

Growing a Mental Health Services Program in the California Community College System: The Santa Rosa Junior College Experience

- **Pre-existing conditions:**
 - **Health Services Director** (Public Health nurse with a Master's Degree in related field – per Education Code mandate) to provide population based health planning expertise, coordination of efforts on campus
 - **Health Services Advisory Committee (HSAC)**– providing oversight of Health Fee fund, linking to program development (President's Advisory)
- **1980's** – need for mental health services apparent, analysis by HSAC explored possible use of Health Fee funds.
- **Spring 1991 – First contract for mental health services with a licensed psychologist.**
 - Consultation hours only to assess institutional needs (not student needs)
- **1991-1993 Academic Year contract items**
 - Develop referral relationships and communication network with community MH providers
 - Establish Crisis Intervention Team (Fall 1991)
 - Staff development with health services nursing staff on crisis intervention management (providers)
- **1993 – First direct services from MH providers implemented (unlicensed interns)**
 - Mental Health interns (3 unpaid) began crisis intervention drop-ins, limited brief therapy and groups, under licensed MH provider's supervision
- **1996 – Full CAPIC approved internship training site**
 - Capacity for 8 half-time interns, several part time licensed MH supervisors utilized/contracted
 - Individual services increased significantly, adding daily crisis intervention drop-in
 - Student outreach and classroom presentations started
- **1997-2003 Annual contract renewals with slow growth to the program.**
 - Remained under contract for annual renewals, allowing for rapid adjustments in program scope related to unstable funding source
 - Key elements: Crisis Team leadership, staff development, intern program oversight
 - MH services by interns established at a 2nd Campus
 - Select Program Administrative duties phased into contract as possible
- **2003 – 2011 Contractual services shifted to a local community mental health non-profit clinic**
 - Increased community connections and collaboration
 - Greater diversity of staff, supervision and training for interns available.
 - Program growth reflected overall growth in the college/enrollment
 - 2007 - Spanish bilingual/bicultural services by licensed provider started
(first direct services by a licensed mental health provider)
 - 2010 – MHSA grant funding began, from Sonoma County for MH preventive services
 - New facility for mental health programs (adjacent to clinical programs)
 - Increasing administrative demands upon program steadily for CIRT leadership/Direct Services/Grant management/District Liability.
- **2012-2013 End Contractual Services, Permanent Psychologist hired**
 - Recommendation of HSAC as early as 2004, to stabilize program and adequately meet both student and District needs
 - Assistant Director, Student Health Services – Mental Health Programs hired Sept. 2012.
<http://www.santarosa.edu/hr/JobDesc-Management/106%20-%20Asst%20Dir%20Student%20Health%20Servcies.pdf>
 - Reports to Student Health Services Director
 - Professional Experts for other staff, Interns – hourly classified
 - SMHP Campus Based Grant start up
 - Fiscally challenging; helps stabilize a relatively large program with appropriate administrative and grant oversight.
 - Focus: increase access and service efficiency without compromising quality through operational adjustments, maintain/expand external funding sources, strengthen community collaboration and referrals.