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

JOHN BURTON
Advocates for Youth

PARTNERING WITH LOCAL MENTAL HEALTH PROVIDERS TO
SUPPORT FOSTER YOUTH IN COLLEGE

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LAST YEAR, **NEARLY 18,000** CALIFORNIA COMMUNITY COLLEGE STUDENTS **WERE CURRENTLY OR FORMERLY IN FOSTER CARE**.[1]

These students, and students from other vulnerable or underserved groups, are motivated and resilient. However, many face higher rates of trauma and unmet mental health needs, coupled with systemic barriers that prevent them from accessing services. Without support, these challenges can contribute to lower college completion rates. [2,3]

BACKGROUND

In 2018-2020, John Burton Advocates for Youth (JBAY) and the Los Angeles County Department of Mental Health (LACDMH) came together to address this need as part of JBAY's regional LA Opportunity Youth Collaborative Foster Youth College Advancement Project (LA OYC FYCAP). Many students with experience in foster care have access to Medi-Cal until age 26. County mental health agencies contract with local providers to serve clients with Medi-Cal. **What if community colleges could partner with these local providers to offer co-located mental health services—meeting students where they already are, and at no extra cost to the college?**

JBAY and LACDMH led a multi-year effort with 11 community colleges and their local providers that resulted in co-located services, referral networks, and important steps forward. By making long-term mental health support accessible for foster youth, they have helped hundreds of students access care.

EXPANDING THE MODEL

Using this toolkit, California community colleges throughout the system can replicate these practices to connect students with Medi-Cal or no insurance to mental health services. Staff of many programs that serve students—the foster youth program, Veterans Resource Center, TRIO Program, EOPS, and others—can adopt these strategies.

The California Community Colleges Chancellor's Office (CCCCO) produced this toolkit in partnership with the JBAY and LACDMH staff who led this effort in Los Angeles County. This toolkit was also made possible by the colleges and providers who generously offered their time and input through interviews, survey responses, and feedback.

> *"For the students who have gone through it, it has been really productive for them. I can see the difference in them. It's been a nice addition for our program to be able to help the student holistically."*
>
> *- Dora Lozano, College of the Canyons*

[1] Fall 2019. Special Population/Group Student Count. CCCCO Management Information Systems Data Mart.
[2] Kyles, N. S., Unrau, Y. A., & Root, K. M. (2016). Perceptions of mental health needs and supports among college students who aged out of foster care. Relational Child Youth & Care Practice, 31(1), 74–90.
[3] Miller, R., Blakeslee, J., & Ison, C. (2020). Exploring College Student Identity Among Young People With Foster Care Histories and Mental Health Challenges. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

AUDIENCE

This toolkit was written for California community college support program staff, including (but not limited to) foster youth services. This toolkit is also intended for campus health center or mental health staff who are involved in the partnership process. County mental health agencies and local providers may find this toolkit useful as well.

NOTE ON TERMINOLOGY

Your foster youth program may have different names: NextUp/CAFYES, Guardian Scholars, etc. This toolkit refers to all of these as foster youth support programs. Additionally, although this toolkit talks specifically about foster youth, these strategies can be used by many other programs for students.

STUDENT STORY, PART 1

Hi! I'm Alex!

Alex (they/them), age 20, is a California community college student with a foster care history. Things are going well for Alex, who now lives with roommates and works at a clothing store and as a rideshare driver.

Alex was making good progress toward an associate's degree in nursing, but recently Alex has had a harder time staying focused on classes. Alex experienced trauma both at home and in the foster care system, and Alex still often feels anxious, unsafe, and on-edge. These feelings are sometimes so strong that Alex has difficulty completing simple tasks or even has panic attacks.

Alex has thought about making a mental health appointment on campus, but the long waitlist has discouraged Alex from following through. Alex has Medi-Cal but doesn't know how to access mental health services in the community. They're also unsure if they can find a counselor who understands where they're coming from, as someone who has been in foster care and who has their unique cultural background and gender identity.

One place where Alex does feel comfortable is the foster youth support program on campus. The program has helped Alex in the past with academic counseling, meal vouchers, and textbook checkouts.

1. OVERVIEW OF THE CO-LOCATED SERVICE MODEL

In essence, this model is an enhanced referral partnership between the foster youth program and a local mental health service provider. Many K-12 schools use a similar model to partner with local providers who co-locate health services with the school and bill the services to the county.

THE VISUAL ON THE FOLLOWING PAGE PROVIDES A BIRD'S-EYE VIEW OF THE MODEL THAT LOS ANGELES SPEARHEADED AND THAT WE'LL BE EXPLORING IN THIS TOOLKIT.

STEP 1

Foster youth services staff determine that there is a need among their students for long-term mental health support. They may partner with their campus health center or mental health staff at this point to explore options.

STEP 2

Foster youth services staff, and potentially campus mental health staff, work with the county department of mental health to identify local county-contracted providers who have funding to serve students with Medi-Cal. The county may also have funding to serve students who are underinsured or uninsured and who have low income.

STEP 3

Foster youth services enters into an agreement with the local provider to offer on-campus (co-located) or off-campus mental health services, using an agreed-upon referral process. The advantages of signing an MOU can be explored, especially for the purposes of mutual agreement, information exchange, and campus-based services.

STEP 4

On an ongoing basis, foster youth services staff refer students enrolled in Medi-Cal to the provider. When the provider supports the student with on-campus and/or off-campus mental health services, they bill the county directly. The college does not pay for the services and isn't involved in billing.

STEP 5

Foster youth services staff and the provider stay in communication to track individual referrals, maintain day-to-day operations, and engage in long-term planning. These activities are outlined in the MOU, if you have one.

WHAT ARE THE BENEFITS?

This partnership model—which includes co-locating services, linking students to telehealth services, connecting students with Field Capable Clinical Services— is a great way for colleges to leverage community resources in a cost-effective, mutually beneficial way. It allows students to receive a variety of mental health services that may not be available to them through the college, including individual and group therapy, evidence-based treatment, case management services, and prescribed medication.

More benefits are outlined in the boxes below.
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NO EXTRA COST FOR THE COLLEGE, PROVIDER, OR COUNTY!

- The provider already receives funding from the county to offer these services (e.g., Prop. 63 PEI funds, Prop. 63 Full Service Partnership funds, county general funds). Typically, the only costs for the college are administrative: for example, staff time for creating the MOU, training staff, and coordinating with providers.

EASIER ACCESS TO SERVICES

- Students get help quickly, instead of facing weeks or months on a waitlist for services at the college.
- Students can receive long-term counseling and medication. In contrast, most colleges provide crisis support and short-term help (e.g., limited to 6 sessions)
- Former foster youth often have difficulty navigating the transition from children's to adult health services. Co-locating makes this process simpler.
- Co-locating removes transportation barriers that may prevent students from going off campus for help.
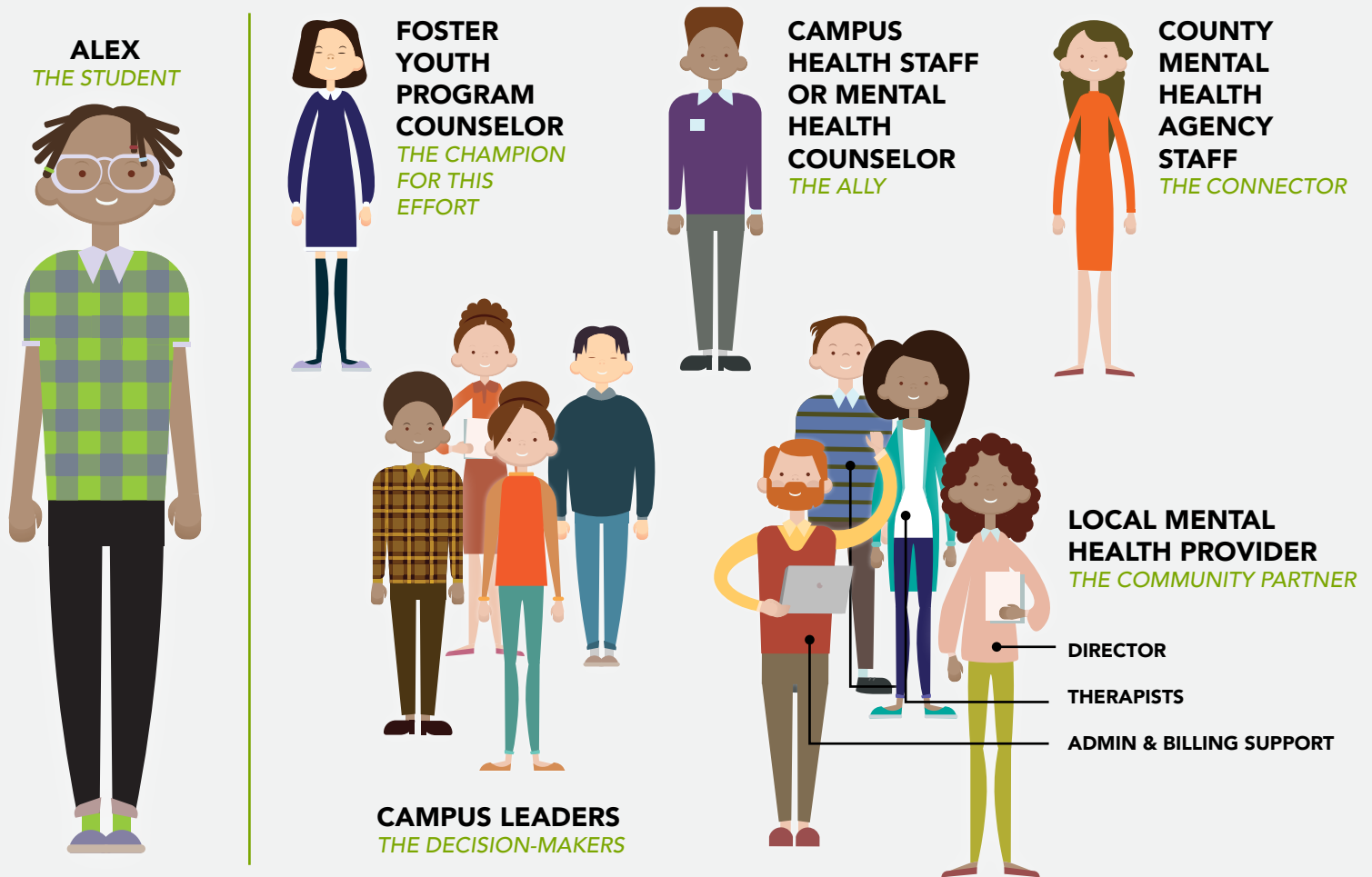
OVERCOMES STIGMA BARRIER

- Students don't have to go to the health center or campus counselor to get a mental health referral.
- Integrating services within a foster youth support program where students feel a sense of trust and community helps to increase access and decrease stigma.
- Publicly partnering with local mental health providers may help reduce stigma and normalize help-seeking for ALL students.

WHO ARE THE KEY PLAYERS?

Now that we understand the what and the why of this model, let's look at who makes it work.

ALEX
THE STUDENT

FOSTER YOUTH PROGRAM COUNSELOR
THE CHAMPION FOR THIS EFFORT

CAMPUS HEALTH STAFF OR MENTAL HEALTH COUNSELOR
THE ALLY

COUNTY MENTAL HEALTH AGENCY STAFF
THE CONNECTOR

CAMPUS LEADERS
THE DECISION-MAKERS

LOCAL MENTAL HEALTH PROVIDER
THE COMMUNITY PARTNER

DIRECTOR

THERAPISTS

ADMIN & BILLING SUPPORT

> *"[Students] feel safest on campus with a college employee, because accessing mental health is hard enough with the stigma attached. Community partners that co-locate is a best practice because they seem more connected to the college from the student's perspective. Additionally, it eases any time and transportation barriers to access care."*
>
> *- Susan Fila, Santa Monica College*

> *"Keep the providers happy! Fill out the referral paperwork, get the referrals to them quickly, and keep them full. They're bringing on resources that they're billing, and they want to bill."*
>
> *- Larry Schallert, College of the Canyons*

During drop-in hours, Alex visits a counselor with the foster youth program, Dr. Greene, who has helped Alex with academic counseling in the past. After hearing about Alex's concerns, Dr. Greene explains that they can refer Alex to see a therapist right there in the foster youth program offices. "The therapist works with a lot of students who have been in foster care," Dr. Greene explains. Alex is interested, so they schedule an appointment to meet the next day and fill out the referral paperwork.

When their meeting begins, Alex is unsure of what to expect or what it really means to get a "referral" to a provider. This makes Alex feel more anxious at first. It helps that Dr. Greene takes the time to walk Alex through the process that Alex will go through with the provider. Afterward, Alex feels more in control about the process, which makes it less stressful.

Alex has a phone call with the provider, Community Youth Mental Health Access Services, only two days after meeting with Dr. Greene. The provider talks to Alex about what's going on and explains more about what Alex should expect. They reiterate to Alex that the mental health services are covered by Alex's Medi-Cal insurance. At the end of the call, they ask whether Alex wants to schedule an appointment to meet with the therapist, and Alex feels good about the decision to do so.

Foster Youth Program Counselor

2. PUTTING THE IDEA IN MOTION: PLANNING STEPS

The rest of this toolkit goes into detail about how to plan, establish, and implement co-located services and referral partnerships. Throughout every step of the process, the Los Angeles County colleges who contributed to this toolkit emphasized collegiality, collaboration, and communication.

IDENTIFY STUDENT NEEDS

All California community college students can benefit from improved access to mental health support. But young adults with foster care histories are an especially important group to focus on. We know that they have high college aspirations, and that getting the right supports can help them overcome systemic barriers to their success.[4,5,6]

With that in mind, different colleges will have students with different needs. Some colleges, for example, begin with a referral pathway that is open to all students, between the health center and a community provider. Other colleges start by focusing on a group of students with more timely needs (e.g., students in foster youth and homeless youth programs, student veterans), and then expand to serve other special populations.

How did you determine which student group(s) would receive services?

"Based on the needs of that student group. We know for example that suicide rates are high among veterans, and that foster youth are more likely to struggle with housing. Understanding the data that is already available for special populations can help guide what partnership to focus your energy on."

- Susan Fila, Santa Monica College

[4] Miller, R., 2020.
[5] Unrau, Y. A., Dawson, A., Hamilton, R. D., & Bennett, J. L. (2017). Perceived value of a campus-based college support program by students who aged out of foster care. Children and Youth Services Review, 78, 64–73. https://doi.org/10.1016/j.childyouth. 2017.05.011
[6] Educational Results Partnership (ERP) and California College Pathways. (October 2019). Pipeline to Success: Supporting California Foster Youth from High School to Community College.

DETERMINE STUDENT INTERESTS

As part of your data-gathering process, a key step is to survey the student group(s) you plan to serve to ask whether they would use the services if they were offered on campus. This is useful for determining your capacity needs. It can also help with convincing providers and campus decision-makers that the services are needed.

RISE (Resources for Individual Success and Education) is a College of the Canyons support program for students who are current or former foster youth or experiencing homelessness. RISE regularly conducts an end-of semester survey (essentially a basic needs assessment) via Google Form to identify what resources the students need (see the Appendix for a sample version).

Before RISE set up co-located mental health services, Dora Lozano amended the survey to ask:
- Would they be interested in seeing a mental health counselor at the RISE office?
- What was their preferred treatment (group vs. individual therapy)?
- What were their preferred days or times for receiving services?

RISE uses the survey to assess cohort needs as well as individual needs: RISE holds a "pre-semester counseling appointment" with each student to review their survey responses and help them access the resources they checked.

Use this survey as part of your initial outreach to students. This can be an instrumental strategy for engaging students and promoting access and use of mental health services. Colleges can develop creative ways of raising awareness, building trust, and promoting access. Section 5 ("Connecting Students to Care") talks about this in more detail.

ENGAGE ON-CAMPUS PARTNERS

At the colleges that have made these services work, the foster youth program staff person has often acted as the mental health champion to make sure that the project is a priority and that it keeps moving. They also have several potential allies in the effort:

✅ HEALTH SERVICES STAFF
Bring your campus health center or mental health staff to the table. Ask if they already have local partnerships or referral networks in place. If so, this may be an opportunity to expand the partnership to include referrals from foster youth counselors.

✅ KEY DECISION-MAKERS
Help your dean or other student support services leader become an ally in the process. Explain the benefits to this partnership, especially that there is no cost for the college.

✅ OTHER STUDENT SUPPORT PROGRAMS
Gauge the interest of other support offices that work with students who may benefit from long-term counseling and be eligible for Medi-Cal (e.g., parenting students, students who were formerly justice-involved). For example, Child & Family Center approached Larry Schallert at College of the Canyons because they already had a contract in place with CalWORKs. You can use one MOU to include referrals for multiple student populations. It's also helpful to collaborate with the individual(s) on campus who assist students in enrolling in CalFresh, CalWORKs, and/or Medi-Cal.

ENGAGE THE COUNTY

The county department of mental or behavioral health is your gateway to partnering with community providers. If you already have a point of contact with the county agency, reach out to them first to see if they can direct you to the right staff person. If not, you can try reaching out to your county's transition-age youth services division, Mental Health Services Act (MHSA) program managers, or managed care division. You can also contact the DHCS County Program Administrator.

For example, the LA County Department of Mental Health mapped out all the Medi-Cal contracted providers within a 5-mile radius of the participating Los Angeles County colleges. They reached out to these providers to determine interest and availability to provide long-term mental health services co-located at the campus, and then they connected interested providers with the colleges.

MEET WITH PROVIDER(S)

After the county has helped you identify a local provider—or if your campus already has a community-based partner in place— connect with the provider to discuss what you're looking for. Some key questions that may be useful as connecting points:

- Does the provider have the capacity and interest to co-locate services on your campus? If not, could they be a referral partner for off-campus services?
- What kinds of services are you seeking them to provide? Are some services more important than others?
- What are the populations that the provider is funded to serve?
- Does the provider have relevant areas of specialization (e.g., trauma-informed care, evidence-based practices, treatment for co-occurring disorders)?
- What are your students' specific needs? Does the provider have relevant capacity to meet these needs? For example, is the provider equipped to serve transition-age youth, students with specific cultural and linguistic needs, LGBTQ students, students with experience with the foster care or child welfare systems, etc.?
- How many students do you expect to refer? (The student survey is helpful here.) It's important to be clear about the scale of student need on your campus and the provider's capacity to address it.
- What student populations would the college be referring (e.g., students currently or formerly in foster care, students experiencing homelessness, student veterans)? Which departments on campus would be referring students to the provider?
- Does the provider have a standardized MOU or referral forms that you can (or must) adopt?
- If services will be provided on campus, where will the physical space be? If they will be provided off campus, how will students get where they need to go (e.g., is the site within easy walking distance, is it on a bus line)?
- What strategies can be implemented to outreach to students about these services and engage in mental health treatment?

Remember that partnership is an ongoing process. For example, at first the provider may only be able to co-locate one counselor providing individual therapy, and then later they might be able to expand to add multiple counselors (if there is high demand) or services such as support groups.

You may also partner with multiple providers to meet different needs.

School-based services are provided on campus (co-location). This requires having a designated HIPAA-compliant space on campus, maintaining records and charts, and having a Medi-Cal certification. The benefit of having school-based services is having a fixed site and a consistent presence on the college campus.

School-linked services are provided in the community based on referral(s) from the community college. Services can be provided at the community clinic or at another community location, such as on campus. There may be more flexibility in terms of the specific setting in which mental health services are provided, whether at the mental health provider's offices, on the college campus, or another preferred location wherein students can access needed mental health care.

For the Los Angeles County project, all the colleges engaged in "school-linked services" in which student health records were not stored on campus. Some colleges, such as College of the Canyons, also partnered on school-based services.

For example, College of the Canyons partners with direct service providers to offer school-linked services for students who need medication or who may have serious mental illness. College of the Canyons also partners with contracted providers to provide co-located services. Often, students who receive co-located services will transfer to the provider's main clinic after a while, which helps to free up capacity for on-campus services.

FIGURE OUT WHAT RESOURCES YOU WILL NEED

As you establish your partnership, consider what resources the college will need to provide to make these services work. For many colleges, the biggest barrier to co-locating services is finding a space for the provider to meet with students. Ideally, the provider will have a dedicated office on campus that isn't being used for anything else, but it's also possible to use a shared office or conference space.

Some of the Los Angeles County providers offer services on-campus in the foster youth program offices, off-campus at the clinic site, and even at other locations: the student's home, other areas on campus, in the community (e.g., coffee shop), or elsewhere. The goal is to bring the services to where students need them (while also maintaining appropriate student privacy).

More resources are needed to co-locate services than to refer students to an off-campus provider, but shared paperwork and a system of communication will always be important. It's likely that the provider will have paperwork they want the college to use, but if not, the Appendix includes templates.

"I am ecstatic about the fact that our organization assists students in getting the mental health services they need. It is pure joy to be able to provide the students with services they might not have had access to due to financial constraints."

- Carolyn Labbe, Child & Family Center

Helpful Resources
The following are resources that are commonly needed to co-locate or refer for services. The resources you need will vary depending on the provider, the type(s) of services offered, and what is available.

- Referral form
- Form for authorizing disclosure of information
- Secure, encrypted messaging platform for sending referrals
- Referral tracking log or system
- Therapy space
- Privacy: closed door, window coverings
- Group calendaring tool to track when provider will be using office space
- Parking permit for provider
- Computer for provider to use to track visits, record notes, etc.
- Office phone for provider use

3. SOLIDIFYING YOUR PARTNERSHIP WITH AN MOU

A Memorandum of Understanding (MOU) establishes a low-risk, mutually collaborative relationship between the college and the provider. It makes complex partnerships possible (like co-locating services), facilitating communication between the provider and the college to ensure that referrals are successful and students are being served. It can help also protect the partnership against unexpected changes, such as staff turnover.

Some colleges do not have an MOU with a provider because their partnership is less formal (e.g., referrals only) or because the process of getting an MOU seems out of reach. But formalizing the partnership with an MOU doesn't have to be prohibitively difficult.

In fact, a simple MOU is often better—2-3 pages is likely enough. The **Appendix** provides a sample based on successful models from College of the Canyons and Rio Hondo. For more information about developing an MOU, see the Memorandum of Understanding Guide and Template (California Community Colleges Health & Wellness).

On the next page is a general outline of the MOU process.

STEP 1: DETERMINE IF YOUR COLLEGE (E.G., THE HEALTH CENTER) ALREADY HAS AN MOU IN PLACE WITH THE PROVIDER.

If there IS an MOU in place with that provider:	If there IS NOT an MOU in place with that provider:
Option 1: **Amend** the existing MOU to include services for students in the foster youth support program.	Option 1: The provider may have a template you can (or must) **adopt** for your campus.
Option 2: **Adapt** the existing MOU as a template for your MOU.	Option 2: Your college may have a similar current or past MOU with another provider that you can **adapt** as a template.
	Option 3: You can **create** your own MOU. See the **Appendix** for a sample.

STEP 2: GET THE MOU APPROVED BY LEADERSHIP ON BOTH SIDES, MAKING REVISIONS AS NEEDED. FOSTER YOUTH PROGRAM STAFF MAY ACT AS THE CHAMPION TO SHEPHERD THE MOU THROUGH THIS PROCESS.

On the college side, this may involve a back-and-forth process with student services leadership and potentially the Board of Trustees.	On the provider side, the CEO or director-level leadership will need to sign off.

STEP 3: CONTINUE TO CHECK-IN WITH THE PROVIDER (E.G., AT AN ANNUAL OR SEMIANNUAL FACE-TO-FACE MEETING) TO DISCUSS HOW THINGS ARE GOING AND IF CHANGES ARE NEEDED TO KEEP THE COLLABORATION GOING.

STEP 4: OVER TIME, MAKE REVISIONS AS NEEDED TO REFINE, EXPAND, AND AMEND SERVICES (AS AGREED UPON BY BOTH PARTIES, IN WRITING). TYPICALLY, SMALL CHANGES DON'T NECESSITATE GOING BACK TO LEADERSHIP FOR REAPPROVAL.

STEP 5: RENEW IN A TIMELY MANNER, AS NEEDED (E.G., ANNUALLY).

> *"We established partnership back in 2015 and have maintained and grown it ever since. We converse about referrals process and what is easiest for Santa Monica College and what info we need. We are flexible. Admin Coordinator from our department tracks referrals and is the point person for referrals. Every year in the fall, we (I, Admin Coordinator, some therapists and supervisors) visit SMC and meet with Wellness center and other SMC stakeholders to review referrals process and the services we provide and put faces to names."*
>
> *- Linda Shing, Exceptional Children's Foundation*

Common MOU elements for establishing this kind of partnership include:

- Names of each party
- Purpose of the agreement
- Dates the agreement is active
- Role of the local mental health provider, such as:
  - What services they will provide
  - How many/what type of staff or interns will provide services
  - Where they will provide services
  - When they will offer services
  - How they will share information with college staff
  - What role they will have in a crisis
- Responsibilities of the college, such as:
  - Resources that the college will provide (e.g., office space, parking permit)
  - College's role in referral process
  - When and how college staff will collaborate with the provider
- Acknowledgement that both parties will adhere to relevant legal and ethical standards, including confidentiality practices (e.g., HIPAA, FERPA, California state laws)
- Statement(s) that each party will defend, indemnify, and hold harmless the other party from legal liabilities related to damages, injury, negligence, misconduct, or other risks
- If services will be provided on campus: Any required insurance that the local mental health provider must hold
- If services will be provided on campus: Security requirements such as fingerprinting, criminal background checks, or tuberculosis testing requirements, including who will pay the costs associated with meeting these requirements

4. ESTABLISHING THE REFERRAL PROCESS

An effective referral process is critical for building a partnership that works and ensuring that no student simply falls through the cracks. The key components of the referral process are the referral form, authorization to disclose health care information, secure system for sending and receiving referrals, and referral tracking log. See the **Appendix** for sample templates. It's helpful to outline your referral processes in your MOU, if you have one.

Often, the provider will have specific forms for the college to use. An important role for the provider is to train key staff at the college in how to complete the paperwork and send referrals. Training should also include discussion of student privacy and confidentiality.

Other core considerations to discuss with the provider as you're planning your referral process include:

WHO WILL CREATE REFERRALS?
- Which counselor(s) or adjunct counselor(s) will complete the referral paperwork with the student?

WHAT WILL STAFF NEED TO MAKE THE REFERRAL?
- Does the provider have an existing referral form the college will use? Informed consent to disclose health information form?

HOW WILL STAFF KNOW HOW TO CREATE REFERRALS?
- Who will train the key staff (e.g., program director, counselor) to make and track referrals? This will likely be the provider's role, but if health center or mental health services staff already have a similar partnership in place with the provider, they might be able to act as trainers.
- Once key staff are trained in the referral process, who will they train (e.g., other counselors, adjunct counselors in the foster youth program)?

WHERE WILL STAFF SEND REFERRALS?
- Is there an administrative point of contact at the provider's office who receives the referrals? Or do the referrals go directly to the co-located therapist?

HOW WILL STAFF SEND REFERRALS?
- What HIPAA-compliant system (fax, shared drive program, secure messaging system, etc.) will you use to maintain student privacy and confidentiality?

HOW WILL REFERRALS BE TRACKED?
- Will the provider and/or college maintain a referral tracking log to share information about the status of individual referrals? Where will the tracking log be housed (e.g., secure shared drive)? Who will have access to the tracking log?

> *"Arrangements for referral have always been informal, and it is understood that due to fluctuating caseloads at various agencies, there may not be availability of services at any one particular agency at a given time. If an agency reports a long wait time, then DMH ACCESS line is contacted to locate the soonest available intake appointment. One of the challenges with getting an MOU progressed and finalized was the COVID-19 public health crisis, which resulted in entities focusing on retooling their internal processes for services. Now that this has been established, our hope is that we can formalize these connections during the next academic year."*
>
> *- Niki Dixon, Pasadena City College*

5. CONNECTING STUDENTS TO CARE: DAY-TO-DAY PROCESSES

When the partnership and systems are in place, you're ready to start connecting students to services!

STEP 1. OUTREACH TO STUDENTS

Get the word out to students that they can access mental health services through the foster youth support program. Emphasize the benefits: they don't need to go to the health center or campus mental health services, their information will be kept confidential, and they can get long-term or more intensive support.

Make sure that marketing and outreach messaging gives easy-to-follow guidance for accessing services. For example, instead of just telling students they can receive a referral from the foster youth support program, give them a specific person(s) in the office to contact. If there are drop-in days and times, include these.

Many students with experience in the foster care system may have difficulty trusting adults, and they may have had negative experiences with mental health services while in the foster care system. It's important to design outreach activities that create opportunities for students to build trust and rapport with the provider and decrease stigma for the student. For example, some campuses introduced the students to the provider through less stigmatizing "wellness" opportunities, such as a stress management workshop, or by integrating the provider into existing activities and programming offered by the foster youth program.

Outreach Opportunities
- Beginning-of-the-year orientation activities
- Individual check-in meetings with students
- Foster youth group activities and workshops
- Academic counseling appointments
- Event tables and resource fairs
- Active Minds, NAMI on Campus
- Campus social media
- College app
- Flyers at campus bulletin boards, food pantry, gym, etc.
- One-on-one interactions with department heads
- Email announcements to students, department heads, faculty

"The main challenge has been getting enough students to utilize the services available to them. LACC is continuing the efforts of outreach and marketing theses service to students to better reach the general student population."

- Alvaro Aguila, Los Angeles City College

Mental health staff can support the process by case finding: reviewing their current and incoming cases to identify students who might benefit from these services. Larry Schallert (College of the Canyons) recommends that colleges proactively refer these students, not wait until the student has completed their full allotment of sessions with the campus counselor.

> *"It has been important to find agencies that can serve our students but at the same time not expect a certain number of referrals, as we are not in a position to guarantee that."*
>
> *- Jeze Lopez, Mt. San Antonio College*

STEP 2. MEET WITH THE STUDENT

Once a student has expressed interest in receiving mental health services from the provider, set up a dedicated appointment to create the referral with the students. Set aside around 30 minutes to have time to answer the student's questions. (It's also possible to complete this step on a drop-in basis, if preferred and if you have the capacity to do so.) At the student meeting:

First, make sure the student has Medi-Cal.
- If not, refer them to the certified enroller at your campus who helps students sign-up for programs such as Medi-Cal, CalWORKs, and CalFresh.
- If there isn't an enrollment specialist at your campus, the student can also apply through the Covered California website or at the county department of social services.
- Then set up a new referral appointment once the student has a Medi-Cal number.

Some students do not have health insurance and are not eligible for Medi-Cal, such as students with undocumented legal status. Counties have limited funds available to support people in this situation (referred to as "medically indigent adults"). Connect with your provider(s) about whether they have funding from the county to work with uninsured students.

Next, help the student understand what to expect once they're referred to the provider.
- For example, the student will need to complete a screening call, and the first 1-2 appointments will likely focus on administrative paperwork and helping the provider understand the student's challenge, rather than jumping directly into therapy.

Finally, fill out the referral form and consent to disclose health information with the student.

> *Glenn Heap, Community Liaison/Therapist at Rio Hondo College, recommends taking a picture of the student's Medi-Cal card and sending it with the referral paperwork. This can be useful if the provider has any difficulty processing the Medi-Cal number.*

STEP 3. SEND THE REFERRAL TO THE PROVIDER

Send the referral form, the informed consent form, and a copy of the student's Medi-Cal card (optional) to the provider via the HIPAA-compliant system you have agreed to use: fax, upload to shared drive, secure messaging, etc. If you have an MOU, you can include discussion of how you will share these documents.

Make sure the student knows what the next step will be. Usually they will need to complete a screening call with the provider, and during the call the provider will give the student the option of starting services (some students will decide not to pursue this option).

> *"Students have been happy overall with the services they have received and the timeline has been amazing. Students receive a phone call [from the provider] within 2-3 days of referral and are typically set up with a counseling appointment within the week. This timeline captures students' momentum from when they initially request services to be able to actualize this plan."*
>
> *- Linda Ramos, Cerritos College*

STEP 4. TRACK YOUR REFERRALS

A strong referral tracking system can help ensure that the students who ask for help, get help. It's important to create shared agreement between the college and the provider about who and how referrals will be tracked. Tracking individual referrals through a log or system is crucial to making sure that referrals lead to services (or, at minimum, an informed opportunity to access services). In addition, referral tracking can support data collection about the impact of your partnership and help you make the case to leadership that these partnerships are effective.

The referral tracking system should be outlined in your MOU or shared agreements.

The tracking log does not have to be complicated. It can be as simple as a shared spreadsheet that both the provider and the college can access. The log only needs to track whether and when students are receiving services.

The referral log does **not** include information about the content of a student's referral; their diagnosis or prescriptions, if any; or the specific content of their therapeutic sessions. However, since the log does include student names, it must be kept confidential (e.g., stored on a secure drive).

The provider or your campus health center staff may already have a preferred tracking system in place that you can adopt. A referral tracking log template is included in the **Appendix**. Here is a sample process for tracking referrals through a simple spreadsheet:
- The foster youth counselor creates an entry for each student when they send the referral to the provider.
- The provider modifies the entry over time to add necessary information. For example:
  ◦ The date when the student follows-up on the referral and completes the intake process
  ◦ How frequently and where the student receives therapy (e.g., weekly at the off-campus clinic)
  ◦ Other services the student receives
  ◦ When the referral is closed and why (e.g., student completes screening call and decides not to pursue services, student ends services after several months of treatment)
  ◦ Comments to explain challenges, if any, that the provider experiences in trying to contact the student or schedule appointments
- The foster youth counselor continues to check the referral tracking log to make sure that students are accessing services and provide helpful intervention if they are not.

Glenn Heap (Rio Hondo) shares several strategies for referring and tracking referrals:

- *Send a copy of the referral to the student as well as to the provider.*

- *If the provider is having difficulty reaching the student, the foster youth counselor can gently nudge them (in person or by text, phone, or email). "This helps because students might be in a lot of pain one day, but not so much the next, and so they can become disengaged," Glenn says.*

- *In addition to tracking individual referrals, therapists working with Rio Hondo continually record the number of students they see into a shared computer program. This includes the number of students seen individually or in group sessions, both on campus and off campus. The Dean can access the record at any time for a progress update of how many students are being served.*

STUDENT STORY, PART 4

It's the following year, and Alex is excited about being close to transferring to a UC to continue on for a bachelor's degree in nursing. Alex is most proud of being the first in their family to be on track to get a college degree. Alex is happy to have decided to reach out for help. After several sessions with Dr. Lahiri, Alex transitioned to getting therapy at Community Youth Mental Health Access Services. It wasn't as intimidating as it would have been before Alex worked with Dr. Lahiri. Alex was able to continue with therapy for as long as needed and decided to start anti-anxiety medication as well. These mental health services helped Alex with focusing on coursework and feeling motivated to stay in college, but more importantly, they gave Alex tools they can use in college and beyond to care for their mental health and wellness.

Therapist

6. MAINTAINING THE PARTNERSHIP

These services can change students' lives. Partnerships with community agencies allow colleges to support the whole student, which in turn fosters academic success. Partnering with a community-based provider is an excellent opportunity for colleges to help students with foster care histories overcome some of the barriers they face as they work toward reaching their goals.

Be intentional about continuing the partnership you have worked hard to build. Revisit the partnership through structured annual meetings (or more often) as well as through less formal check-ins.

> *"[I am most excited about] seeing students use services, whether therapy or workshops. Giving them the tools to be successful."*
>
> *- Alvaro Aguila, Los Angeles City College*

> *"We just love working with this student population and with Santa Monica College staff."*
>
> *- Linda Shing, Exceptional Children's Foundation*

Invite the provider to be a part of student-facing events and activities. Glenn Heap (Rio Hondo) describes this as "one unit pulling in the same direction": to students, the community provider is just part of campus services, not an intimidating outside organization. Providers can attend campus wellness events, participate in annual planning meetings, facilitate student group sessions, introduce themselves at student orientation activities, and more.

These activities are helpful for the students who directly access these services and for destigmatizing mental health services for the campus community as a whole.

> *"We provide workshops on campus for the Guardian Scholars as part of outreach and psychoeducation on mental health. We participate in events in quad handing out info about our program. We visit Guardian Scholars at their request usually at beginning of new year to meet their students and discuss our program."*
>
> *- Linda Shing, Exceptional Children's Foundation*

> *"At the beginning of each academic year, there was a campus-wide meeting where EOPS, Foster Youth Program, and Personal Counseling met with community partners. Additionally, [community partner] Five Acres staff have attended EOPS and Foster Youth department meetings to further develop this partnership and trained staff on how to make an effective referral."*
>
> *- Niki Dixon, Pasadena City College*

9 Tips for Making It Work

1. Communication, collaboration, and collegiality are key. Relationships are essential.

2. Help your decision-makers and allies understand that there is no cost for the college to provide these services. Services are funded by the county, billed through a contract with the community provider.

3. MOUs don't need to be complicated. They are invaluable for solidifying partnerships and mutual understanding.

4. Be clear about shared expectations and capacities.

5. Maintain a tight system for making and tracking referrals. Keep paperwork minimal.

6. Use a survey to ask students what services they want and what they will use.

7. Make it easy and comfortable for students to understand how to get a referral and what they need to do to receive services.

8. Develop multiple partnerships with different providers. This may allow you to focus on different student populations. It can also help when one provider is currently at capacity.

9. Make it mutually beneficial. Keep the provider happy and busy.

SPECIAL SUPPLEMENT COVID-19: HOW HAVE SERVICES CHANGED?

Campus closures and physical distancing have dramatically changed services throughout the California Community College system. Colleges and community providers continue to find creative ways to cope. At the Los Angeles County colleges that have established the partnerships described in this toolkit, nearly all the providers are continuing to offer services using a telehealth model. In fact, the Child & Family Center (College of the Canyons partner) has been able to supplement telehealth services with in-person sessions at clinics or students' homes (with appropriate personal protective equipment, PPE). Telehealth, therapy sessions within the community (off-campus), and virtual group meetings are some of the most popular ways that services have continued.

In the remote environment, communications and student outreach are more important than ever. For example, some colleges are hosting virtual wellness fairs that would include not just traditional health services on campus, but also representation by student support programs and the providers. Virtual face-to-face meetings with foster youth and other students served by support programs are another way to ensure that students feel supported and connected to care. It's especially important in this environment that students are able to easily access information about how to pursue service referrals (on foster youth program webpage, linked from staff signatures, etc.).

Building these partnerships and strengthening them through MOUs before the disruption of the pandemic has helped the colleges sustain services through these unexpected changes.

"During this COVID-19 time our community partners have been extremely helpful. I believe this is due to the relationships we have built. They have provided workshops on Zoom for our students as well as trainings for our faculty and staff. […] The attendance at our mental health workshops have not reduced in anyway. In fact, they often have increased. If a student has the technology, they are attending more of our workshops (from our own staff as well as community partners), possibly due to the convenience of not having to be on campus at the scheduled time."

- Deborah Miller Calvert, Long Beach City College

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More Relevant Resources from California Community Colleges Health & Wellness

[Collaboration Toolkit: California Community Colleges and California County Behavioral and Mental Health Departments](#)

[Memorandum of Understanding Guide and Template](#)

[Step by Step: Building Your College Mental Health Services](#)

[Supporting Transition-Aged Foster Youth](#)

[Local Educational Agency Medi-Cal Billing Option: Pre-Enrollment Strategies](#)

[Highlights from the Field: Developing a Psychological Services Intern Program at Your Community College](#)

Appendix:
TEMPLATES AND SAMPLES

Memorandum of Understanding

Referral Form (Request for Services)

Authorization to Release Information

Referral Tracking Log

Mental Health and Wellness Services Checklist

Identifying Potential Partners Worksheet

Partnership Questions

Sample Student Survey

Please note: *The following materials include templates based on real documents that were generously shared by College of the Canyons, Rio Hondo, Crittenton Services for Children and Families (provider), Child & Family Center (provider), and John Burton Advocates for Youth. These materials are not intended to replace guidance from your college's or the provider's legal counsel. The college and the provider are required to comply with all applicable federal and state laws and regulations.*

Memorandum Of Understanding

This Memorandum of Understanding (MOU) is between [College] and [Provider]. [*Optional:* This agreement is limited to [Department] and _____ [Department].] The term of this MOU begins [date] and will end [date] unless renewed by both parties.

This MOU may be modified, revised, amended, or renewed by the mutual written consent of [College] and [Provider]. During this agreement, [College] or [Provider] may cancel the MOU and terminate the services with [number of days] notice.

This agreement sets forth the responsibilities of both parties and the shared intention to _____. [Briefly describe the overall purpose of the partnership. This is a good place to include any key principles of care or approaches, such as trauma-informed or resilience-oriented. Examples: provide accessible, high-quality mental health services; support students who are current or former foster youth and who need long-term mental health care; collaborate in an ongoing partnership in the best interests of our students and community; offer culturally responsive, trauma-informed long-term mental health services.]

Provider Role
[All of the following is **optional** information that may be useful to include as you describe the role of the community provider.]
- [Provider] will provide mental health services to…
  [Whom will they serve? Examples: students who are referred by the foster youth services program, students who are experiencing emotional and/or behavioral needs that interfere with their ability to function, etc.]

- [Provider] will provide the following mental health services: …
  [What services will they provide? Individual therapy, group therapy/support groups, family therapy, crisis intervention, psychological evaluation, case management, medication evaluation and support, parent education or support groups, support for recovery from substance use, etc.]

- [Provider] will provide services…
  [Where and when? In the Student Services building on weekdays, 9-5; at the provider's clinical offices during regular business hours; on campus on specific days or times; etc.]

- [Provider] will engage the following staff or interns. The number of staff or interns will depend on the number of clients who are referred: …
  [Who will provide services? Licensed and/or master level therapists, master level graduate students supervised by a licensed clinician, recovery specialists; etc.]

- [Provider] will collaborate with campus staff by…
  [How? Participating in regularly scheduled meetings to discuss issues and enhance services, training college staff in the referral process, providing consultation to staff,

sharing necessary information (with client consent) about the student's treatment, attending annual or semi-annual strategic planning meetings, engaging in cross-training, etc.]

- As needed in a crisis or emergency, [Provider] will…
[What role will they serve in a crisis, if any? Consult with college personnel, engage the provider's Crisis Team, provide crisis assessment at the Provider's offices, etc.]

- [Provider] certifies…
[With what security measures must they comply? Provider has completed criminal background checks of all staff, all staff have taken and passed a pre-hire TB test, all staff have completed fingerprinting clearance, etc.]

College Responsibilities
[All of the following is **optional** information that may be useful to include as you describe the role of the college.]
- [College] will provide…
[What resources? A private room on campus conducive to providing therapeutic services and maintaining student confidentiality; will provide a computer for tracking referrals; etc.]
- To support the referral process, [College] personnel will…
[How will the college support referral and documentation? Complete an initial referral appointment with the student; complete all referral forms with all referred students; maintain a referral tracking log, etc.]
- [College] will support students in accessing mental health services, including by…
[How will the college help ensure that students use these services? Explaining the process and setting the student's expectations during the referral appointment; following-up with the student via email, SMS text, and/or phone after the referral is made; etc.]

Billing
[Include a statement regarding costs and billing. For example:] [College] is not responsible for the costs of providing mental health services to students. [Provider] will complete all billing and payment processes, using the current procedures that [Provider] utilizes through its existing contract(s) with the county agency.

Indemnification
[Your legal department may have specific required language, which you might be able to adopt from one of your college's existing or former MOUs. The following language can also be used as a model:] [Provider] agrees to defend, hold harmless, and indemnify [College] and its appointed officers, employees, representatives, subsidiaries, and agents against any and all liability for any judgments, awards, expenses, fines, penalties, attorneys' fees, costs, or other claims for damages arising from or connected with any suit, complaint, charge, proceeding, claims for damages or worker's compensation benefits, or action of any kind relating to [Provider's] operations, its services, negligence, or willful misconduct, unless such negligence or misconduct occurred at the direction of or was caused by [College].

[The provider may also request or require the college to make a similar statement that holds the provider blameless.]

Insurance

[Your legal department may have specific required language, which you might be able to adopt from one of your college's existing or former MOUs. The following language can also be used as a model. Note that insurance may not be an issue if you are not co-locating services:] During the term of this Memorandum of Understanding, [Provider] agrees to maintain, in full force and effect, and at [Provider's] sole cost and expense, the following insurance coverages or better: [Typical types of required coverage include Worker's Compensation, General Liability Insurance, Employer's Liability Insurance, Professional Liability Insurance, and Automotive Liability Insurance. This section also typically outlines the required minimum amounts for each type of coverage.]

We the undersigned, as authorized representatives of our agencies, do hereby approve this document.

[Dated signatures of required parties from the college and the provider. At the college level, this may include the counselor as well as senior leadership (Dean, President, etc.). At the provider level, this would include the CEO or director.

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.]

☐ Depressed, sad, or hopeless
☐ Anxiety or worries
☐ Stress
☐ Grief or loss
☐ Suicide attempts or ideation
☐ Self-harm, urge to self-harm
☐ Harming others, urge to harm others

☐ Panic attacks
☐ Hallucinations (visual and/or auditory)
☐ Inability to focus
☐ Lack of motivation
☐ Disordered eating
☐ Problems sleeping (too much/too little)
☐ Unexplained pain or other physical concerns
☐ Substance use

☐ Issues with family
☐ Trauma experiences
☐ Relationship violence (physical, emotional, or other abuse from partner)
☐ Other physical abuse
☐ Sexual assault or abuse
☐ Stress, sadness, or hopelessness related to racism, homophobia, other discrimination:

_____

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.*

Authorization to Release Information

By completing this form, you are authorizing the disclosure and/or use of your personally identifiable health information in ways that are consistent with California and federal health privacy laws.

Name: _____ Date of Birth: _____

I authorize the following organization to (1) disclose (release) information to and/or (2) obtain (use) information from [College]:

[Provider name, address, and contact phone number]

I authorize [College] to (1) disclose (release) information to and/or (2) obtain (use) information from [Provider].

The information will be used for the purposes of assisting in diagnosis and/or treatment planning. [Specify other purposes, if any.]

Information to be Released/Obtained:

☐ All records including, but not limited to, medical history, psychiatric history, substance use, mental or physical conditions and treatment.

OR

☐ Only the following types of health information or records (include dates):

This authorization shall become effective [date]. It expires one year from the effective date or at the end of treatment, whichever comes sooner.

Your Rights:

- You may refuse to sign this Authorization.
- You may revoke this Authorization at any time. You may also revoke this Authorization by delivering your revocation in writing (and signed by yourself or on your behalf) to the Privacy Officer at [Provider]. Your revocation will be effective when it is received by [Provider]. It will not extend to information that was already obtained or released prior to the revocation.
- You have the right to receive a copy of this Authorization.
- You may inspect or obtain a copy of the mental health information that you are being asked to be used or disclosed, within the limits of the laws pertaining to confidentiality of mental health information for minors.

[Student signature, date, time. Include signature of parent, guardian, or authorized representative if student is under age 18.]

To Revoke Authorization Only:

[Student signature, date, time. Include signature of parent, guardian, or authorized representative if student is under age 18.]

California law prohibits [Provider] from making further disclosures of the specified information to any other person or entity, unless such disclosure is specifically required or permitted by law. An additional written authorization must be obtained for a proposed new use of the information or for its transfer to another person or entity.

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.]

Open Referrals

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

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

Open Referrals | Closed Referrals | ⊕

Closed Referrals

Student Name	Date Referral Closed	Reason Closed	Comments

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

Open Referrals | Closed Referrals | ⊕

Mental Health and Wellness Services Checklist

Adapted from [Collaboration Toolkit](#) (California Community Colleges Health & Wellness)

Services	Provided by the College	Co-located Service on Campus	Have Referral Partner	Need Referral Partner	Comments
Behavioral Intervention Team					
Case Management					
Crisis Intervention					
Housing Resources					
Hunger Resources					
Individual Therapy (short term)					
Individual Therapy (long term)					
Group Therapy or Group Support Sessions					
Peer Support Program					
Psychological Assessment					
Psychotropic Medication (Prescriptions)					
Substance Use Treatment or Rehabilitation					
Suicide Prevention Program					
Wellness, Stress Management					
Support for students…					
…with foster care histories					
…experiencing homelessness					
…who are veterans					
…in languages other than English					
…who identify as LGBTQ, gender nonconforming, or nonbinary					
…who are parents					

Identifying Potential Partners Worksheet

Provider Name	Name of Contact, Date Contacted	Results of Contact	Populations of Focus (if applicable)	Available Capacity	Potential Services

Partnership Questions

Questions to Consider When Meeting with a Provider:

- Does the provider have the capacity and interest to co-locate services on your campus? If not, could they be a referral partner for off-campus services?
- What kinds of services are you seeking them to provide? Are some services more important than others?
- What are the populations that the provider is funded to serve?
- Does the provider have relevant areas of specialization (e.g., trauma-informed care, evidence-based practices, treatment for co-occurring disorders)?
- What are your students' specific needs? Does the provider have relevant capacity to meet these needs? For example, is the provider equipped to serve transition-age youth, students with specific cultural and linguistic needs, LGBTQ students, students with experience with the foster care or child welfare systems, etc.?
- How many students do you expect to refer? (The student survey is helpful here.) It's important to be clear about the scale of student need on your campus and the provider's capacity to address it.
- What student populations would the college be referring (e.g., students currently or formerly in foster care, students experiencing homelessness, student veterans)? Which departments on campus would be referring students to the provider?
- Does the provider have a standardized MOU or referral forms that you can (or must) adopt?
- If services will be provided on campus, where will the physical space be? If they will be provided off campus, how will students get where they need to go (e.g., is the site within easy walking distance, is it on a bus line)?
- What strategies can be implemented to outreach to students about these services and engage in mental health treatment?

Questions to Discuss When Establishing a Referral Process with a Provider:

Who will create referrals?
- Which counselor(s) or adjunct counselor(s) will complete the referral paperwork with the student?

What will staff need to make the referral?
- Does the provider have an existing referral form the college will use? Informed consent to disclose health information form?

How will they know how to create referrals?
- Who will train the key staff (e.g., program director, counselor) to make and track referrals? This will likely be the provider's role, but if health center or mental health services staff already have a similar partnership in place with the provider, they might be able to act as trainers.
- Once key staff are trained in the referral process, who will they train (e.g., other counselors, adjunct counselors in the foster youth program)?

Where will they send referrals?
- Is there an administrative point of contact at the provider's office who receives the referrals? Or do the referrals go directly to the co-located therapist?

How will they send referrals?
- What HIPAA-compliant system (fax, shared drive program, secure messaging system, etc.) will you use to maintain student privacy and confidentiality?

How will referrals be tracked?
- Will the provider and/or college maintain a referral tracking log to share information about the status of individual referrals? Where will the tracking log be housed (e.g., secure shared drive)? Who will have access to the tracking log?

Sample Pre-semester Student Survey

The [Foster Youth Program] Team is excited for the start of a new semester and the opportunity to support you! We want to make sure that we're helping you access the resources that YOU need to be successful.

Please complete the following survey by [date]. The [Foster Youth Program] Team uses the survey results to plan what services we will offer in the future. [Foster Youth Counselor] will meet with you to discuss your answers and help connect you to these supports.

1. What RESOURCES do you think you will need to support your success this semester?

☐ Textbook vouchers or checkouts	☐ Meal vouchers, food pantry access
☐ Laptop checkout	☐ Housing
☐ School supplies	☐ Transportation voucher
☐ Toiletries, personal care	☐ Parking permit

2. What SERVICES do you think you will need to support your success this semester?

☐ Academic counseling	☐ College transfer assistance
☐ Mental health counseling	☐ Tutoring
☐ Help finding housing	☐ Help accessing financial aid
☐ Help enrolling in CalFresh, CalWORKs, or Medi-Cal	☐ Accommodations for a disability
	☐ Help finding employment

3. [Foster Youth Program] is exploring the option of offering long-term counseling and other mental health services with a therapist that you could see in the [Foster Youth Program] offices, using your Medi-Cal benefits. If you could access therapy on campus, instead of having to go to a provider off campus, would you use these services?
   a. Yes, very interested
   b. Maybe, likely interested
   c. Unsure
   d. No, not interested
4. What kind(s) of mental health services would you be interested in?
   a. Individual counseling
   b. Counseling with medication
   c. Group therapy
   d. Group support program with other students in [Foster Youth Program]
5. What day(s) and/or time(s) would you want to access services?
   a. No preference or unsure
   b. Monday mornings
   c. Monday afternoons
   d. Tuesday mornings
   e. Tuesday afternoons
   f. Wednesday mornings
   g. Wednesday afternoons
   h. Thursday mornings
   i. Thursday afternoons
   j. Friday mornings
   k. Friday afternoons

This toolkit developed by the California Community Colleges Chancellor's Office working in partnership with John Burton Advocates for Youth and the Los Angeles County Department of Mental Health. For more student support resources, visit cccstudentmentalhealth.org.

The California Community Colleges is the largest higher educational system in the nation, comprised of 116 colleges and more than 2.1 million students per year. The Chancellor's Office provides leadership, advocacy, and support under the direction of the Board of Governors of the California Community Colleges. Eloy Ortiz Oakley serves as Chancellor at time of writing.

https://www.cccco.edu

John Burton Advocates for Youth (JBAY) improves the quality of life for youth in California who have been in foster care or homeless by advocating for better laws, training communities to strengthen local practices, and conducting research to inform policy solutions. It was founded in 2005 by John Burton, a former member of Congress, the California State Assembly, and President Pro Tem of the California State Senate. JBAY works in three areas: education, housing, and health. JBAY leads the Foster Youth College Advancement Project (FYCAP), an initiative within the L.A. Opportunity Youth Collaborative that seeks to increase post-secondary attainment for foster youth in LA County.

https://www.jbaforyouth.org

The Los Angeles County Department of Mental Health (LACDMH), with a budget of approaching $3 billion, is the largest county-operated mental health department in the United States, directly operating programs in more than 85 sites, and providing services through contract programs and LACDMH staff at approximately 300 sites co-located with other County departments, schools, courts and various organizations. Each year, the County contracts with close to 1,000 organizations and individual practitioners to provide a variety of mental health-related services. On average, more than 250,000 County residents of all ages are served every year. LACDMH's mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.

https://dmh.lacounty.gov/