weekly student mental health workshops. Several other colleges supported Peer Educator programs, some of which required formal certification. Peer Educators hosted workshops for students across multiple topics, including depression, anxiety, and trauma. Peer Educators were also leaders in delivering student mental health workshops in classrooms. In some instances, Peer Educators were recruited from student government and helped shape the overall approach to student mental health on campus.

**Mental Health Awareness and Promotion Events. An overwhelming majority of community college districts (93%) participated in mental health promotion activities.**

Almost all of them tied some of their activities to an observed mental health period (e.g., suicide prevention month; mental health screening day). Colleges also clustered mental health promotion activities around midterm and final schedules in order to address and alleviate the additional stressors that come with exams. Many districts partnered with community-based organizations that attended campus-based events to disseminate information about their mental health services and availability. These events crossed over with the peer programs described above. Peer outreach workers were represented at most campus events to provide information about both peer programs and campus-based student mental health services.

**Stigma Reduction Results.** Districts were asked to report on the total number of stigma reduction activities as well as the number of faculty/staff and students engaged in these activities. All but one of the districts reported that they had offered more than ten stigma reduction events. More than half reached at least 50 faculty/staff, and a similar percentage of districts reached at least 1,000 students. **Remarkably, about one-quarter of the districts engaged more than 3,000 students in stigma reduction activities.**

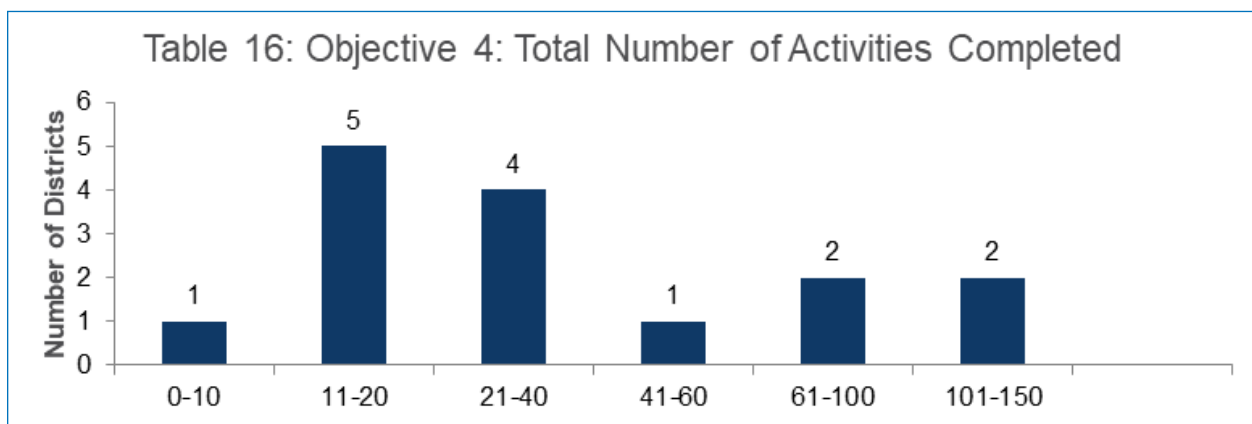


Table 17: Objective 4: Total Number of Faculty/Staff Participants

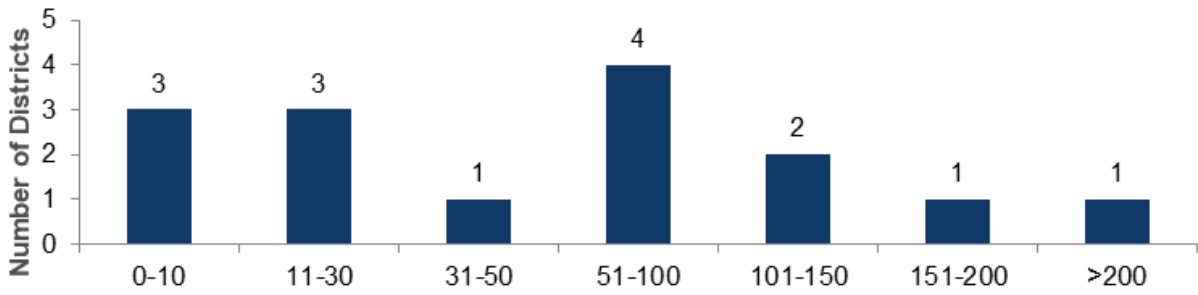
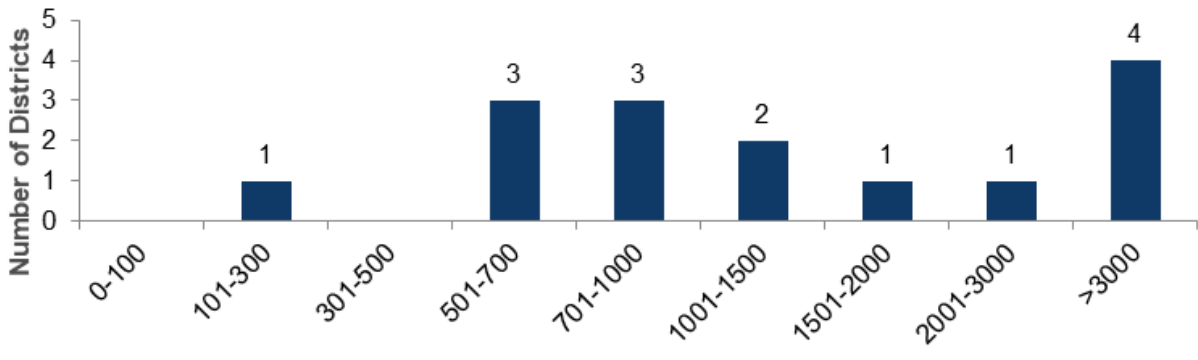


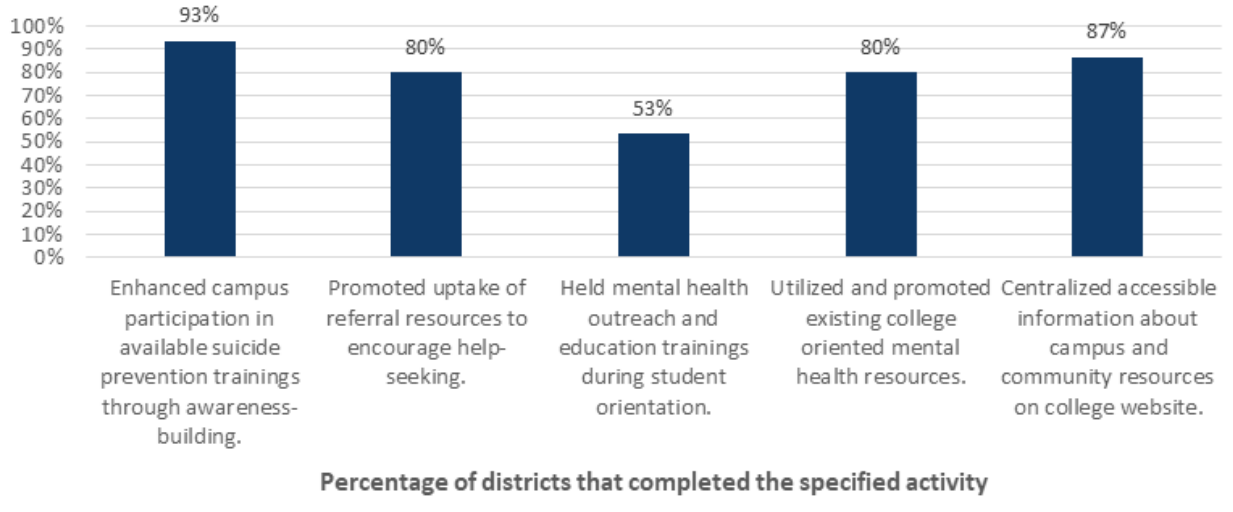
Table 18: Objective 4: Total Number of Student Participants



**OBJECTIVE 5: IMPLEMENT EDUCATION AND TRAINING TO FACULTY, STAFF AND STUDENTS ON EARLY IDENTIFICATION, INTERVENTION AND REFERRAL OF STUDENTS WITH MENTAL HEALTH NEEDS.**

The districts that received funding under this grant worked hard to publicize the work they were doing in student mental health. In addition to creating and centralizing information and resources, they also employed several strategies to raise awareness. They widely promoted uptake of services, including suicide prevention trainings, access to services and availability of information.

Table 19: Objective 5: Implement education and training to faculty, staff, and students on early identification, intervention, and referral of students with mental health needs. Check all that apply.



**Suicide Prevention. Almost all districts—93%—promoted participation in suicide prevention activities.** The most commonly offered training was Kognito, an online, avatar-based training that uses role play to teach effective strategies for interrupting suicidal thoughts. Several districts offered ASIST (Applied Suicide Intervention Skills Training), a training that teaches suicide prevention first aid to people outside the clinical environment. The program is identified as an evidence-based practice and delivered over an intensive two-day period. QPR (Question, Persuade, and Refer), another suicide gatekeeper training, was also offered by several colleges during flex days as well as by request in the classroom.

**Uptake of Referral Resources.** Student awareness of referral resources occurred through health fairs, classroom presentations and the wide dissemination of student mental health access information across campus. Colleges created a variety of materials, including wallet cards with crisis text lines; brochures with mental health access information; and suicide prevention multimedia campaigns that were integrated into both physical and electronic domains on campus. **Collectively, 80% of districts promoted uptake of referral resources to encourage help-seeking behavior on campus.**

**Mental Health Orientation.** More than half of the districts reported that they had integrated information about mental health access and availability into their orientation process. Most of those that participated in this activity did so specifically because of this initiative. One college partnered with their Active Minds chapter and their clinical staff to promote mental health and wellness services during their new student orientation activities. Several other colleges hosted “Welcome Workshops” for new students to introduce them to the mental health services and staff available on campus. Another community college district integrated mental health information into their summer “First Year Experience” program attended by more than 500 incoming freshman each year.

**Promoting Existing College Resources.** Many districts are adding information about existing college wellness programs to their orientation materials. Others are deploying student ambassadors to classrooms to promote the availability of mental health services on campus. Some colleges have created and widely hung posters with information about student mental health services, particularly those that are available to students experiencing a mental health crisis. Almost all colleges reported that mental health staff hosted tables at campuswide events and disseminated information about the services they offered to students. Overall, **80% of districts indicated that they were employing strategies to promote existing college mental health resources.**

**Centralized Website.** As the districts have expanded their student mental health offerings under this initiative, they have also invested in updating their websites. Colleges report that they increasingly are able to offer comprehensive student mental health information through their websites, including screening tools, suicide prevention materials, and access to online trainings (e.g., Kognito). Many community college websites are now functioning as a centralized repository for student mental health. For some colleges, this includes integrating basic needs resources to help students quickly access support services around homelessness, food insecurity, emergency loan applications and legal aid. Some colleges are partnering with their Active Minds chapters, student health ambassadors, and student government to create content that is population- and campus-specific. Several of the districts reported that they have included community-based referral resources so that students can see the range of both on- and off-campus services. At the time of reporting, **87% of community college districts had web repositories of comprehensive student mental health resources.**

**Education and Training on Mental Health Identification, Early Intervention, and Referrals.** Eighty percent of districts reported hosting more than 10 unique trainings or events related to identification, intervention, and referrals of students experiencing mental health distress. Two-thirds of the districts engaged more than 100 faculty/staff in these activities and more than 500 students.

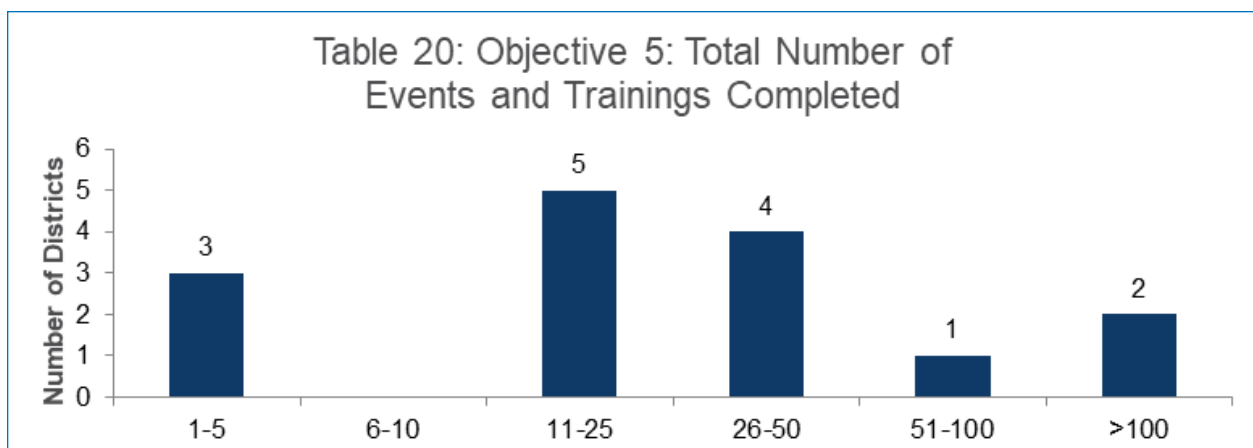


Table 21: Objective 5: Total Number of Faculty/Staff Participants

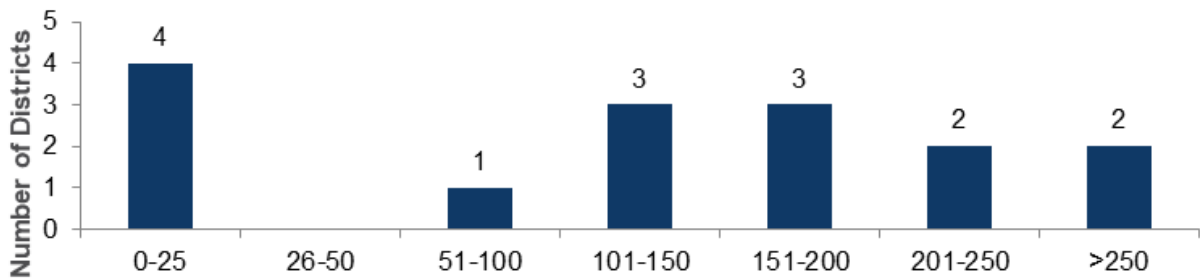
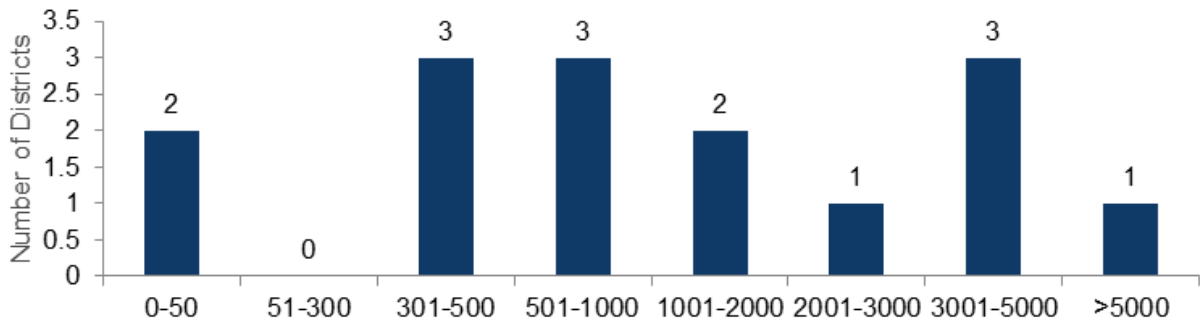


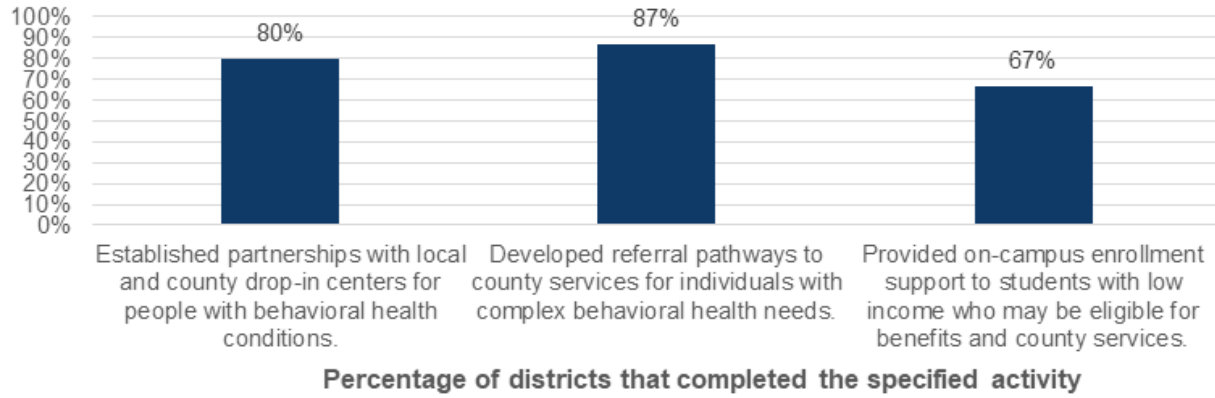
Table 22: Objective 5: Total Number of Student Participants



**OBJECTIVE 6: ILLUSTRATE THE EXISTENCE OR PLANNED PARTNERSHIPS BETWEEN THE COLLEGE DISTRICT/COLLEGE AND THE COUNTY BEHAVIORAL HEALTH DEPARTMENT TO ADDRESS COMPLEX MENTAL HEALTH NEEDS OF STUDENTS BASED ON THE EXTENT TO WHICH THERE ARE STUDENTS WHOSE NEEDS CANNOT BE MET THROUGH THEIR HEALTH INSURANCE OR MEDICAL.**

Districts are making substantial progress on their partnerships under the opportunities provided by this funding. This includes ensuring that students have access to long-term mental health care as well as emergency treatment. Colleges are also facilitating enrollment in county and state programs that serve students who struggle to meet their basic needs.

Table 23: Objective 6: Illustrate the existence or planned partnerships between the college district/college and the county behavioral health department to address complex mental health needs of students



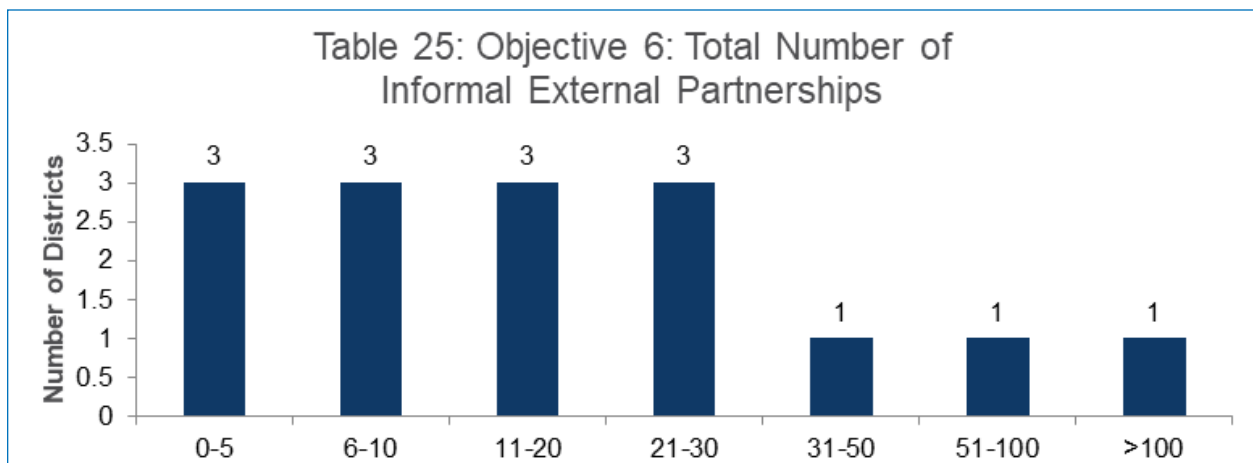
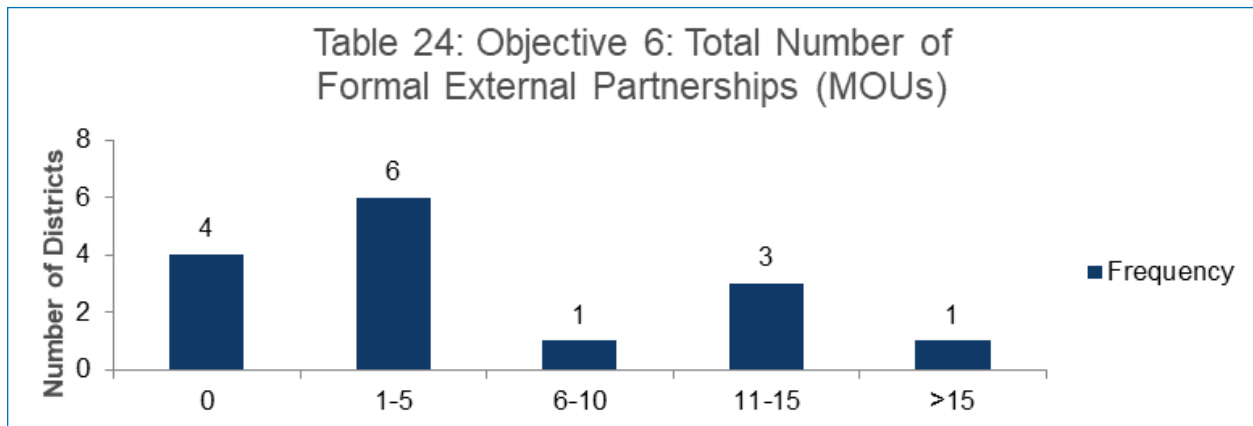
**Local and County Partnerships.** The districts funded under this initiative are successfully developing, expanding or formalizing partnerships with both community and county organizations. As of reporting, **80% of community college districts had established partnerships to serve students with mental health challenges.** Many respondents used this initial funding to ensure that students experiencing a mental health crisis have immediate access to care. Several have developed relationships with mobile crisis response teams; others are working with hospitals, clinics, and county-based agencies to provide swift interventions for psychiatric emergencies. Partnerships are also supporting long-term intensive care that is typically beyond the scope of what the California community colleges are able to deliver. Several colleges have MOUs with hospitals to whom they can refer students for outpatient or inpatient treatment. These services are available to students with significant behavioral health needs, including mental health, substance use and co-occurring disorders.

**Referral Pathways.** Developing referral pathways is not a one-time event; instead, it requires ongoing communication and collaboration with current and potential referral partners to ensure that referred students have timely access to high quality, affordable care. Several districts reported substantial increases in the number of successfully referred students, and they attributed these increases to having newly dedicated resources that support the task of maintaining strong partnerships. One community college district is using clinical interns to conduct weekly updates of their referral list. Other districts report hosting regular networking events that bring representatives from county and community behavioral health agencies together to build and solidify referral relationships. Colleges are also engaged in continuous outreach to new potential partners, some of whom spend time on campus delivering workshops to faculty and staff about their services or attend health fairs to disseminate information to students. Among the funded cohort of community college districts, **87% have developed referral pathways** for students who require treatment beyond the scope of campus services. Notably, several districts reported that in addition to expanding their referral pathways they had also implemented new “warm hand-off” protocols. Under these protocols, campus health staff directly introduce the student to the person who coordinates

the initial treatment and, in some cases, allows campus staff to follow up with that person to learn whether the student has been actively engaged in treatment.

**On-Campus Enrollment Support.** There is increasing awareness that inability to meet basic needs has a significant impact on mental health. This finding is consistent with the initiative’s emphasis on building the capacity of California community colleges to support on-campus enrollment in programs to help students to meet their basic needs. Several larger districts have designated staff to facilitate enrollment in such programs. At smaller colleges, staff are partnering with community-based organizations and county agencies to host events that help students determine their eligibility for, and then enroll in, Medi-Cal and CalFresh. Currently, **more than two-thirds of the districts are offering on-campus support for low-income, eligible students to enroll in county aid programs.**

**Partnerships.** Respondents were asked to provide a count of the number of formal and informal partnerships entered into during the first six months of the project. Formal partnerships take longer to establish—the contracts generally need to be reviewed by governing boards and legal counsel before they can be finalized. Yet nearly three-quarters of districts entered into at least one partnership based on an MOU, and a full one-third of them reported having at least six MOU-based partnerships. Districts were even more successful at establishing informal partnerships, a relationship that is often a necessary precursor to formalized partnerships. Eighty percent of districts reported having at least six informal partnerships, and 40% maintained more than 20 informal partnerships.





## CONCLUSION AND RECOMMENDATIONS

The initial data findings from the first six months for both initiatives strongly supports the student mental health capacity building potential of these funds. At the college and district level, faculty and staff are implementing an array of innovative, effective programs that are engaging thousands of faculty, staff and students. Critically, they are delivering these programs while simultaneously developing an infrastructure that institutionalizes the positive changes occurring under these initiatives. Revisions to professional development activities at colleges across the system are bringing evidence-based student mental health strategies to the current faculty and staff. These curricula can be replicated moving forward, ensuring that all incoming faculty and staff develop foundational competencies in student mental health. Campus clubs are being formed and their members emerged as student leaders in mental health. These clubs may become self-perpetuating systems for future student mental health leaders. In the same vein, colleges are implementing peer leadership programs, including peer health educators, student ambassadors and peer mentors. These programs support a continuous cycle of identifying, recruiting and training the next generation of student peers. Colleges are also creating new student mental health resources and investing in dissemination strategies that will continue to benefit students for years to come. This includes changing orientation materials to highlight the availability of student mental health services; making student mental health a prominent feature of websites; and developing and adapting materials that celebrate mental health observances and promote stigma reduction. Colleges are increasing their capacity to deliver culturally competent mental health services by creating new partnerships in the community and on campus. They are engaging diverse students to better understand the mental health needs of vulnerable populations, and they are using these data to drive program design and delivery. All these investments will pay dividends for future classes of California community college students by making mental health more accessible, normalized and responsive to student needs.

**Recommendations.** Colleges were invited to include their recommendations for the future of the program in their progress reports. Many of them used this opportunity to express their gratitude for the funding and recap the ways in which they were already—a mere six months in—making what they believed to be positive and sustainable changes. Two recommendations were repeated across respondents, which are shared here in conclusion:

- Colleges have seen enormous value for their students in the short time the funding has been in place and have also identified areas of continued need. A steady source of ongoing student mental health funding would assist colleges in expanding and scaling their most successful programs and practices. Without this reliable funding, colleges are concerned that the momentum they are building in student mental health may stall. In particular, many colleges noted that data findings from this project period highlight the need to expand their clinical staff to meet the increased demand that resulted from increased student mental health outreach and awareness activities.
- Colleges also called upon the Chancellor’s Office to provide additional leadership at the system level. Many expressed a desire to engage in peer-to-peer learning with other districts that received the funding. They are seeking opportunities to share

challenges and innovations and leverage the resources created in one district on behalf of the other districts. This is especially true for the peer programs. Colleges invited the Chancellor's Office to help develop standards, training curricula and outreach strategies that would make their peer programs sustainable. One key recommendation was that the Chancellor's Office offer state-level peer learning for the student leaders alongside the faculty and staff who support these programs.

## APPENDIX A: COLLEGES BY REGION

Region	Macro Region	Meta Region	District	College
A	North/Far North	Greater Sacramento	Lake Tahoe CCD	Lake Tahoe Community College
A	North/Far North	Greater Sacramento	Los Rios CCD	American River College
A	North/Far North	Greater Sacramento	Los Rios CCD	Consumes River College
A	North/Far North	Greater Sacramento	Los Rios CCD	Folsom Lake College
A	North/Far North	Greater Sacramento	Los Rios CCD	Sacramento City College
A	North/Far North	Greater Sacramento	Sierra Joint CCD	Sierra College
A	North/Far North	Greater Sacramento	Yuba CCD	Woodland Community College
A	North/Far North	Greater Sacramento	Yuba CCD	Yuba College
A	North/Far North	Northern Coastal	Mendocino-Lake CCD	Mendocino College
A	North/Far North	Northern Coastal	Redwoods CCD	Redwoods, College of the
A	North/Far North	Northern Inland	Butte-Glenn CCD	Butte College
A	North/Far North	Northern Inland	Feather River CCD	Feather River College
A	North/Far North	Northern Inland	Lassen CCD	Lassen College
A	North/Far North	Northern Inland	Shasta-Tehama-Trinity Joint CCD	Shasta College
A	North/Far North	Northern Inland	Siskiyou Joint CCD	Siskiyous, College of the
B	Bay Area	East Bay	Chabot-Las Positas CCD	Chabot College
B	Bay Area	East Bay	Chabot-Las Positas CCD	Las Positas College
B	Bay Area	East Bay	Contra Costa CCD	Contra Costa College
B	Bay Area	East Bay	Contra Costa CCD	Diablo Valley College
B	Bay Area	East Bay	Contra Costa CCD	Las Medanos College
B	Bay Area	East Bay	Ohlone CCD	Ohlone College
B	Bay Area	East Bay	Peralta CCD	Alameda, College of

Region	Macro Region	Meta Region	District	College
B	Bay Area	East Bay	Peralta CCD	Berkeley City College
B	Bay Area	East Bay	Peralta CCD	Laney College
B	Bay Area	East Bay	Peralta CCD	Merritt College
B	Bay Area	Mid-Peninsula	San Francisco CCD	San Francisco City College
B	Bay Area	Mid-Peninsula	San Mateo CCD	Canada College
B	Bay Area	Mid-Peninsula	San Mateo CCD	San Mateo, College of
B	Bay Area	Mid-Peninsula	San Mateo CCD	Skyline College
B	Bay Area	North Bay	Marin CCD	Marin, College of
B	Bay Area	North Bay	Napa Valley CCD	Napa Valley College
B	Bay Area	North Bay	Solano County CCD	Solano Community College
B	Bay Area	North Bay	Sonoma CCD	Santa Rosa Junior College
B	Bay Area	Santa Cruz/ Monterey	Cabrillo CCD	Cabrillo College
B	Bay Area	Santa Cruz/ Monterey	Hartnell CCD	Hartnell College
B	Bay Area	Santa Cruz/ Monterey	Monterey Peninsula CCD	Monterey Peninsula College
B	Bay Area	Silicon Valley	Foothill-DeAnza CCD	De Anza College
B	Bay Area	Silicon Valley	Foothill-DeAnza CCD	Foothill College
B	Bay Area	Silicon Valley	Gavilan CCD	Gavilan College
B	Bay Area	Silicon Valley	San Jose- Evergreen CCD	Evergreen Valley College
B	Bay Area	Silicon Valley	San Jose- Evergreen CCD	San Jose City College
B	Bay Area	Silicon Valley	West Valley- Mission CCD	Mission College
B	Bay Area	Silicon Valley	West Valley- Mission CCD	West Valley College
C	Central Valley/ Mother Lode	Central Valley	Kern CCD	Bakersfield College
C	Central Valley/ Mother Lode	Central Valley	Kern CCD	Cerro Coso Community College

Region	Macro Region	Meta Region	District	College
C	Central Valley/ Mother Lode	Central Valley	Kern CCD	Porterville College
C	Central Valley/ Mother Lode	Central Valley	Merced CCD	Merced College
C	Central Valley/ Mother Lode	Central Valley	San Joaquin Delta CCD	San Joaquin Delta College
C	Central Valley/ Mother Lode	Central Valley	Sequoias CCD	Sequoias, College of the
C	Central Valley/ Mother Lode	Central Valley	State Center CCD	Clovis Community College
C	Central Valley/ Mother Lode	Central Valley	State Center CCD	Fresno City College
C	Central Valley/ Mother Lode	Central Valley	State Center CCD	Reedley College
C	Central Valley/ Mother Lode	Central Valley	West Hills CCD	West Hills College Coalinga
C	Central Valley/ Mother Lode	Central Valley	West Hills CCD	West Hills College Lemoore
C	Central Valley/ Mother Lode	Central Valley	West Kern CCD	Taft College
C	Central Valley/ Mother Lode	Central Valley	Yosemite CCD	Modesto Junior College
C	Central Valley/ Mother Lode	Mother Lode	Yosemite CCD	Columbia College
D	South Central Coast	South Central Coast	Allan Hancock Joint CCD	Allan Hancock College
D	South Central Coast	South Central Coast	San Luis Obispo County CCD	Cuesta College
D	South Central Coast	South Central Coast	Santa Barbara CCD	Santa Barbara City College
D	South Central Coast	South Central Coast	Santa Clarita CCD	Canyons, College of the
D	South Central Coast	South Central Coast	Ventura County CCD	Moorpark College
D	South Central Coast	South Central Coast	Ventura County CCD	Oxnard College

Region	Macro Region	Meta Region	District	College
D	South Central Coast	South Central Coast	Ventura County CCD	Ventura College
D	South Central Coast	South Central Coast	Antelope Valley CCD	Antelope Valley College
E	San Diego/Imperial	San Diego/Imperial	Grossmont-Cuyamaca CCD	Cuyamaca College
E	San Diego/Imperial	San Diego/Imperial	Grossmont-Cuyamaca CCD	Grossmont College
E	San Diego/Imperial	San Diego/Imperial	Imperial CCD	Imperial Valley College
E	San Diego/Imperial	San Diego/Imperial	MiraCosta CCD	MiraCosta College
E	San Diego/Imperial	San Diego/Imperial	Palomar CCD	Palomar College
E	San Diego/Imperial	San Diego/Imperial	San Diego CCD	San Diego City College
E	San Diego/Imperial	San Diego/Imperial	San Diego CCD	San Diego Continuing Education
E	San Diego/Imperial	San Diego/Imperial	San Diego CCD	San Diego Mesa College
E	San Diego/Imperial	San Diego/Imperial	San Diego CCD	San Diego Miramar College
E	San Diego/Imperial	San Diego/Imperial	Southwestern CCD	Southwestern College
F	Inland Empire/Desert	Inland Empire/Desert	Barstow CCD	Barstow College
F	Inland Empire/Desert	Inland Empire/Desert	Chaffey CCD	Chaffey College
F	Inland Empire/Desert	Inland Empire/Desert	Copper Mountain CCD	Copper Mountain College
F	Inland Empire/Desert	Inland Empire/Desert	Desert CCD	Desert, College of the
F	Inland Empire/Desert	Inland Empire/Desert	Mt. San Jacinto CCD	Mt. San Jacinto College
F	Inland Empire/Desert	Inland Empire/Desert	Palo Verde CCD	Palo Verde College

Region	Macro Region	Meta Region	District	College
F	Inland Empire/ Desert	Inland Empire/ Desert	Riverside CCD	Moreno Valley College
F	Inland Empire/ Desert	Inland Empire/ Desert	Riverside CCD	Norco College
F	Inland Empire/ Desert	Inland Empire/ Desert	Riverside CCD	Riverside City College
F	Inland Empire/ Desert	Inland Empire/ Desert	San Bernardino CCD	Crafton Hills College
F	Inland Empire/ Desert	Inland Empire/ Desert	San Bernardino CCD	San Bernardino Valley College
F	Inland Empire/ Desert	Inland Empire/ Desert	Victor Valley CCD	Victor Valley College
G	Los Angeles/ Orange County	Los Angeles	Cerritos CCD	Cerritos College
G	Los Angeles/ Orange County	Los Angeles	Citrus CCD	Citrus College
G	Los Angeles/ Orange County	Los Angeles	Compton CCD	Compton College
G	Los Angeles/ Orange County	Los Angeles	El Camino CCD	El Camino College
G	Los Angeles/ Orange County	Los Angeles	Glendale CCD	Glendale Community College
G	Los Angeles/ Orange County	Los Angeles	Long Beach CCD	Long Beach City College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	East Los Angeles College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles City College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles Harbor College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles Mission College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles Pierce College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles Southwest College

Region	Macro Region	Meta Region	District	College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles Trade-Tech College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	Los Angeles Valley College
G	Los Angeles/ Orange County	Los Angeles	Los Angeles CCD	West Los Angeles College
G	Los Angeles/ Orange County	Los Angeles	Mt. San Antonio CCD	Mt. San Antonio College
G	Los Angeles/ Orange County	Los Angeles	Pasadena Area CCD	Pasadena City College
G	Los Angeles/ Orange County	Los Angeles	Rio Hondo CCD	Rio Hondo College
G	Los Angeles/ Orange County	Los Angeles	Santa Monica CCD	Santa Monica College
G	Los Angeles/ Orange County	Orange County	Coast CCD	Coastline Community College
G	Los Angeles/ Orange County	Orange County	Coast CCD	Golden West College
G	Los Angeles/ Orange County	Orange County	Coast CCD	Orange Coast College
G	Los Angeles/ Orange County	Orange County	North Orange County CCD	Cypress College
G	Los Angeles/ Orange County	Orange County	North Orange County CCD	Fullerton College
G	Los Angeles/ Orange County	Orange County	North Orange County CCD	School of Continuing Ed
G	Los Angeles/ Orange County	Orange County	Rancho Santiago CCD	Santa Ana College
G	Los Angeles/ Orange County	Orange County	Rancho Santiago CCD	Santiago Canyon College
G	Los Angeles/ Orange County	Orange County	South Orange County CCD	Irvine Valley College
G	Los Angeles/ Orange County	Orange County	South Orange County CCD	Saddleback College



Front cover photo: San Joaquin  
Delta College

Photo at right: Long Beach City  
College

Back cover photo: City College of  
San Francisco



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[salarysurfer.cccco.edu](http://salarysurfer.cccco.edu)

**Associate Degree for Transfer**  
[adegreewithaguarantee.com](http://adegreewithaguarantee.com)

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[icanaffordcollege.com](http://icanaffordcollege.com)

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**Financial Aid YouTube Page**

[youtube.com/ICANAFRDCOLLEGE](https://youtube.com/ICANAFRDCOLLEGE)

**Hello College, It's Me Lupita!**

<https://www.youtube.com/hellocollegeitsmelupita>



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