Healthy Living at The Beach

The Beach model for mental health and well being

2022-2025
1. 2021 - 19 CAPS Counselors – highest # ever
2. 2021 - 11 Case Managers – highest # ever
3. Most diverse counseling staff ever
4. NO waitlist for CAPS appointments
5. Mobile Crisis Unit Grant Awarded – 1st in CSU
We are dedicated to a campus and community movement, where student mental health is a collective responsibility and priority.

We recognize how historical contexts have shaped our students’ experiences and our health structures. Our methods will create health equity with purpose.

There is no wrong door for students to walk through at the Beach, anytime 24 hours a day, 7 days a week.

We will provide a high-touch experience by mobilizing our resources and getting help to students even if they are hesitant to seek it themselves.

Our organized and proactive public health approach means we are ready for the challenges students face now and in the future.

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OUR APPROACH AND COMMITMENTS

INTENTIONAL: Our organized and proactive public health approach means we are ready for the challenges students face now and in the future.

PERCEPTIVE & PROACTIVE: We will provide a high-touch experience by mobilizing our resources and getting help to students even if they are hesitant to seek it themselves.

EXTENSIVE & RESPONSIVE: There is no wrong door for students to walk through at the Beach, anytime 24 hours a day, 7 days a week.

EQUITABLE & ACCESSIBLE: We recognize how historical contexts have shaped our students’ experiences and our health structures. Our methods will create health equity with purpose.

COLLABORATIVE: We are dedicated to a campus and community movement, where student mental health is a collective responsibility and priority.
OUR CONTINUUM OF CARE

LEVEL 1: Population Health & Prevention
Workshops, Programs, Events, Wellness Marketing, Awareness, Destigmatization

LEVEL 2: High Touch Opportunities
Faculty Members, Peer Mentors, Advisors/Supervisors, Parents & Families

LEVEL 3: Specialized Student Self-Report/Referral
Individual Counseling, Therapy Groups, Case Managers, You@CSULB

LEVEL 4: Urgent/Timely Response
CARES, Crisis Phone Line, Crisis Text Line
NATIONAL DATA POINTS

53% of students were worried/scared often or constantly in the past six months
*(Inside Higher Ed, March 2021)*

59% of students turn to parents, family or extended family for help first
*(Kaplan, 2021)*

75% of faculty members nationally are willing to help students in distress, but only 50% of those know how
*(Healthy Minds Network)*

65% of students rate their behavioral health as fair or poor
*(Inside Higher Ed, March 2021)*

Disparities for first-gen, low-income students of color are NOT in their symptoms, but largely in their help seeking-behaviors.
*(Healthy Minds Network)*
85% of our campus mental health services require a student to initiate an action (make an appointment, visit a site, go to a program or group)

86% reported moderate or high stress in the last 12 months (NCHA, 2021)

27% reported a death of a family member, loved one, or friend due to COVID-19 (NCHA, 2021)

57% reported witnessing online or in-person discriminatory or hostile exchanges due to someone’s race/ethnicity (NCHA, 2021)

39% of our students have accessed the Enrollment Services chat bot for help between 5pm-8am
OBJECTIVE #1

WE WILL HONOR OUR STUDENTS’ DIVERSITY BY USING CULTURALLY INFORMED PRACTICES AND DEVELOPING STRATEGIES TO PROMOTE INCLUSIVE EXCELLENCE IN SERVICES.

1. Ensure professional staff and peer mentors in our behavioral health units have demonstrated skill and commitment to serving diverse student populations using culturally-informed and trauma-informed approaches.

2. Employ recruitment strategies that continue to increase candidate diversity.

3. Engage identity center staff and student groups in prevention and support efforts.
OBJECTIVE #2

WE WILL BUILD A COMMUNITY OF CARE AGENTS (STAFF, PARENTS, FAMILIES, FACULTY, AND PEERS) ON AND OFF CAMPUS TO HELP US IDENTIFY STRUGGLES EARLY AND OFTEN.

1. Create 10 or more physical spaces where students feel comfortable sharing sensitive experiences

2. Collect emergency contact information and expand engagement with families (Beach 2030)

3. Align peer mentor programs to maximize impact

4. Provide a menu of training options based on level of engagement and skill set

5. Promote faculty and staff well-being
OBJECTIVE #3

WE WILL INCREASE AWARENESS, EXPAND OUR REACH AND DECREASE STIGMA.

1. Milestone maps and marketing campaigns built around times of anxiety and stress
2. Increase behavioral staffing availability during times of peak demand
3. Update programming to reflect contemporary challenges
OBJECTIVE #4

WE WILL ALIGN OUR RESOURCES TO ENSURE STUDENTS HAVE EASY ACCESS TO SERVICES.

1. Evaluate Case Management models (CARES, CAPS, BMAC, SHS, BN)
2. Explore on-demand virtual solutions to accessing care (telehealth)
3. BEACH Crisis Text Line & Mobile Crisis Unit
4. Establish community partnerships with local non-profit organizations and resource centers (Beach 2030)
OBJECTIVE #5

WE WILL LEVERAGE TECHNOLOGY TO REACH STUDENTS FASTER AND MORE PROACTIVELY.

1. Automate health services reminders
2. Establish a peer-to-peer texting tool and expand the chatbot to reach students where they are
3. Develop protocols to reach student identity groups or impacted student groups during national crisis/trauma
4. Create virtual social communities
BASELINE METRICS

PHASE 1

NATIONAL SURVEYS
(already accessible)

- National College Health Assessment
- NSSE/BSSE
- Bystander Intervention Surveys
- Basic Needs Surveys

GI 2025 METRICS

- #Student Leaves of Absences
- DFW Rates
- Student Stop/Out & Drop/Out

CRISIS DATA
(BEACH.2030)

- Housing emergency transports
- Voluntary Hospitalizations
- Involuntary Hospitalizations (51-50)
- Beach Crisis Text Line
- Counseling Resources accessed after hours

UTILIZATION DATA*

- Basic Needs
- Bob Murphy Access Center
- CARES
- Counseling & Psych Services
- Student Health Services
- Student Rec & Wellness Center
  - Points of service entry

COUNSELING SERVICES

- Average wait time per student
- Average # of appointments per student
- # of students referred to the community
- Identity groups represented by CAPS
- Counselor Critical Load Index

RESOURCES

- You@College
- Visits to Beach Wellness Website
- Parents subscribed to parent portal

* (unduplicated students receiving services disaggregated by race/ethnicity, gender, age, source of insurance)
IMMEDIATE NEXT STEPS:

• Assemble working groups
• Baseline data collection across care units
• Gap analysis of existing training
• Identify spaces where students feel comfortable sharing sensitive experiences
• Pilot peer-to-peer texting tool
• Increase parent & family engagement in-person and online
• Kick-off meetings with community health professionals
• Implement Mobile Crisis Unit
• Recruit CAPS Director