

COLLEGE OF THE CANYONS
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
CAMPUS SUICIDE PREVENTION PROPOSAL NARRATIVE

SECTION A: STATEMENT OF NEED (15 POINTS)

1. Background on the Institution. College of the Canyons (COC) is a fully accredited California Community College and Hispanic Serving Institution, located in Santa Clarita, CA in northern Los Angeles County. COC has served the Santa Clarita Valley for 44 years and offers an accessible, enriching education providing students with essential academic skills and prepares them for transfer education, workforce-skills development, and the attainment of learning outcomes corresponding to their educational goals.

The College operates two campuses, one in Valencia and the other in Canyon Country, five miles to the east. Together, the campuses enroll over 18,000 students. COC offers 71 certificate and 71 AA/AS Degree programs in a variety of vocational, technical and academic disciplines. In the past 25 years, COC has enjoyed striking increases in diversity, with the non-white population nearly tripling to over 60 percent of the student body, and Latino students nearly quadrupling to 43 percent of the student body.¹ During that same period, the student population has more than tripled. A demographic breakdown of College of the Canyons’ students is presented below.

Table 1: Fall 2013 Student Statistics (excluding non-credit)²	
Enrollment	Total: 18,088 • Part-time: 64% • Full-time: 36%
Gender	Female 52% • Male 48%
Ethnicity	African American 5% • Asian 8% • Latino 43% • White 39% • Multiethnic 4% • Unknown/Not Reported 1%
Age	< 19: 33% • 20-24: 34% • 25-34: 17% • 35-49: 12% • > 50: 4%
Financial Aid	49% of all students received grants, loans, and/or scholarships • 33% receive Pell Grants • 3% receive Federal student loans

The College’s rapid growth mirrors that of the region and district COC serves. The population of the Santa Clarita Valley has increased 46 percent since 2000 and is projected to grow another 42 percent by 2035.³ This growth has brought significant economic and social diversity to both the community and college which has broadened the pool of students arriving at the college, particularly those not college-ready. For example, 96 percent of incoming students place below transfer-level mathematics; and 86 percent place below transfer-level English. In addition, since 2007, there has been a 107 percent increase in students who need financial aid (grants, loans, scholarships). And, the numbers of students arriving with limited English proficiency will continue to increase as local schools data shows rapid growth in English language learners.⁴ Each of these factors, combined with reductions in staffing and support services, increase pressure on students. Altogether, this adds to the stresses students need to overcome to achieve academic and life success.

Stakeholders and available institutional and community resources. The project’s **stakeholders**, in general, include all members of the on- and off-campus communities in the Santa Clarita Valley. As stated in the SAMHSA publication, ‘Leading Change: A Plan for

SAMHSA's Roles and Actions 2011-2014 (2011), "*Substance abuse, addictions, poor emotional health, and mental illnesses take a toll on individuals, families, and communities. They cost money, and they cost lives, as do physical illnesses that are not prevented, are left untreated, or are poorly managed.*"⁵ In more specific terms, the project's primary stakeholders are: first, students to whom outreach and services will be targeted; families and friends of students experiencing challenges that put them at risk; all college and high school students in the target area; college and community student services and health professionals; and College faculty and staff. The infrastructure improvements presented in this proposal will increase awareness across all communities and facilitate stakeholders in becoming active participants in the long-term health and stability of friends, students, peers, and/or family.

The project will link with and leverage **available community and institutional resources**. Despite limited existing financial and personnel resources, and being located outside the urban core of Los Angeles, COC and community agencies have managed to build a rudimentary framework for delivering mental health and suicide prevention services. Existing resources, identified through a need assessment inventory, that will support the project include:

- The COC Student Health and Wellness Center has operated for nearly 40 years. Though understaffed, the Center offers innovative health and wellness programs; education; clinical mental health; and physical health services using a short-term acute-treatment model. The Center often refers students to off-campus agencies for services not available at COC.
- The Body-Mind Wellness Committee acts as a quasi-advisory board for Center. The Committee consists of representatives from multiple COC departments and community agencies who are dedicated to promoting a better life. See Section B.5 for additional info.
- The COC Behavioral Intervention Team (BIT) includes the Director and Assistant Director of the Student Health & Wellness Center, the Dean of Student Services, and the Director of Public Safety. It strives to educate faculty and staff on how to identify and intervene with students with problem behaviors before they become at risk of campus violence.
- Other on campus links which will provide cross-referral relationships with the Suicide Prevention program include: Veterans' Center; Disabled Students Programs and Services (DSP&S); and Extended Opportunities Programs & Services (EOPS) which serves first-generation, low-income, and single-head-of-household students.
- The project will benefit from significant community resources, including the Los Angeles County Department of Mental Health, Child & Family Center, and the Community Mental Health Consortium. The Consortium brings together community and mental health partners for meetings every other month as a way to increase dialogue, build relationships and develop strategies to address the mental health needs of the student population.
- The project will employ the Collaboration Multiplier model, which provides a systematic approach to multi-field collaboration, leveraging scarce resources to improve outcomes.⁶

The challenges, identified by this project's needs assessment, are to better develop, coordinate, and leverage (i.e. enhance) the limited, existing infrastructure to increase capacity and deliver the services students need in a timely and effective manner. Additional detail on available resources is discussed under Section A.3.

2. Need for an enhanced infrastructure. As mentioned above, COC's Suicide Prevention Project will build on a rudimentary local framework for coordinating mental health and suicide

prevention services. This framework includes the College's Student Health and Wellness Center and community partners linked through the Mental Health Community Consortium. The Consortium, an informal association of regional mental health and wellness organizations, is committed to better leveraging available expertise and resources, and gathering information and data to improve the safety and health of the community. Through periodic meetings over the last year, the Consortium identified the following needs for improving the local/regional mental health infrastructure (these and other, related issues are discussed under A.4 as well):

➔ ***Too little staffing able to meet demand for services*** – At the COC Student Health and Wellness Center, the ratio of mental health counselors to students is 1:9,000. The recommended ratio of mental health counselors to students is 1:1,600.⁷ And, wait times for appointments can be as long as two-three weeks at COC and community facilities due to staffing limitations.⁸ In addition, with the growth of the Latino population and increasing numbers of English language learners, there is a need for increased staff with cultural competency skills.

➔ ***Inadequate regional coordination/duplication of services*** – There is no central clearinghouse for managing limited mental health resources in the community. The region's Mental Health Community Consortium, is still in development and not able to assume that role at this time. As a result, there is duplication of services. More critically, people with mental health problems often present at emergency rooms, likely indicating lack of access to other resources.⁹

➔ ***Limited online resources for a tech-connected generation*** – COC operates a website for its Student Health and Wellness Center (<http://www.canyons.edu/offices/health/Pages/default.aspx>), but that site is mostly static in that it presents written information with little dynamic content or opportunity for interaction with users. Data shows that this project's target audience (ages 17-34) is well connected electronically and tech savvy; 95 percent of people age 18-34 own a cell phone with 74 percent owning an iPod/MP3 player;¹⁰ and 78 percent of teens age 12-17 now have cell phones with 74 percent saying they access the internet on cell phones, tablets, and other mobile devices at least occasionally.¹¹ Given the dispersed nature of the COC student population (commuter, many part-time) it is essential to exploit technology to deliver information.

➔ ***No funding for developing consistent and replicable training and outreach models*** – Cutbacks in budgets in California from 2003-11 have resulted in eliminating training programs and materials that support specific programs, like mental health.¹² Such support typically comes from short-term categorical funding limited to a specific program or service. As a result, there are no funds to enhance the infrastructure, or develop replicable models, that will enable the College and community partners to deliver updated mental health training and materials long-term. The SAMHSA grant will enable the development of a framework that can be integrated into existing programs and activities and will not require new funding commitments.

➔ ***Insufficient data collection and tracking*** – Related to limited staffing and inadequate coordination, there is insufficient data collection and tracking in the area of mental health services. To support this, COC will link the mental health programs to the College's Institutional Research Department and establish processes and protocols that will be integrated into services so as to regularly collect data. This will enable a more accurate assessment of student needs and service gaps allowing the College and community partners to better allocate limited resources for maximum benefit.

Due to the current, inadequate infrastructure, it is impossible to know the exact number of suicides and suicide attempts among College of the Canyons students. Student Health and Wellness Center staff are *aware of at least three student suicides in the past year*. None of these students had visited the Center for assistance and may not even have been aware such services existed. Nor is it known whether these students accessed community resources. It is imperative that the mental health infrastructure be improved and coordinated to ensure that no more students fall through gaps in the system.

3. Availability of federal, state, local, private, and institutional resources to address the behavioral health needs of students. The project design relies on coordinating and leveraging available resources to better serve local college students. The resources below are all non-profit and/or educational organizations funded through state, local, federal, foundation, corporate, and/or individual support.

COC Student Health and Wellness Center – discussed earlier, the Center is funded through state funds, student fees, occasional federal grants, and in-kind support from partners.

Community Mental Health Consortium – is an informal association with representatives from throughout the region. Its 37 members include non-profit, educational, law enforcement, and government entities funded through local, state, federal, foundation, and/or corporate funds.

Domestic Violence Center of the Santa Clarita Valley – provides safety and support to victims of domestic violence while working to break the cycle of abuse, primarily offering shelter, crisis intervention, counseling, advocacy, and activities to support increased economic opportunities for victims. They are funded through state and local grants, as well as through foundation, corporate, and individual donations.

Samuel Dixon Health Clinics – operates three clinics in the Santa Clarita Valley providing affordable primary care, health education, mental health and related services. They focus on providing access to uninsured and underinsured residents and are funded through local and state support and private donations.

Child and Family Center – provides mental health, behavioral and education services to children, adults and families throughout the Santa Clarita Valley at two locations. Funded with significant private foundation, corporate, and local government funds, the non-profit Center has operated for nearly 40 years and charges for services based on a sliding scale to ensure access.

Other on-campus resources – COC Veteran’s Center; Disabled Students Programs and Services (DSP&S); and Extended Opportunities Programs & Services (EOPS), all discussed earlier. The College is also supporting a chapter of the National Alliance on Mental Illness.

Other off-campus resources – National Suicide Prevention Lifeline; Los Angeles County Department of Mental Health; and the California Department of Healthcare Services, Mental Health Services Division. Training in the Collaboration Multiplier will enhance coordination.

4. Service gaps, barriers, and other problems. The infrastructure deficiencies detailed in item A.2 above have caused several service gaps, barriers to service, and/or other challenges:

Nature of community college student bodies – All COC students live off campus and 64 percent are part-time. Many are also older with jobs, children, and/or other responsibilities. Research documents that these students may only appear on campus for classes and to use the library, and are thus difficult to reach with school-based programming.¹³ There is no sound information about suicide rates among these students.

Veterans – Since 2009, COC’s veteran population has grown quickly and now totals over 800. Suicide among veterans accounts for as many as one in every five suicides in the U.S.¹⁴ According to a June 2008 RAND Corporation study, nearly 20 percent of recently returned service members report symptoms of post-traumatic stress disorder or major depression, yet only about half of those had sought treatment.¹⁵ COC maintains a Veterans Center with only two counselors training to serve this growing population. With VA health services in turmoil,¹⁶ it is critical that faculty and staff across campus receive training to recognize and understand issues that affect student veterans.

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) community – On the 2013 NCHA survey, 8.1% of students defined their sexual orientation as gay, lesbian, bisexual, or unsure. A recent study found that LGBTQ youth were over five times more likely than their straight peers to have attempted suicide in the past 12 months.¹⁷ At a fall 2011 summit, Santa Clarita Valley mental health providers identified one of the region’s greatest barriers to mental health as the lack of a safe haven for gay and lesbian youth and young adults.

Student health survey results – In spring 2013, COC completed the National College Health Assessment (NCHA). The results showed that COC students are experiencing higher levels of stress, anxiety and depression than students nationwide.^{18, 19} And, data showed challenges were negatively affecting their academic performance. Access to, and awareness of available services makes it difficult to effectively meet student needs.

5. College of the Canyons’ need for each of the six fundable activities is based the inadequate infrastructure factors documented under A.2 above:

Table 2: COC’s Need for each SAMHSA Fundable Activity	
Fundable Activity	Basis of Need (see A.2 for more information)
a. Development of training programs	No funding to develop training for specific programs, like mental health; budget cuts 2003-11 ended most faculty development activities.
b. Campus-based behavioral health services and networking infrastructure	Limited staffing for size of COC student body; inadequate regional coordination to leverage resources; insufficient data to improve limited resource allocation.
c. Educational seminars	No funding to develop training for specific programs, like mental health; limited online/digital resources for making videos and other content widely accessible.
d. Linkage to the National Suicide Prevention Lifeline	COC Health Center web site connected; Expanding Lifeline links will leverage resources providing students access to 24/7 support.
e. Informational materials	No funding to develop new information resource materials or replicable models; limited online resources for making videos and other content widely accessible.
f. Educational materials for families of students	Limited online presence to make resources widely accessible; no funding to develop new information resource materials or replicable models;

SECTION B: PROPOSED APPROACH (30 POINTS)

1. Purpose of the proposed project, including a clear statement of its goals and objectives.

The purpose of the College of the Canyons' Campus Suicide Prevention Program is to improve student mental health by reducing student risk factors and eliminating suicide and attempts through: training and education; information dissemination; expanded mental health services capacity; enhanced campus and regional mental health services infrastructure; data that will help direct resources to maximum benefit; and vastly increasing the number of people able to identify, support, and/or refer students at risk of self-inflicted injury to services and professionals who can help get them the treatment they need. As discussed under B.7 below, this proposal is based on the revised NSSP and has been informed by recommendations of other experts, such as those convened by the Jed Foundation (2006).²⁰

The goals and objectives for this project support the expectations of the SAMHSA Campus Suicide Prevention Grant as well as on the Strategic Directions, Goals, and Objectives of the National Strategy for Suicide Prevention (NSSP).²¹ These goals and objectives have been adapted to meet local needs, enhance regional infrastructure, and fill identified service gaps.

Project Goals: This project will enhance the regional mental infrastructure and increase capacity thus improving student mental health through five **goals**:

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| Goal 1: Improve student mental health knowledge, attitudes, and participation. |
| Goal 2: Improve the regional mental health infrastructure to better deliver education, training, and mental health services to students on a long-term basis. |
| Goal 3: Increase student, faculty, and staff mental health knowledge and awareness. |
| Goal 4: Increase regional mental health services capacity and reduce wait times. |
| Goal 5: Strengthen regional collaboration and cooperation. |

Project Objectives and Outcomes: Based on the required activities and outcomes, and the regional goals (infrastructure needs and gaps) the College and its partners developed six measurable objectives to be completed during the three year project. Each objective will, as noted, support one or more *Strategic Directions* from the revised NSSP (2012, cited earlier).

Objective 1: Faculty/Staff Training. To deliver mental and behavioral health training to 100% of College administrators, full-time faculty, adjunct faculty, classified staff, and student workers by 2017. *Supports goals included in Strategic Direction 1 and 2 of the NSSP.*

Objective 1 Outcome: Creation of an informed college-wide network able to support, advocate for, and/or refer students to needed mental health education and services.

Objective 2: Capacity Building. To expand local mental health program capacity resulting in reducing wait times for service by 30% by 2017. *Supports goals included in Strategic Direction 2 and 3 of the NSSP.*

Objective 2 Outcome: Expanded local capacity to support students at risk of mental health problems by collaborating, coordinating, and leveraging the resources of at least 20 community non-profit, education, and government mental health organizations and agencies.

Objective 3: Student Education and Training. To improve student health measures by reducing by 25% the numbers of students reporting negative mental health feelings in the previous 12 months by 2017. *Supports goals included in Strategic Direction 2 and 3 of the NSSP.*

Objective 3 Outcomes: Delivery of mental health education and training to 800 students annually on suicide prevention, identification and reduction of risk factors; Expanded access to mental health information on campus, off campus, and online; An overall 25% reduction in the numbers of students reporting feeling hopeless, lonely, overwhelmed, sad, angry, depressed, causing self-inflicted injury, and/or with suicidal thoughts.

Objective 4: Information Access and Dissemination. To increase the availability of suicide prevention information materials and resources to 100% of students at both the Valencia and Canyon Country campuses. *Supports goals included in Strategic Direction 1 and 3 of the NSSP.*

Objective 4 Outcomes: Development and deployment of multimedia mental health education materials; Expansion of the mental health website through interactive media and links with partners; Improved access to suicide prevention and mental health education tools for 100% of students, faculty, and staff; Development of processes and tools that can be economically sustained after the conclusion of the grant-funded activities.

Objective 5: Data Collection, Assessment, and Evaluation. To develop and implement processes and procedures to collect and assess data on 90% of student contacts with the mental health system in the project's service area. *Supports goals included in Strategic Direction 4 of the NSSP.*

Objective 5 Outcomes: Reliable data on student usage of available mental health services; Improved ability to assess program effectiveness and identify areas needing improvement; Improved ability to allocate resources to areas of greatest need and effectiveness; Improved post-intervention/follow-up support services; Long-term improvement of the mental health and academic success of students.

Objective 6: Project Administration and Organization. To appoint qualified project staff and an advisory committee able to implement all project activities, achieve all measurable objectives, and meet 100% of the expectations and requirements of the SAMHSA Campus Suicide Prevention Grant. *Supports goals included in Strategic Direction 1, 2, 3, 4 of the NSSP.*

Objective 6 Outcomes: Improvement in student mental health as measured by NCHA surveys; Competent staff in place as measured by evaluation outcomes; Project objectives and outcomes achieved; expanded mental health and suicide prevention program capacity in region; enhanced regional mental health service delivery infrastructure; long-term ability to continue to implement updated and effective mental health and suicide prevention.

Achievement of goals and objectives will increase system capacity to support effective mental health services by:

- Implementing a framework wherein at risk students are identified and quickly referred to the services they need when mental health challenges become unmanageable;
- Strengthening coordination between the College and community mental health service providers, leveraging resources and reducing duplication of service;

- Vastly increasing the number of people in the college community (faculty, administrators, staff, and students) able to recognize students struggling with mental health issues and who are able to refer, advocate for, and/or support those students;
- Helping students identify mental health risk factors and providing them with access to resources and/or tools to keep those factors from becoming serious problems; and
- Collecting data that will support efficient allocation of limited resources to areas of the greatest need;
- Leveraging limited programs, staff, and budgets by transforming students, faculty, and staff into active participants in supporting the positive mental health of all students.

2. Describe the proposed project activities, how they meet your infrastructure needs, and how they relate to your goals and objectives. The project’s activities are detailed below. They are organized *by objective* to directly tie each activity to the measurable objectives they will help achieve. The project’s proposed activities are:

Activities to achieve Objective 1: Faculty/Staff Training. To deliver mental and behavioral health training to 100% of College administrators, full-time faculty, adjunct faculty, classified staff, and student workers by 2017.

- 1.1 Complete Health Impact Disparities Statement including Quality Improvement Plan.
- 1.2 Review project and student needs assessment data and Quality Improvement Plan.
- 1.3 Finalize training/workshop training topics/goals based on identified priorities and needs.
- 1.4 Finalize and promote training schedule, workshops, presentations, and online resources.
- 1.5 Implement access to Kognito Suicide Prevention Trainings, for both faculty/staff and student/peer support audiences targeting at-risk, veterans, and LGBTQ student needs.
- 1.6 Develop and deliver two-three supplemental FLEX and professional development workshops for faculty and staff per semester on suicide prevention and related mental health topics.
- 1.7 Develop and deliver Behavioral Intervention Team (BIT) presentations at division meetings and faculty orientations.
- 1.8 Coordinate and deliver a minimum of three Mental Health First Aid (MHFA) training programs on campus per year.
- 1.9 Film and edit live workshops and presentations for publication online and through mobile applications.

Activities to achieve Objective 2: Capacity Building. To expand local mental health program capacity resulting in reducing wait times for service by 30% by 2017.

- 2.1 Finalize Memoranda of Understanding with initial community partners.
- 2.2 Participate in, promote, and expand the Community Mental Health Consortium.
- 2.3 Develop comprehensive regional processes and procedures to coordinate service delivery, notification, referral, and follow-up/post-intervention; apply Collaboration Multiplier model.
- 2.4 Host an annual Student Mental Health Regional Conference including all colleges and schools in north Los Angeles County; web stream key events through web site and partner links.
- 2.5 Support, promote, expand the on-campus chapter of the National Alliance on Mental Illness.
- 2.6 Develop and deliver ACTION Workshops (intensive small group counseling workshops).
- 2.7 Develop a crisis response plan, including response and follow-up to suicide attempts or death by suicide; coordinate through Student Health & Wellness Center, BIT and Incident Command

Team; collaborate with City of Santa Clarita Emergency Response Team, LA County mental health, Homeland Security and other local colleges and schools.

Activities to achieve Objective 3: Student Education and Training. To improve student health measures by reducing by 25% the numbers of students reporting negative mental health feelings in the previous 12 months by 2017.

- 3.1 Develop and implement a process for educational seminar program planning that complements other training, online and hard copy materials, and that supports identified needs and strategic priorities.
- 3.2 Host a minimum of one suicide awareness event per semester (Suicide Awareness Day, Mental Health Fair, and/or similar events).
- 3.3 Develop and deliver a four-week series of seminars and events on “Challenges and Maladaptive Coping” awareness of depression/suicide, substance abuse, eating disorders, and domestic violence.
- 3.4 Develop and deliver a six-week series of seminars on “Positive Lifestyle Behaviors for Health & Happiness.”
- 3.5 Launch a Peer Educator program with Brandman University, including the recruitment, assessment, and training of qualified peer educators; target students from highest at risk groups.
- 3.6 Participate in the American College Health Association’s National College Health Assessment (NCHA).
- 3.7 Create an LGBTQ Safe Zone on campus.
- 3.8 Develop and implement a Welcome Home Vets presentation and information resource for faculty and staff.
- 3.9 Deliver specialized orientation sessions for veteran students that include the dissemination of information on available mental health resources.
- 3.10 Integrate parents and families into selected, targeted activities.

Activities to achieve Objective 4: Information Access and Dissemination. To increase the availability of suicide prevention information materials and resources to 100% of students at both the Valencia and Canyon Country campuses.

- 4.1 Prepare or otherwise obtain informational materials that address warning signs of suicide, describe risk and protective factors, and identify appropriate actions to take when a student is in distress, as well as materials that describe symptoms of depression and substance abuse and promote help-seeking behavior.
- 4.2 Expand the program’s online, digital, and mobile technology presence through an updated website, multimedia materials, interactive resources, mobile applications, and thru social media platforms that enable easy access to community mental health resources and information.
- 4.3 Ensure access to bilingual program materials in both digital and hard copy formats.
- 4.4 Maintain campus subscription to Student Health 101 enabling dissemination to students, faculty, staff, and parents.
- 4.5 Create and post a video with information on mental health resources available at College of the Canyons.
- 4.6 Increase the promotion of crisis support services including: the National Suicide Prevention Lifeline; the Didi Hirsch Mental Health Services, Suicide Prevention Center’s 24-hour Suicide

Crisis Line; Department of Mental Health ACCESS Line and other local crisis services; integrate contact information into written and multimedia materials, digital and online resources. And –

- Promote the Lifeline at Shine a Light on Suicide events; walk-a-thons and other activities.
- Promote the Lifeline at all Student Health Center events, flex workshops, and major/well-attended campus events.
- Promote the Lifeline at all department meetings. Encourage faculty to enter the number on personal mobile devices.

4.7 Develop and implement a plan for after-hours referral services for students; integrate with Activities 2.3 and 2.7.

4.8 Prepare or otherwise obtain educational materials, hard copy and digital, for families of students to increase awareness of potential mental and substance use disorders among students; methods to identify and reduce risk factors; the promote help-seeking behavior; and reduce the negative attitudes towards seeking care for mental and substance use disorders.

4.9 Film, edit, and post a video for parents with information on mental health resources available at College of the Canyons and in the community.

4.10 Link and partner with the COC Outreach Department to build a mental health component into the parent orientations for Hart District students.

4.11 Develop and implement special, interactive events, online and live, such as Ask the Psychiatrist or similar formats to encourage uninhibited questions.

4.12 Meet with Veteran's Center and LGBTQ student representatives to ensure project information and services are linked to, and effective in supporting, at risk students.

4.13 Work with Disabled Students Programs and Services (DSPS) to coordinate information and approaches to reach out to families of new COC students with preexisting mental health conditions.

Activities to achieve Objective 5: Data Collection, Assessment, and Evaluation. To develop and implement processes and procedures to collect and assess data on 90% of student contacts with the mental health system in the project's service area.

5.1 Finalize data collection and evaluation needs assessment with COC Institutional Research Department; ensure compliance with SAMHSA requirements.

5.2 Develop and finalize standardized data collection processes and protocols with all on campus project participants and community partners.

5.3 Finalize project evaluation plan and timetable, including quantitative and qualitative measures in formative and summative processes.

5.4 Implement data collection processes; project staff and advisory board regularly reviews data.

5.5 Disseminate data and assessment to all project partners.

5.6 Adjust project budget, services, and activities based on needs and gaps identified by data.

5.7 Conduct ongoing evaluation; submit all data and reports to SAMHSA as required.

Activities to achieve Objective 6: Project Administration and Organization. To appoint project staff and an advisory committee able to implement all project activities, achieve all measurable objectives, and meets 100% of the expectation and requirements of the SAMHSA Campus Suicide Prevention Grant.

6.1 Appoint Project Director (completed).

6.2 Appoint key campus personnel to support project leadership and implementation (completed).

6.3 Appoint project advisory committee based on the membership of the current Body-Mind Wellness Committee.

6.4 Implement project activities, as detailed; collect and review data; conduct evaluations.

6.5 Adapt capacity building and infrastructure enhancements for post-grant operation of coordination, training, information updating, outreach, promotion, and data gathering activities.

6.6 Continue implementation and updating of campus suicide prevention activities.

The activities meet the need for enhanced infrastructure because they will:

- Strengthen partnerships, on- and off-campus, to reduce duplication and create an improved regional approach to service delivery, data collection, and patient tracking;
- Establish replicable models for the development of training programs and digital and printed materials which can be applied post-grant to cost-effectively update and sustain activities;
- Leverage resources (per bullet point 1) to deliver improved services, with shorter wait times, to more students with existing staff, at the same cost;
- Improve mental health education and knowledge throughout the campus community by supporting identification, access, and/or intervention for those in need.

3. How the proposed activities will be implemented and adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care; and how monitored.

College of the Canyons applies rigorous management and accountability standards in the implementation of grant-funded projects. Activities will be implemented using COC's proven approach to grants management, including: a) hiring competent staff, qualified and committed to performing the required tasks; b) setting reasonable benchmarks and timelines for accomplishing tasks; c) delegating tasks based on staff capacity and expertise; d) regularly monitoring progress; e) holding people accountable; f) effective budget allocations and management; and g) ongoing evaluation. In applying this implementation model to the Campus Suicide Prevention project, COC and project staff also relied on the work of the Jed Foundation in their Campus Mental Health Action Planning Guide.²² COC has and will use the steps recommended in the Guide as well as SPRC strategic planning processes (see B.13) as follows:

- Describe the problem and context: based on needs assessment and documented in Section A;
- Identify priority problems and set long-range goals: detailed by this proposal's goals and objectives, Section B.1;
- Consult the science to identify strategies and interventions: the literature informed the design of the project; and evidence-based practices will be used in capacity-building/infrastructure;
- Select or develop interventions: project will consult SPRC's Best Practices Registry; will solicit input on what works from partners; will network with other institution's to learn from experience, such as Cal State Northridge's Garrett Lee Smith-funded program (see B.13).
- Develop an evaluation plan: this project will integrate comprehensive data collection;
- Create an action plan: as detailed herein and as will be adjusted during implementation;
- Implement interventions; evaluation; improve: to be documented 2014-17, upon funding.

How adherence to the National CLAS Standards in Health and Health Care will be monitored. As documented in Section A, COC has enjoyed striking increases in cultural and linguistic diversity in recent years. With these changes comes an additional responsibility to ensure the success of all students by providing a climate that is welcoming and supportive. COC

fully endorses the National Standards for CLAS in Health and Health Care as published by HHS.²³ To monitor and ensure adherence, COC will: continue to conduct and assess campus climate surveys; continue to participate in the ACHA's National College Health Assessment (NCHA); collect data and perform ongoing project evaluation; and by networking with partner institutions, such as Cal State University Northridge, who has likewise experienced growth in diversity and whose campus suicide prevention project is two years ahead of COC. Any identified deviations from adherence to CLAS will be targeted for immediate remediation or adjustment in program procedures.

4. A table depicting a realistic time line for the entire project period (3 years) showing key activities, milestones, and responsible staff is below (staff listed by position, see Section C):

Table 3: COC Campus Suicide Prevention Program Timeline 2014-2017		
Key Activities by Objective	Timeline (Mo/Yr)	Responsible Staff
Objective 1: Faculty/Staff Training		
Finalize training/workshop training topics	Oct 14-Mar 15	Project Coordinator; Staff
Implement training; assess feedback	Jun 15-Ongoing	Health/Wellness Center Staff
Objective 2: Capacity Building		
Finalize MOU's with community partners	Oct 14-Dec 14	Vice President; Project Coordinator
Develop regional processes, procedures	Jan 15-Jun 15	Project Coordinator; Staff; Partners
Develop/implement crisis response plan	Feb-Aug 15/Sep15	Health Staff; Campus Safety; Partners
Objective 3: Student Education and Training		
Develop mental health education plan	Oct 14-Apr 15	Project Coord.; Health Staff;
Deliver student educational programs	Aug 15-Ongoing	Health Staff; Nursing Faculty
Deliver specialized service to at risk pops.	Aug 15-Ongoing	Health Staff; Nursing Faculty
Objective 4: Information and Dissemination		
Finalize print, digital prevention materials	May 15	Project Coordinator, Staff
Promote crisis services, including Lifeline	Jun 15-Sep 17	Project Staff; COC Outreach Office
Expand online, digital, mobile technologies	Jun 15-Jan 16	Project Coordinator; Student Techs
Implement outreach for high risk pops.	Aug 15-Ongoing	Project Staff; COC Outreach Office
Objective 5: Data Collection and Evaluation		
Develop data collect. procedures; train staff	Jan 15-Jun 15	Inst. Research Dir.; Project Coord.
Implement ongoing evaluation processes	Jun 15-Ongoing	Project Coord.; Inst. Research Dir.
Objective 6: Administration and Organization		
Appoint project coordinator, key staff	Completed	Vice President; Health Ctr Director
Expand advisory committee and partners	Jan 15-Ongoing	Project Coord.; Project Staff; Partners

5. If you plan to include an advisory body in your project, describe its membership, roles and functions, and frequency of meetings. The project will base the Mental Health/Suicide Prevention Advisory Committee on COC's current Body-Mind Wellness Committee. Its current composition is comparable to the recommended make-up of a mental health task force, which the Jed Foundation advises is essential in guiding comprehensive mental planning and oversight.²⁴

COC's current Body-Mind Wellness Committee includes representative from the following areas: Academic Departments (Biological Science, Health Science, Nursing, Psychology, Recreation, Sociology); Student Services Departments (Student Services, Athletics, Counseling, Student Development, Student Health and Wellness Center); Faculty/Staff Professional Development; Community Organizations (Nourish RDs, Child and Family Center, Domestic Violence Center of the SCV); COC Public Information Office (Marketing and Public Relations, Outreach and School Relations); and Student Clubs (Student Nutrition and Wellness Advocates, Lets Erase the Stigma, Sociology Club, Gamma Beta Phi, National Student Nurses Chapter, NAMI Chapter, Psychology Club, Alpha Gamma Sigma, Gay Straight Alliance Club, Hands on Earth, Sports Medicine Club). The College will expand this group to include more community partners and K-12 school representatives when organized to support this program.

6. COC's proposed project will address the following issues in its catchment area:

Demographics (race, ethnicity, religion, gender, age, geography, socioeconomic status) – The federally recognized barriers of gender, race, national origin, color, disability, and age are addressed on a *college-wide basis* through strict policies and open door admissions. In compliance with Section 427 of GEPA, this project will ensure equitable access and participation of students regardless of economic circumstances and by referral to Financial Aid, as needed. The program will also link with Extended Opportunities Programs & Services which serves first-generation, low-income, and single-head-of-household students. Delivering services and support to COC's 400-plus square mile district will be addressed by broad use of electronic technology, print and electronic media, and partnering with community mental health providers located throughout the region.

Language and literacy – Program materials (electronic and printed) will be available in English and Spanish. The project staff, as well as faculty and counselors, includes many with bilingual skills ensuring access regardless of English language abilities. Project staff, faculty, and counselors have also received training in cultural competence so that a welcoming and inclusive climate will be generated through all project activities.

Sexual identity (sexual orientation, gender identity) – The project will ensure participation and support regardless of sexual identity by including LGBTQ students on the project advisory committee (see B.5 above); by creating a LGBTQ Safe Zone (Activity 3.7); through input solicited in campus climate surveys and other feedback; and strict non-discrimination policies.

Disability – Students with disabilities will be able to work closely with the College's DSPS special programs (linked to this project), which provide comprehensive support services to disabled students, students with learning disabilities, and those with pre-existing mental health concerns (Activity 4.13). COC will provide reasonable accommodations to persons with disabilities. All buildings to be used for the project are architecturally barrier-free.

7. How COC will use the recently revised NSSP to drive program planning and how it will keep track of the goals and objectives of the NSSP that were met. College and project staff has already used the revised NSSP to inform the design of this Campus Suicide Prevention project. The project's objectives (pages 6-7) are each linked directly to one or more *Strategic Directions* from the NSSP, supporting all four Strategic Directions and 14 Goals. Tracking the

NSSP goals and objectives that were met will be integrated into the project’s evaluation plan and in its reporting to SAMHSA. Data collection activities proposed in COC’s plan are consistent with the data requirements and specifications outlined in the NSSP

8. How the plan meets the needs of youth at high-risk identified by the National Action Alliance for Suicide Prevention including those listed below. Training for faculty and students will make special reference to the needs of populations at high risk. This will include training in ensuring a welcoming and supportive climate, recognizing sign of stress and mental distress, and in identifying other causal factors, such as bullying, cultural insensitivity, and trigger issues among others. Specific plans to support each of the listed high risk populations are:

LGBTQ – Students will sit on the project advisory committee (see B.5 above). The project, in partnership with the Associated Student Government, will create an LGBTQ Safe Zone, providing a safe haven on campus (Activity 3.7). Other needs will be identified through input solicited in campus climate surveys and other feedback pipelines.

AI/AN – COC only enrolls about five AI/AN students each year (0.3%), but the College values every student in an effort to help them achieve their academic and life goals. Research shows that AI/AN students face obstacles similar to other underrepresented groups, including: financial constraints; lack of K-12 academic preparation; high family expectations.²⁵ These students will be supported by the plan’s links to counseling, financial aid, tutoring, and the Extended Opportunities Programs & Services which serves first-generation, low-income, and single-head-of-household students.

Veterans – As detailed in A.4, COC’s veteran population has grown to over 800. The project will work closely with the Veteran’s Center to ensure faculty, staff, and students across campus are trained to better understand the veteran student population; be sensitive to issues that affect student veterans; recognize trigger issues related to PTSD; and able to refer student veterans to appropriate support services on- and/or off-campus (Activities 3.8, 3.10, and 4.12)

Military family members – The plan will also opens services/support (information, counseling, treatment, referral) to parents and families of military service members and veterans. At COC, health fees only serve students so this is a population the College has been unable to serve. COC will also link the project with its community mental health partners, who provide services regardless of ability to pay.

9. Describe the linkages among needs, the proposed infrastructure development strategy, and increased system capacity that will enhance and sustain existing and/or proposed effective prevention programs and services which support SAMHSA’s Prevention of Substance Abuse and Mental Illness Strategic initiative. The table below links these factors:

Table 4: Links between Needs, Infrastructure Strategy, and Increased Capacity		
Program Need (A.2, A.4)	➔ Infrastructure Strategy	➔ How Capacity Increased
Too few health center staff and counselors	Coordinate regional services; expand information and training	Efficient service delivery; improved coping reduces needs
Inadequate regional coordination	Expand partners; leverage assets; reduce duplication;	Improved service by those most qualified to those most in need
Limited online, digital resources	Increase use of online and digital resources for training & info.	More people have better tools to cope, help, refer others to service

No funding for training, materials	Create models for training, materials; Collaboration Multiplier training	Relieves strain on limited budgets; funds applied to services
Insufficient data and tracking	Link with Inst. Research to create standard processes/procedures	Ability to measure effectiveness; budgets can target needs and gaps
Part-time, commuter student body hard to reach	Increase online/digital resources; use multiple methods to inform	Informed, knowledgeable students improve coping, advocacy, referrals
Increasing veteran population	Partner with Vets Center; create special info, training, supports	Improved coping tools & supports reduces crisis intervention needs
Limited LGBTQ student support	Create LGBTQ Safe Zone; create special info, training, supports	Reduced stress/mental health issues reduces need for services

SAMHSA’s Prevention of Substance Abuse and Mental Illness Strategic initiative will be supported through: increases in training and information creating an informed population with expanded knowledge, awareness, and ability; improved infrastructure which will sustain services and strategies after funding ends; and increased capacity which will enable targeting and delivery of services to those most in need, reducing student stress factors and eliminating the tragedy of student suicide in the catchment area.

10. How the proposed project will promote culturally and linguistically appropriate help-seeking and enhance services for students with mental and substance use disorders on campus and how it fits into and advances your comprehensive suicide prevention strategy. Outreach strategies for promoting access to behavioral health services and reaching students who are most in need of those services should be considered.

As documented in Section A, COC has enjoyed striking increases in cultural and linguistic diversity in recent years. With these changes comes an additional responsibility to ensure the success of all students by providing a climate that is welcoming and supportive. COC fully endorses the National Standards for CLAS in Health and Health Care as published by HHS. The CLAS standards have informed the design of this project to ensure that students and potential students’ cultural and linguistic diversity is considered in all program materials, services, and training. Activities that support “help-seeking” [*sic*] and enhanced services for the culturally and linguistically diverse with potential mental health or substance abuse issues are:

- ⑨ Including bilingual language skill as part of selected faculty and staff job requirements;
- ⑨ Publishing, and disseminating bilingual and culturally inclusive/sensitive program materials;
- ⑨ Integrating cultural and linguistic diversity into outreach materials and strategies;
- ⑨ Including cultural competence training in faculty development and other training/materials;
- ⑨ Partnering with Cal State University Northridge (15 miles south), which has also experienced diversity growth and began implementing a campus suicide prevention project in 2012;
- ⑨ Implementing co-location of program and mental health services and outreach, through information and program links with community partners who deal extensively with mental and substance abuse disorders among the region’s culturally and linguistically diverse residents. These partners will include ASIST, ACTION, Vet’s Center, Child & Family Center, NAMI and Santa Clarita Mental Health, among others.

11. An estimate of the percentage and dollar amount of the grant award that will be spent on each of the following categories during each year of the grant:

Category	Budget Percentage	Dollar Amount
Infrastructure development	25%	\$
Mental illness prevention, mental health promotion activities	45%	\$
Data collection and performance assessment	20%	\$
Grant administration	10%	\$

12. How the activities proposed for funding are linked to the problem the activity aims to address. The goals or outcomes expected and how the activities will be implemented to achieve the desired goals or outcomes are discussed following Table 6, below.

Key Activities by Objective	Problem(s) Addressed (from sections A.2, A.4)
Objective 1: Faculty/Staff Training	
Finalize training/workshop training topics	High student risk factors; no faculty development
Implement training; assess feedback	High student risk factors; academic impacts
Objective 2: Capacity Building	
Finalize MOU's with community partners	Inadequate regional coordination;
Develop regional processes, procedures	Limited staff and capacity for service
Develop/implement crisis response plan	Inadequate regional coordination; limited capacity
Objective 3: Student Education and Training	
Develop mental health education plan	High student risk factors; limited capacity
Deliver student educational programs	High student risk factors; academic impacts
Deliver specialized service to at risk pops.	High student risk factors; at risk pops. not covered
Objective 4: Information and Dissemination	
Finalize print, digital prevention materials	All identified service gaps and barriers
Promote crisis services, including Lifeline	Inadequate regional coordination; limited capacity
Expand online, digital, mobile technologies	Limited online resources; weak infrastructure
Implement outreach for high risk pops.	High student risk factors; at risk pops. not covered
Objective 5: Data Collection and Evaluation	
Develop data collect. procedures; train staff	Poor data; limited capacity; weak infrastructure
Implement ongoing evaluation processes	Poor data; limited capacity; weak infrastructure
Objective 6: Administration and Organization	
Appoint project coordinator, key staff	High student risk factors; inadequate coordination
Expand advisory committee and partners	Inadequate regional coordination; limited capacity

Project goals and outcomes expected based on implementing the activities detailed earlier, include these, listed by measurable objective:

- ✓ **Objective 1 Outcome:** Creation of an informed college-wide network able to support, advocate for, and/or refer students to needed mental health education and services.
- ✓ **Objective 2 Outcome:** Expanded local capacity to support students at risk of mental health problems by collaborating, coordinating, and leveraging the resources of at least 20 community non-profit, education, and government mental health organizations and agencies.
- ✓ **Objective 3 Outcomes:** Delivery of mental health education and training to 800 students annually on suicide prevention, identification and reduction of risk factors; Expanded access to mental health information on campus, off campus, and online; An overall 25% reduction in the

numbers of students reporting feeling hopeless, lonely, overwhelmed, sad, angry, depressed, causing self-inflicted injury, and/or with suicidal thoughts.

✓ **Objective 4 Outcomes:** Development and deployment of multimedia mental health education materials; Expansion of the mental health website through interactive media and links with partners; Improved access to suicide prevention and mental health education tools for 100% of students, faculty, and staff; Development of processes and tools that can be economically sustained after the conclusion of the grant-funded activities.

✓ **Objective 5 Outcomes:** Reliable data on student usage of available mental health services; Improved ability to assess program effectiveness and identify areas needing improvement; Improved ability to allocate resources to areas of greatest need and effectiveness; Improved post-intervention/follow-up support services; Long-term improvement of the mental health and academic success of students.

✓ **Objective 6 Outcomes:** Improvement in student mental health as measured by NCHA surveys; Competent staff in place as measured by evaluation outcomes; Project objectives and outcomes achieved; expanded mental health and suicide prevention program capacity in region; enhanced regional mental health service delivery infrastructure; long-term ability to continue to implement updated and effective mental health and suicide prevention.

The overall result of achieving these outcomes will be accomplishing the project's primary **goals:** improved student mental health, as measured by surveys and demand for services; reduction in mental health stress factors, as measured by the NCHA survey; and elimination of suicide in the catchment area as measured by data collected by regional collaborative partners.

How the activities will be implemented to achieve the desired goals or outcomes. The project's implementation strategy and plans were detailed under Sections B.3 and B.4.

How achievement of goals will help COC facilitate a comprehensive approach to preventing suicide and address the needs identified in Section A. All of the needs identified in Section A (A.2 and A.4) have been linked to specific infrastructure improvements that will support increasing capacity of the campus program and those of community mental health partners. This is detailed in Table 4 in Section B.9. COC's comprehensive approach will: increase training and information creating an informed population with expanded knowledge, awareness, and ability; improve infrastructure which will sustain services and strategies after funding ends; and increase capacity enabling targeting and delivery of services to those most in need, reducing student stress factors, and eliminating the tragedy of student suicide in the region.

13. How existing suicide prevention efforts and activities proposed for funding incorporate the strategic planning process referenced on the Suicide Prevention Resource Center website, Developing a Campus Program. As discussed earlier, COC and Health and Wellness Center staff incorporated best practices and expert recommendations in the strategies planning process used for this project. These included recommendations by the Jed Foundation (see B.3) and the Suicide Prevention Resource Center's strategic planning process in its Developing a Campus Program. How all SPRC Strategic Planning Model components are incorporated – **Describe the Problem** – Needs assessment identified problems, gaps and barriers (A.2, A.4); **Set Goals** – Goals and objectives developed to address identified problems (B.1); **Identify Strategies** – Strategies based on best practices and literature review (Section E); **Select Interventions** – Activities to achieve goals and implement strategies set (B.2);

Develop Evaluation Plan – Plan drafted and integrated into project (B.2, Activities 5.1-5.7);
Implement, Evaluate, Improve – Implementation plan and timeline created (B.3, B.4).

COC will partner with other prevention and/or health/wellness related programs on campus and with California State University Northridge (CSUN), a Garrett Lee Smith State grantee. CSUN received a Garrett Lee Smith grant in 2012 to implement a Campus Suicide Prevention grant.²⁶ This project is classified as “Active.” Project activities complement those proposed by COC as they are designed to “enhance and expand campus suicide prevention efforts through the development and integration of culturally appropriate training materials, new education and training modules, and a networking infrastructure.” COC works closely with CSUN on many academic and student services project. The College has updated transfer and articulation agreements in place with CSUN and sends transfer students to the University annually. COC’s partnership with CSUN on the suicide prevention project will include: exchange of data and information; guidance and input; review of evaluation data and lessons learned; and possibly aligning strategies to best support students throughout the broader region served by both institutions. **On campus partnerships** are detailed as requested in B.14 below.

14. Description of all on and off-campus services, organizations, or providers that will participate in the proposed project, including their roles and responsibilities and their relevant experience. Demonstrate their commitment to the project. Letters of Commitment and Memoranda of Understanding are included in Attachment 1.

COC Student Health and Wellness Center – discussed earlier, has been providing ever-expanding health and wellness services to COC’s students for nearly 40 years. This Campus Suicide Prevention project will be organizationally placed in the Health and Wellness Center with its senior staff taking leadership roles in managing this project.

Community Mental Health Consortium (CMHC) – is an informal association of 37 mental health service providers as well as education, law enforcement, non-profit, and other community representatives. CMHC will support community coordination; outreach; and in securing additional partners for this project and participants for the advisory committee.

Community health and mental health providers – listed below, will support the project through advisory board participation; coordination of services, including culturally competent services; outreach; data collection, data sharing; leveraging resources; providing/sharing co-locations; and supporting project evaluation. The project’s main community partners are:

- **Domestic Violence Center of the Santa Clarita Valley** – has provided safety and support to victims of domestic violence for over 30 years. Their mission is to break the cycle of abuse, primarily offering shelter, crisis intervention, counseling, advocacy, and activities to support increased economic opportunities for victims.
- **Samuel Dixon Health Clinics** – has operated three clinics in the Santa Clarita Valley providing affordable primary care, health education, mental health and related services for over 20 years. They focus on providing access to uninsured and underinsured residents.
- **Child and Family Center** – provides mental health, behavioral and education services to children, adults and families throughout the Santa Clarita Valley at two locations. The Center has operated for nearly 40 years and charges based on a sliding scale to ensure access.

Other on-campus resources – COC Veteran’s Center; Disabled Students Programs and Services (DSP&S); and Extended Opportunities Programs & Services (EOPS), all discussed earlier. The College is also supporting a chapter of the National Alliance on Mental Illness. The project will also be supported by the COC Institutional Research Department. On campus resources will support thru: advisory board participation; support for service coordination; development of services for high at risk groups; service delivery; data collection and feedback.

Other off-campus resources – SPRC, National Suicide Prevention Lifeline; Los Angeles County Department of Mental Health; and the California Department of Healthcare Services, Mental Health Services Division. These partners will link the project to information and resources across the broader region and statewide. The connection to Lifeline will enhance consistent access and service delivery through its 24/7 support.

Collaboration multiplier. As mentioned in several places, the project partners will employ the Collaboration Multiplier (Prevention Institute, 2011) to enhance cooperation, leveraging resources, reducing duplication of services, and expanding capacity to achieve outcomes. Member of the CMHC have already received some training in use of the model.

15. Describe how members of the population(s) to receive services (e.g., students) were involved in the preparation of the application, and how they will be involved in the planning, implementation, and performance assessment of the project. Students were intimately involved in the design of this project on several levels. First, students from 11 campus clubs (listed under B.5) regularly participate on the Health Center’s Mid-Body Wellness Committee, the body that has provided guidance on the design of this project. Students from these clubs also participate on the Community Mental Health Consortium, another group involved in supporting and providing input to this proposal. Students from groups with high at risk populations (Veterans and LGBTQ) were solicited directly on project activities that will support their peers. This input is reflected in the project Activities (pages 8-11). Finally, student input on a broader scale was assessed through the National College Health Assessment results, referenced earlier. During project implementation, student representative will sit on the Advisory Committee and will provide guidance on implementation and feedback on performance assessment and effectiveness.

16. The project will overcome potential barriers to successfully conducting the program as detailed below, by potential barrier (other barriers, e.g. gaps in service, were discussed earlier):

Potential Barrier	Mitigation/Solution
Turf battles with agencies	Completing a Collaboration Multiplier matrix will settle turf issues
Stigma about mental health	Open discussions; inclusion; widely accessible training/materials
Competing priorities	The Collaboration Multiplier matrix will set common priorities.

17. How project activities will improve behavioral health prevention and promotion activities. As discussed throughout Section B of this Narrative, the project proposes to implement sustainable infrastructure improvements; leveraging existing college and community resources; to increase program efficiency and capacity; resulting in improved mental health outcomes for the target student population. See Section B.12, specifically Table 6 and Outcomes.

18. COC's willingness to work collaboratively with the Suicide Prevention Resource Center and with the National Suicide Prevention Lifeline. College of the Canyons and its Student Health and Wellness Center/project staff are committed to working closely and collaborating with SPRC. This includes seeking input and guidance; sharing data and results; and other cooperation that will improve student mental health, prevent suicide, and advance understanding. Please refer to Activity 4.6 for details on how Lifeline will be incorporated and promoted.

19. COC's plan to continue the project after the funding period ends. This proposal has repeatedly emphasized that grant-funded resources will be used to implement sustainable infrastructure improvements using and reorganizing existing college and community resources. Focusing on infrastructure improvements, increasing data collection, and more efficient use of available resources will increase program efficiency and capacity without the need for new, significant long-term funding streams. Grant funds will essentially provide start-up funds that will enable the establishment of the updated, sustainable infrastructure.

How program continuity will be maintained when there is a change in the operational environment. This project has not been conceived or driven by a single individual, but rather institutional and community needs. This is an institutional project, not an individual or department project. It is not dependent on any one person. That said, COC is very adept at establishing programs through grant funding, institutionalizing them, and sustaining them long-term regardless of staffing. This is accomplished through: standardized procedures; well-developed implementation plans; a strong and broad project advisory committee; institutional support and involvement from multiple departments across campus; and administrative commitment. The College's Center for Applied Competitive Technology, a high tech training center, was created through grant funding in 1997 and has been in continuous operation through five program directors and since that initial grant expired in 1999. COC understands how sustain important projects and ensure stability over time.

SECTION C: STAFF, MANAGEMENT, AND RELEVANT EXPERIENCE (25 POINTS)

1. The capability and experience of COC and other participating organizations with similar projects and populations, including experience in providing culturally appropriate/competent services. College of the Canyons and its campus suicide prevention project partners have extensive experience in developing and implementing mental health service and support programs that serve increasingly diverse student and family populations in the catchment area – the Santa Clarita Valley. As documented in Sections A.3 and B.14, each partner has extensive service records dating back decades in the target communities and has special expertise in serving at risk populations:

- COC Student Health and Wellness Center –has been providing ever-expanding health and wellness services to COC's increasingly diverse students for nearly 40 years. This Campus Suicide Prevention project will be organizationally placed in the Health and Wellness Center.
- Domestic Violence Center of the Santa Clarita Valley – has provided safety and support to victims of domestic violence for over 30 years. Their mission is to break the cycle of abuse, primarily offering shelter, crisis intervention, counseling, advocacy, and activities to support increased economic opportunities for victims.

- Samuel Dixon Health Clinics – has operated three clinics in the Santa Clarita Valley providing affordable primary care, health education, mental health and related services for over 20 years. They focus on providing access to uninsured and underinsured residents.
- Child and Family Center – provides mental health, behavioral and education services to children, adults and families throughout the Santa Clarita Valley at two locations. The Center has operated for nearly 40 years and charges based on a sliding scale to ensure access.

2. A complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications.

The following College of the Canyons staff will serve as key personnel on the project. As detailed in the budget, only the Project Director and Institutional Research Director will be funded through the grant. Time for all other key staff will be provided as in-kind match by COC. The list below shows the staff person's name, their title, role and responsibilities to the project, and percentage of their full-time equivalent (FTE) position committed to the project (from the grant or match). Each individual listed will serve on the project's Executive Committee. Please see attached Biographical Sketches for each individual listed.

Larry Schallert, Assistant Director, Health & Wellness Center; Project Director – Will provide day-to-day leadership and management for the project, including: ensuring success of all activities; supervising marketing and outreach; administration of the budget; submitting required reports; participating in evaluations; oversee staff training; and serve as the program's main contact. Mr. Schallert holds a Master's in Social Work, is licensed by the state, and has enjoyed a 25 year career designing, delivering, and evaluating mental health and wellness services for diverse populations, particularly those at risk. His experience ranges from postsecondary education to private and clinical practice. As Assistant Director of the COC Health and Wellness Center, Mr. Schallert develops, implements, and evaluates mental health services and programs. He will commit 20% FTE to the program.

Michael Joslin, Dean, Student Services, COC – Will provide leadership and support for the project by linking it with key, on-campus participants and partners that fall within the Student Services area, including the Health and Wellness Center; as well as programs serving at risk students, Disabled Students Programs and Services (DSP&S) and Extended Opportunities Programs & Services (EOPS), among others. Mr. Joslin will also support student training curriculum development, materials development, outreach, and evaluation. Michael Joslin holds an MS in Counseling and College Student Personnel Services and has 23 years experience developing and administering postsecondary student services, as well as experience as a counselor and instructor. At COC, he supervises all student development programs, several critical at risk programs (noted above), and chairs the Behavioral Intervention Team, which will participate in supporting this project. Mr. Joslin has been integral in helping student development programs at the College transition so that they are able to serve COC's increasingly diverse student population. He will commit 15% FTE as match from COC.

Colleen Reeves, Director, COC Health & Wellness Center – Will be responsible for integrating the revised infrastructure developed through this proposal into the Health and Wellness Center mental health and suicide prevention programs. Ms. Reeves will also support, in concert with other project staff, training curriculum development, coordination with campus and community partners, delivering revised services, data collection, and evaluation. She holds a BS and MS in

Nursing and is a certified Family Nurse Practitioner. Ms. Reeves has extensive experience in developing and delivering mental health and wellness programming to diverse, college-age students. She has particular expertise in family health, education, and conditions that put students at high risk, including sexual assault. She will commit 15% FTE as match from COC.

Audrey Burgdorfer, Registered Nurse, COC Health and Wellness Center – Will support the project through training curriculum development and materials development as well as by delivering instruction and providing services in the Health and Wellness Center. Ms. Burgdorfer holds a BSN, is a licensed RN, and has been at the COC Health Center since 2005. She has served as the College's Public Health Nurse, Nurse Educator, and Certified Smoking Cessation counselor. She is highly experienced working with a diverse range of students and has experience working with veterans, active military, and military families. Ms. Burgdorfer is well known on campus for her ability to engage students and the welcoming climate she engenders. She will commit 5% FTE as match provided by COC.

Sheri Barke, Health Instructor / Sports and Wellness Dietitian – Will support training and workshop curriculum development, and print and digital materials development in the areas of healthy lifestyle, nutrition, and exercise to complement mental health wellness activities. Ms. Barke will deliver instruction and lead workshops on these topics. She will support program evaluation and tracking. Ms. Barke holds a Master's in Public Health, is a Registered Dietician, and a Board Certified Specialist in Sports Dietetics. She has 15 years experience as a health instructor, sports and wellness dietitian, program coordinator, college educator and counselor. Ms. Barke is experienced in working with diverse students and has expertise in high risk students behaviors, such as eating disorders. She will commit 15% FTE as match from COC.

Tammy Castor, Director, District Safety – Will support development, implementation, and supervision of the campus crisis management plan developed through the project. She will work with on- and off-campus partners in developing, integrating, and implementing the plan. Ms. Castor will commit 10% FTE as match provided by COC.

Dr. Daylene Mueschke, Director, Institutional Research – Will lead the development and implementation of data collection processes and protocols to be used by all project partners. Data will be collected to track student contacts with the regional mental health system as well as to measure project outcomes and accountability. Dr. Mueschke will commit 8% FTE to the project.

3. Discuss how key staff have demonstrated experience and are qualified to develop the infrastructure for the population(s) to receive services and are familiar with their culture(s) and language(s). All of the key staff who will lead, implement, and evaluate this project have extensive experience in developing and delivering mental health, general health and wellness, student development, and services for t risk students. As educators and administrators in a state where the Latino population has grown quickly,²⁷ each of these professionals has helped College of the Canyons programs, services, faculty, and staff adjust to these demographic changes. This includes updating programs to meet diverse student needs, and hiring and/or training faculty and staff so that they are culturally and linguistically competent. In addition, each of the key personnel assigned to this project has 10-20 years experience with the college and community, including experience dealing with high risk, special needs, and other populations. They know the

college, community, its culture, and its people. No group is better qualified to lead this project. Please see Biographical Sketches for additional information on key staff qualifications.

SECTION D: DATA COLLECTION AND PERFORMANCE MEASUREMENT (30 POINTS)

1. College of the Canyons' ability to collect and report on the required performance measures is specified below. COC's plan for data collection, management, analysis and reporting of data for the population served by the infrastructure program is also described. Any additional measures planned for use in the grant project will be specified and justified.

COC's Office of Institutional Research supports the College's decision-making, strategic planning and assessment efforts through a variety of research activities. These include the management of data collection and reporting for internal and external audits and evaluation of programs and policies. As detailed in the narrative, Institutional Research will be instrumental in developing and implementing data collection processes and protocols that will support the Campus Suicide Prevention Program.

Plan for managing the data. Data will be collected by or reported to the Program Director and COC's Institutional Research Department. All data will be stored digitally on secure servers. Other aspects of the data collection, management, analysis, and reporting that will be used to support the Campus Suicide Prevention Program include:

- **The period of time the data will be retained and shared.** Project data will be retained indefinitely, stored and backed-up digitally to ensure its long-term protection and access for future users. Select data will be posted online. In addition, project data will be used for presentations at conferences, papers, and in grant applications
- **How data are to be managed and maintained.** Data will be managed by the PI, with support from the project coordinator, senior personnel, and the institutional research office. COC has backup plans for data redundancy, including off-site secure storage.
- **Factors that limit the ability to manage and share data.** College of the Canyons strictly adheres to federal and state regulations on student privacy as well as following the Student Right to Know requirements.
- **Provisions for appropriate protection of privacy, confidentiality, security, and intellectual property.** All data files will be carefully screened prior to web posting or dissemination to ensure compliance with all applicable laws. Data and information on individual students will remain confidential at all times.
- **Mechanisms and formats for storing data and making them accessible.** COC dynamically extracts data from the system and loads it into an operational data store (ODS) from which key data and operational intelligence can be derived using tools that range from Excel, SQL queries, and Cognos Business Intelligence modules. These can be disseminated

through secure, on campus programs (for research), to web sites, SAMHSA, and to third parties on request.

To support this strategic initiative, COC will create longitudinal analytic tools and predictive modeling to shape policies, practices, and processes to identify and provide a variety of support services to the at-risk students targeted by this project, enhancing their chances of educational and life success. Data generated by the proposed project will include the following: student demographics; program enrollment and/or participation records; services delivered; inputs and outcomes; follow-up services; service providers; referral services delivered; service provider comments. In addition, the system will be designed to collect, analyze and extract data that measure the following:

- Increase in the amount of training to students, faculty, and staff on suicide prevention and mental health promotion;
- Increase in collaboration among campus and community partners to deliver the message that suicide prevention is everyone's responsibility;
- Increase in the number of educational seminars and informational materials for students, faculty, staff, and family members on suicide prevention, identification and reduction of risk factors, such as depression and substance use/abuse;
- Increase in help-seeking among students and reduce negative attitudes for seeking care for mental and substance use disorders among students; and
- Increase in the promotion of the National Suicide Prevention Lifeline.

The system will be able to utilize data to (1) identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to disparities and (2) implement strategies to decrease the differences in access, service use, and outcomes among subpopulations.

2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. As discussed in Sections A and B, COC will link the mental health programs to the College's Institutional Research Department and establish processes and protocols that will be integrated into services so as to regularly collect data. Data to be collected is detailed under D.1 above. This will enable a more accurate assessment of student needs and service gaps allowing the College and community partners to better allocate limited resources for maximum benefit.

Data reports will be regularly reviewed by the key project staff and advisory board. On a short-term basis, this data, used in a formative evaluation process, will enable project leaders to identify objectives and outcomes that are being achieved on schedule; objectives and outcomes that are not being achieved on schedule; and other gaps, deficiencies, or anomalies in project implementation. This will enable project staff and partners to adjust implementation plans to account for changed conditions or simply to respond to events. On a longer-term basis, review of data will measure overall project effectiveness and enable project staff and partners to allocate resources (funds, personnel, facilities, materials, digital resources) so as to better meet goals, objectives, and outcomes.

This process-based, data-driven approach to improving the quality of mental health and suicide prevention services supports continuous quality improvement (CQI). The goals and

objectives of this infrastructure program will map onto any continuous quality improvement plan, such as the Institute for Healthcare Improvement Map, and include consideration of behavioral health disparities among groups, including high risk and underrepresented groups.

How information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders. Information will be communicated to staff through reports generated on secure desktop or laptop computers. These reports will be generated regularly for review by staff and/or partners in the general administration of the project. The Project Director or designated staff will prepare reports appropriate for the Board of Trustees, the project advisory board, partner boards, stakeholders, and the general public. These will be communicated through written documents, media releases, online postings, or digital or printed newsletters.

3. College of the Canyons is committed to meeting the following requirements:

(1) Collaborate with the Suicide Prevention cross-site evaluation through collection and reporting of data; submission of evaluation reports; submission of Annual Performance Reviews; or other means/methods.

(2) Comply with all of CMHS' necessary GPRA requirements, including submitting your GPRA data via the Web-based Transformation Accountability system (TRAC).

4. Describe how you will monitor deaths by suicide and suicide attempts and how you will use this information to further inform your suicide prevention efforts. The infrastructure improvements resulting from this project, particularly data collection functions, will enable COC and community partners to track students once they make any contact or access any service in the system. Ideally, this tracking will enable project staff or other concerned individual to intervene before a suicide or attempt occurs. However, in the unfortunate event that a suicide or attempt occurs, and if that person made contact with the system, then links between project partners, health care providers, and law enforcement will trigger notification. This information will then be shared among partners and additional information on particular circumstances of the event will be entered into that student's digital file.

The project's improved infrastructure and data collection processes will enable project staff and partners to use this information to better serve current and future students. Data in the system will indicate contacts made; where/when made; services delivered; outcomes or impressions by service providers; referrals made; and any follow-up activities. This process should identify if there were any gaps in program services and delivery through which this individual fell. This will, hopefully, enable staff or other individuals to identify potential gaps in support and intervene earlier to forestall suicide attempts or deaths.

SECTION E: LITERATURE CITATIONS

Below are the complete citations (end notes), including titles and all authors, for literature cited in the application narrative.

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- ¹⁴ Hyde, P. S. 2011. Meeting the Behavioral Health Needs of Military Families. SAMHSA Presentation to Burrell Behavioral Health Military Families Roundtable, Springfield, MO. Retrieved from <http://store.samhsa.gov/shin/content/SMA11-PHYDE031111/SMA11-PHYDE031111.pdf>.
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- ¹⁷ Hatzenbuehler, M. L. 2011. The Social Environment and Suicide Attempts in Lesbian, Gay, and Bisexual Youth. Pediatrics. Retrieved from: <http://pediatrics.aappublications.org/content/early/2011/04/18/peds.2010-3020.full.pdf>.
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