



Beach WELL (Well-Being Elevated to a Living Legacy) 2022-2025

The Beach Model for Mental Health & Well-Being

As we continue our commitment to Graduation Initiative 2025 and embark on our journey toward Beach 2030, we are committed to being a student-ready university, embedding holistic well-being in every aspect of our university community, and helping students develop strategies for increased resilience. We are here to help students succeed in their current academic pursuits and to prepare them for fulfilling lives as graduates. Our strategic mental health plan outlines ambitious goals and a transformational approach to supporting thriving minds, healthy lives, and bright futures for all CSULB students.

Our plan recognizes societal challenges surrounding health inequities and the enormous impact of social traumas such as racism, sexism, homophobia, and ableism. We commit to doing the work to create systems that support all our students in the ways they need to be supported. To do that, we intentionally create various spaces throughout campus where students with different lived experiences can feel comfortable sharing sensitive concerns and accessing a variety of culturally informed supports. We weave preventative behavioral health care and skill-building into every facet of our university to promote well-being and we work to destigmatize behavioral health services.

But that is only the beginning. One of the cornerstones of our model is a proactive, public health approach.

We recognize there are real reasons why some students hesitate to reach out and we work to provide assistance proactively, without always requiring students to come forward. The Beach model is unique and distinct because we work to get to students before their struggles are urgent, as we recognize that some members of our community are justifiably reluctant to ask for help. We will mobilize our community to anticipate the challenges our students will face and reach out to them proactively, early, and often.

Everyone at The Beach plays a part in prioritizing mental health and well-being. We are excited to empower every member of our community with the tools needed to make it happen. Together, we are Beach WELL.

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Executive Summary

Before the COVID-19 pandemic, our university began exploring solutions to the mental health crisis affecting our nation and community. The Centers for Disease Control (2021) reports that one in five Americans will experience a mental health related illness each year. We have important work to do to support our students here at CSU, Long Beach. Our most recent campus data from the American College Health Association – National College Health Assessment (2021) shows that 86% of our students are experiencing moderate or high stress. The leading mental health diagnoses of our students is anxiety (22%) and depression (18%) and those numbers have been increasing as years pass. Over half report witnessing discrimination online or in person. As of this writing, 27% of our students have lost someone close to them from COVID-19 and 92% reported the pandemic somewhat or significantly impacted their level of stress.

The after-hours use of the university's online chatbot indicates that there are times when students are interested in accessing assistance outside regularly scheduled hours. Additionally, we found that our students might know of our services, but they access them less frequently. Seventy-nine percent of our students considered getting help from a medical professional, but only 21% sought out help within the last 12 months (NCHA, 2021). Madrigal and Blevins (2020) found that while 80% of students are aware specifically of Counseling & Psychological Services, only 20% have used the services, which is consistent with our NCHA data. Why?

We know that first-generation students, minoritized students, and low-income students typically seek help far less than their peers (Healthy Minds Network, 2021). We also know that 85% of our CSULB mental health services require a student to come forward and request assistance. This misalignment has exacerbated longstanding health-equity issues. Our services need to align with the needs and preferences of our students.

To enhance our support of students' well-being, we must also focus on the health and preparedness of our faculty, staff, and external partners. Nationally, 75% of faculty are willing to help students in distress, but only 50% of them report knowing how (Healthy Minds Network, 2021). Additionally, almost 60% of college students turn to their parents, family, or extended family for help first (Kaplan, 2021).

Therefore, this call to action has inspired us to create a plan with five important guiding objectives:

1. We will honor our students' diversity by using culturally informed practices and developing strategies to promote inclusive excellence in services.
2. We will build a community of care agents on and off-campus to help us identify struggles early and often.
3. We will increase awareness, expand our reach, and decrease stigma.
4. We will align our resources to ensure students have easy access to services.
5. We will leverage technology to reach students faster and more proactively.



Our Mission

Our Beach community will aggressively promote well-being and support students through their toughest moments in preparation for life's greatest challenges.

1. **AWARENESS** – We know the current struggles and pressure points for our students.
2. **ACCESS** - We constantly improve access to services.
3. **ACHIEVEMENT** - We understand mental health impacts on degree attainment.
4. **TOOLS FOR LIFE** – We provide skills for life success.

Our Approach & 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

Our layered continuum approach helps us maximize our resources by frontloading preventative care and population health (Level 1 & Level 2 supports) and reserving our more specialized and clinical professionals for the elevated needs (Level 3 & 4 supports).

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, Basic Needs

OUR CONTINUUM OF CARE

Level 4: Urgent/Timely Response

CARES, Crisis Phone Line, Crisis Text Line, Basic Needs

Level 3: Specialized Student Self-Report/Referral

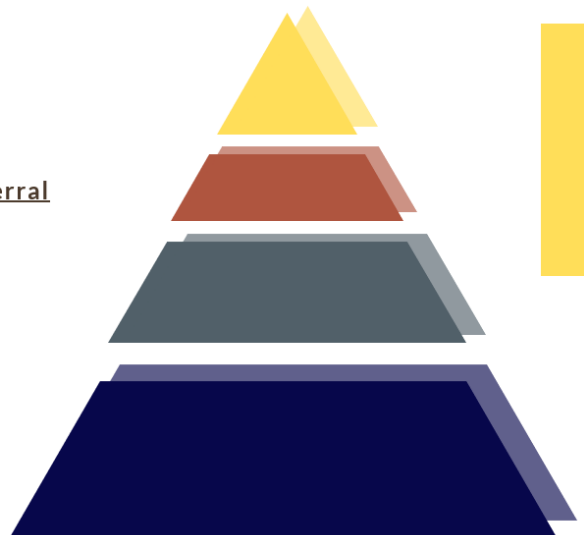
Individual Counseling, Therapy Groups,
Case Managers, You@CSULB

Level 2: High Touch Opportunities

Faculty Members, Peer Mentors,
Advisors/Supervisors, Parents & Families

Level 1: Population Health & Prevention

Workshops, Programs, Events, Wellness
Marketing, Awareness, Destigmatization





Our Goals

1. We will honor our students' diversity by using culturally-informed practices and developing strategies to promote inclusive excellence in services.
2. We will build a community of care agents on and off-campus to help us identify struggles early and often.
3. We will increase awareness, expand our reach, and decrease stigma.
4. We will align our resources to ensure students have easy access to services.
5. We will leverage technology to reach students faster and more proactively.



#1: We will honor our students’ diversity by using culturally-informed practices and developing strategies to promote inclusive excellence in services. (Beach 2030)

Our students’ unique identities, backgrounds, and experiences create the foundation for how they respond to, and interact with, health care professionals and health care structures. Systems of oppression that have excluded groups from accessing health care, misrepresented groups in research studies, and severely abused groups of people through medical treatment are challenges we must name and face in this plan. Our best methods for combatting these historical barriers and establishing trust are: 1) staffing our care units with professionals who are trained in culturally informed and trauma-informed approaches (specifically trained to address microaggressions, discrimination, and racial trauma), 2) using recruitment strategies that increase counseling candidate diversity, 3) creating relationships with students using trained peer mentors, who have demonstrated skill and experience serving diverse populations, and 4) engaging with students in places where they are most comfortable sharing their experiences.

Gap: Current recruitment strategies limit us to recruiting doctoral level clinicians when data indicates that some of the most diverse, prepared, and qualified professionals have extensive experience as licensed master’s level mental health providers.

OBJECTIVES	ACTION ITEMS
<p>A. 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.</p>	<ul style="list-style-type: none"> • Ensure all counseling and behavioral health staff are trained in trauma-informed and culturally informed counseling approaches and address microaggressions, discrimination, and racial trauma. • Provide training to counselors at least annually and document training completed by counselors.

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<p>B. Restructure recruitment strategies to increase counseling candidate diversity and representation through updated position descriptions and partnerships with master's level internship programs.</p>	<ul style="list-style-type: none">• Amend position descriptions and adjust qualifications to allow licensed master-level applicants such as licensed clinical social workers where appropriate.• Create a master's level internship program in Counseling and Psychological Services. Collaborate with the CSULB MSW program to expand behavioral health support across campus as well as professional training opportunities for graduate students.• Explore partnerships with MFT and SDHE master's students for additional internship opportunities.
<p>C. Engage cultural resource center staff, special population program staff, and student groups in prevention and support (i.e. cultural identity centers, BMAC, Veterans Center, International Students, parenting students, and graduate students).</p>	<ul style="list-style-type: none">• Identify staff members or coordinators of the various programs and ensure training is provided to staff and students.
<p>D. Create 10 or more physical spaces where students are comfortable sharing sensitive experiences and expressing aspects of their well-being among trained professionals.</p>	<ul style="list-style-type: none">• Identify at least 10 visible/physical spaces across campus where students can find an intentional gathering space that feels supportive enough that they are comfortable sharing concerns, challenges, and experiences impacting their well-being and ability to thrive.

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	<ul style="list-style-type: none">• Train staff members in those spaces to be welcoming, non-judgmental, supportive, and knowledgeable about the campus resources available to students.
<p>E. Initiate a Mobile Crisis Team partnership with the University Police Department</p>	<ul style="list-style-type: none">• Establish Mobile Crisis Team services to respond to community mental health crises. Recognizing the impact interactions with the police can have on our community, the mobile crisis team can help facilitate more constructive interactions with our university police department and have mental health crisis response done by mental health professionals.
<p>F. Exercise specific strategies and approaches for high-risk students - LGBTQIA+, students at risk for discrimination/harassment, students with disabilities</p>	<ul style="list-style-type: none">• Hire a full-time staff member in the LGBTQ+ Student Resource Center• Provide specific mental health support training to LGBTQ+ Student Resource Center staff.• Create partnership between LGBTQ+ Student Resource Center and CAPS.• Provide gender affirming care in Student Health Services.• Expand allyship training across campus.

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#2: We will build a community of care agents (staff, parents, families, faculty, peers, and community partners) on and off-campus to help us identify struggles early and often.

Our network of care agents will give us the power and capacity to tackle a high-touch proactive approach on a campus of 40,000 students. In our campus community, each employee encounters students, regardless of their role. Some interact rarely, others daily. It is essential that we also demonstrate compassion and care for our faculty and staff. Well-supported employees are better positioned to care for students. Off-campus, parents, families, friends, peers, and faith leaders also pay close attention to our students and their needs and state of being. We need them too. By creating more widespread knowledge of wellbeing tools, wellness-promoting adjustments, skills around holding space with empathy, and proper referral strategies and resources, all campus community members will feel more confident and competent intervening to help students.

Gap: Current training opportunities focus on suicide prevention and first-aid crisis response but there is an increased need to train more broadly and widely on basic wellbeing strategies, prevention, and basic intervention. Intentional training will ensure more community members can address basic support needs while reserving our trained clinicians for higher-level issues.

OBJECTIVES	ACTION ITEMS
<p>A. Create a robust and intentional first-year experience focused on behavioral health, where every student belongs to a peer mentor cohort and curriculum is aligned across groups.</p>	<ul style="list-style-type: none"> • Begin aligning peer mentor groups and curriculum to ensure consistent training. <p>(Groups could include: RAs, Gen Excel, Beach Guides, Beach Buddies, ASI ACE Health Coaches, Veterans Wellness Warriors. Pilot groups could consist of Peer Beach Guides and EOP/Summer Bridge. Create lists of these groups and identify students not belonging to a cohort group.) <i>*These peer mentor groups are specifically those with group or 1:1 mentoring expectations, which is not the same as peer groups used for workshops and presentations.</i></p>

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	<ul style="list-style-type: none">• Structure the delivery of wellbeing services and first year-experience curriculum throughout the year. Use utilization data to structure a map of milestones based on ‘just-in-time’ student needs.• Streamline training in ‘<i>Well Care</i>’ type visits for all peer mentors and (possibly) academic advisors through peer leadership summit (or similar experience) or a Beachboard module with a cohesive curriculum.• Provide supervisors of peer mentor groups with tools to supervise peer mentors more effectively.• Create a process that allows students to choose a mentor based on the factors that are most important to them.
<p>B. Develop a menu of training options that allow faculty and staff members various training opportunities based on their level of engagement and skill level. Identify current existing trainings and fill training gaps.</p> <p>C. Identify situations where non-clinical paraprofessionals can assist with health promotion and help generate widespread understanding around the differences between clinical and non-</p>	<ul style="list-style-type: none">• Identify parts of the student experience and times of the year where ‘<i>Well Care</i>’ type visits or student check-ins need to occur. Examples can include specific campus locations as well as groups or individuals who are best positioned for these check-ins.• Develop or identify a 30 minute ‘<i>Well Care</i>’ type training for delivery across the university. Training will then be open for all professional staff (including Student Affairs, Academic Affairs, Administration & Finance) and peers at all levels (including

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<p>clinical needs. Use these situations within training modules.</p>	<p>ASI, personal trainers, nutritionists, Beach Balance, and student organizations)</p> <ul style="list-style-type: none">• Identify current training opportunities and identify training gaps for campus paraprofessionals. Create training where necessary. Concepts of the training will utilize trauma-informed approaches, basic intervention skills for students in need, and specific instructions for referring students in crisis.• Track the number of trained faculty, professional staff members, and students, including long-term CSULB staff and faculty members. Provide incentives and rewards for faculty and staff training.• Conduct surveys or focus groups of faculty and staff utilizing the 'Well Care' type curriculum to consistently improve and address gaps.
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<p>D. Prepare parents and families with tools to be our partners in supporting their student through continuous engagement and communication.</p> <p>E. Build the infrastructure to collect emergency contact information for parents/families/support persons. Identify who will have access and how the emergency contact information will be utilized and protected.</p>	<ul style="list-style-type: none">• Increase opportunities for administrators to talk with parents and families throughout the year.• Send more frequent communication through the parent portal. Send supplemental parent messages for every student message sent from Student Affairs.• Enhance training module for parents/families in the online portal.• Ensure all parent and family materials are available in multiple languages and are free from educational jargon.• Increase the # of parent/family engagement programs. Host fireside chats with parents/families once per month. Send invitations to parents and families to attend athletic events.• Make parents aware of the BEACH Crisis Text Line and other campus resources.• Establish a CSULB Parents Advisory Council.
<p>F. Establish a Community Advisory Collaboration of local health agencies, faith leaders, and social services to strengthen partnerships, discuss referrals, and address barriers to access.</p>	<ul style="list-style-type: none">• Host a quarterly meeting with community partners (local mental health agencies and faith-based leaders) to strengthen partnerships, discuss referrals, address barriers to access, highlight success stories, and allow partners to share announcements and promote their services.

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<p>G. Consolidate and streamline communication and outreach about health and well-being resources to the faculty, staff, and campus community members.</p>	<ul style="list-style-type: none">• Consistently update Beach Wellness website, the central repository for well-being resources. Measure how often the site is being utilized.• Share a QR code that can be distributed for students to directly access the Beach Wellness website directly.• Work towards a syllabus statement about student well-being and include Beach Wellness resources. Encourage faculty and staff to share the QR code on syllabi and departmental materials.• Create and design an easy-to-use Faculty/Staff Health Resource Guide.• Utilize current messaging structures to identify tangible action items for faculty and staff to keep behavioral health in mind when working with students. Examples can include the Provost's Messages, VP Student Affairs Faculty/Staff Newsletter, DAF News & Notes.• Establish an outreach working group to examine best practices for outreach efforts, ensure consistency of information, and document accordingly.
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<p>H. Invest in supporting faculty, staff, and their families with behavioral health resources, thus preparing them to be the most effective mentors for students.</p>	<ul style="list-style-type: none">• CSULB’s contract with Empathia LifeMatters expands behavioral health support to stateside faculty/staff members and their families with professionals across the nation from diverse backgrounds. Partner with HR and Faculty Affairs to evaluate staff utilization of this new tool and outcomes.• Promote YOU@CSULB, BEACH Crisis Text Line, Find Help Now, and other virtual resources to all employees.• Actively encourage the participation of faculty/staff in employee affinity groups for increased connection and support.• Work with the Beach 2030 Action Team for <i>Reimagine Staff</i> to inventory and assess employee wellness efforts.
<p>I. Create a culture of care for faculty and staff by investing heavily in training and development for managers and administrators on supporting faculty and staff mental health.</p>	<ul style="list-style-type: none">• Dedicate manager meetings to discussing strategies for showing care and concern for staff members.• Utilize <i>Languages of Appreciation</i> activities or similar in staff meetings and provide activities and resources for managers to use in their staff teams.• Managers must actively work to create trusting relationships with employees and conduct emotional check-ins with staff to build emotional and psychological safety.

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<p>A. Embed a student behavioral lens in academic, administrative, and financial university policies.</p>	<ul style="list-style-type: none">• Use student behavioral health lens when reviewing policies that impact student employment and working conditions, housing, food security, racism and discrimination, income and student debt, social inclusion, social support, and freedom from violence.• Consider policies affecting:<ul style="list-style-type: none">○ Fair and flexible grading policies○ Inclusive curriculum and pedagogy• Provide clear directions for enrollment and finance policies that create the least amount of stress and anxiety for students.
<p>B. Be prepared to respond and support a community impacted by collective trauma with nimble communications protocols.</p>	<ul style="list-style-type: none">• Create communications protocols that allow us to be nimble and quickly reach students and community members during an emergency, crisis, or other national incidents.• Have student email and phone number group lists readily available or an otherwise easy system that empowers us to reach out to different groups quickly and easily.• Establish situational criteria for what level of leadership is responsible for communicating depending on the activity and community need.

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#3: We will increase awareness, expand our reach, and decrease stigma.

Our students need to know that their wellbeing is as important as their academic success and is usually, in fact, prerequisite to academic success. When our students graduate with a degree from The Beach, they will leave more self-aware, more resilient, and more confident. To keep wellbeing at the forefront of our students' minds, we will stack awareness mechanisms so they can find them 'just-in-time.' Our campaigns will be modern and relevant. Our marketing and awareness approach is modeled using recommendations from Kaiser Permanente's landmark study (1998) with the Centers for Disease Control on long-term effects of childhood trauma. This study is one of the only conducted entirely with subjects from our region in Southern California. It provides guidance on strategies for creating a more resilient future generation using preventative approaches and widespread campaigns.

Gap: Overprogramming and repetitive programming tend to become noise to our students. They are flooded with communication and messaging from all directions. The programming and awareness efforts are fragmented and disjointed causing attendance to be low and engagement limited.

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OBJECTIVES	ACTION ITEMS
<p>A. Organize our well-being practices into an integrated continuum with levels allowing us to reach students as early and often as possible for maximum prevention and population health.</p> <p>B. Create a milestone map of essential checkpoints and stressors that can be utilized for counseling, programming, and peer mentor groups.</p> <p>C. Using data from utilization, crisis text line, and the chatbot, create an academic timeline to build out the marketing campaigns, planned strategic communications, and technology outreach to students based on moments of increased stress and anxiety during the semester.</p>	<ul style="list-style-type: none">• Use an organized approach to structuring our delivery of well-being programs:<ul style="list-style-type: none">○ <i>Level 1 Population Health & Prevention</i> - Holistic environments that are positive, proactive, culturally responsive○ <i>Level 2 High Touch Opportunities</i> – Targeted, intentional support for students○ <i>Level 3 Specialized Student Self-Referral/Report</i> - Intensive support for students with chronic or highly sensitive needs○ <i>Level 4 Urgent/Timely Response</i> - Concentrated support for students with chronic or high-intensity needs. Can include: Suicidal thoughts, homelessness, domestic abuse • Create a milestone map of essential checkpoints and stressors that can be utilized with peer mentor groups.<ul style="list-style-type: none">○ Identify an extensive network of stakeholders to participate in creating the milestone map of checkpoints and indicators students should achieve toward building their behavioral health toolkit.○ Identify specific well-being outcomes for students before they graduate. Ensure

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	opportunities for building these skills are present in the continuum of programs and services.
D. Utilize a shared calendar to decrease the duplication of health programming and service efforts E. Ensure all programming, including marketing materials, reflects diversity, accessibility, and access.	<ul style="list-style-type: none">• Develop a shared calendar to collect programmatic information, increase partnerships, decrease programming saturation, and align funding resources.• Utilize BeachSync, Master Calendar, Beach Biweekly and/or other mechanisms to make it easy for students to find programs throughout the academic year.• Begin folding the programming aspects of Beach Wellness programs into the Student Affairs Collaborative Programming Group.• Ensure all programming, including marketing materials, reflects accessibility and access.
F. Update programming to reflect contemporary challenges and current student trends such as healthy relationships with technology and social media, handling the emotions of advocacy work, and multi-racial identity development/social identity development. G. Secure prominent/influential guest speakers to discuss mental health and decrease stigma.	<ul style="list-style-type: none">• Secure prominent/influential guest speakers to discuss mental health. Request that any celebrity or large-scale speaker to include a recorded opportunity in their contract to discuss behavioral/mental health to use in university-wide campaigns. Pilot program: ASI Beach Pride Events will work with keynote and signature speakers to film/record a clip of the speaker highlighting student behavioral health.

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	<ul style="list-style-type: none">● Update programming to reflect current trends:<ul style="list-style-type: none">○ Healthy relationships with technology and social media○ Handling the emotions of advocacy work○ Multi-racial identity development/social identity development○ Self-care and mindfulness○ Eating Disorders ● Integrate well-being into current programs that students are choosing to attend anyway (Week of Welcome, Internship Fairs, Love Your Body Week, Mental Health Awareness Month)
<p>H. Launch vigorous and structured campus marketing campaigns that embed our health care promotional activities across campus using videos, social media, and print material.</p>	<ul style="list-style-type: none">● <i>Platforms to be utilized:</i> Beach Board/Canvas, campus bookstore, television screens, social media, and the library in spaces where we know students frequent most ● Similar to monthly celebrations, develop a structured behavioral well-being calendar with campaigns and marketing efforts spanning across the campus (Mental Health Awareness Month, etc.) ● Campaigns can include:<ul style="list-style-type: none">○ Videos showing ways to ask for support○ Posters showing decisions trees of where to go for help○ Signage emphasizing walking around campus

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	<ul style="list-style-type: none">• Encourage faculty and staff to raise awareness of campus mental health resources in their email signature lines and away messages in MS Outlook.• Use utilization, crisis text line, and chatbot data to create a predictable approach for planning supports, preventing acuity while also preparing for times of high volume. We need to:<ul style="list-style-type: none">○ Increase staff availability during peak times.○ Outreach to faculty and provide preventive suggestions for getting ahead of crises during times we know are high-stress.○ Prepare students 2 weeks in advance of high stress times.
<p>I. Collect and share our student success stories with our campus community and outside collaborators.</p>	<ul style="list-style-type: none">• Identify opportunities to share student success stories, possibly partner with Active Minds and Basic Needs.• Ask providers to share stories of anonymous students who were struggling.• Share stories that show students reaching out, but also staff who intervened early.

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J. Invest in raising awareness about digital health platforms and assess impact.

- Track the following metrics for You@CSULB:
 - # of Log-ins
 - # of Students Registered
 - Changes in average use time
 - # Goals set and achieved

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#4: We will align our resources to ensure students have easy access to services.

Many departments, working groups, and individuals across campus are already committed to supporting student mental health. By combining work efforts, information, and student feedback, we can identify campus trends, maximize our impact, and streamline services. Our sizeable, expansive network will create more significant change than a diffused group of people overwhelmed from working in silos. Aligning our services will reduce the duplication of efforts allowing us to reach more students, more often.

To be a student-ready university, support needs to be available evenings and weekends, especially in times of crisis. Not only will we provide exceptional and timely services on-campus, but we will also facilitate connections with appropriate local community providers to assure long-term, sustainable support.

Gaps: Different campus groups and teams work separately to collect information and share strategies for supporting student mental health. A coordinated campus-wide effort will always deliver a better return on investment than many smaller efforts operating in silos. Accessing health care is also challenging for students based on differing levels of insurance coverage and needs that fall outside of typical business hours.

OBJECTIVES	ACTION ITEMS
<p>A. Collect student feedback systematically and analyze together for increased impact from student voices.</p> <p>B. Create a quick, simple, standardized post-care survey for CARES, CAPS, Basic Needs, SRWC coaches, SHS, and BMAC that asks students if services were useful.</p>	<ul style="list-style-type: none"> • Build a source where input can be collected from the different student groups focused on health and well-being. Groups can include Student Health Advisory Committee, ASI, Student Wellness Council, and Active Minds.
<p>C. Evaluate Case Management models for CAPS, Basic Needs, CARES, SHS, BMAC.</p>	<p>Student Affairs will explore the strengths, challenges, and opportunities of case management approaches. This approach will include the following traits:</p>

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	<ul style="list-style-type: none">○ Several available points of entry for students with standardized workflows and tools used to assess student needs.○ Referral review/management to determine the urgency of outreach and engagement.○ Comprehensive consent for treatment and release of information among programs to eliminate barriers and expedite services to students.○ Collaborative case conferences to eliminate duplication of services, monitor student progress, and ensure a comprehensive plan of care.○ Establish centralized criteria for discharge from services with an open door to re-engage if needed. Utilize outreach and engagement after serving the student to provide aftercare, monitor wellness/sustainability, and celebrate wellness. ● Create a centralized re-entry point for students returning to campus following a hospitalization.
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<p>D. Streamline student health and well-being oversight into one body with a defined purpose involving Student Affairs departments, faculty members, and students.</p>	<ul style="list-style-type: none">• Consolidate the various Health & Wellness advisory groups into 1 group:<ul style="list-style-type: none">○ <i>Lead</i>: AVP, Health & Wellness○ <i>Membership</i>: CAPS, SHS, BMAC, CARES, SRWC, Basic Needs, Case Management, Faculty, Kinesiology, MSW program, FCS○ <i>Purpose</i> = A futures thinking group that reviews data and stays updated on the current student behavioral/physical health trends. It also provides recommendations to support the initiatives in this strategic plan.
<p>E. Investigate on-demand virtual solutions to accessing and expanding behavioral health support/telehealth.</p>	<ul style="list-style-type: none">• Provide opportunities for students to make counseling appointments during after-hours, especially during critical high-stress times in the semester.• Create a working group to explore telehealth/online support group platforms, attend vendor demonstrations, and make recommendations
<p>F. Develop a BEACH Crisis Text Line for campus-level student crisis data.</p>	<ul style="list-style-type: none">• Market the BEACH Crisis Text Line through social media, website, student ID cards, and parent & family programs.

**abbreviations: Bob Murphy Access Center (BMAC), Campus Assessment, Response, and Evaluation for Students Team (CARES), Counseling & Psychological Services (CAPS), Student Health Services (SHS)*



<p>G. Address significant cost barriers to student healthcare (health insurance).</p>	<ul style="list-style-type: none">• Create a sub-group to investigate trends in challenges for students.
<p>H. Connect students with long-term access to health care solutions to use after they graduate.</p> <p>I. Establish strong community partnerships with non-profit organizations, community resource centers, and health care networks.</p> <p>J. Build connections with local Long Beach community resources to establish long-term care for students post-graduation and options for referrals during peak sessions of service needs on campus.</p>	<ul style="list-style-type: none">• Establish a referral list of community referral resources to share among CARES, BMAC, Basic Needs, CAPS, and SHS.• Research local professional development and opportunities for counselors and case managers in the city of Long Beach (Long Beach LGBTQ Center and others).

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#5: We will leverage technology to reach students faster and more proactively.

Modern technology advancements can help us personalize the student experience in ways that can make a campus of our size feel smaller and more intimate. Automation and text messaging reminders are commonplace for students today, and our students expect our campus to provide similar types of advanced technology services. The pandemic has also taught us that some students prefer interactions in virtual environments for various reasons. Existing tools can be leveraged in many ways to better support students in accessing health supports.

Gap: Email correspondence is our primary method of communicating with students, which is appropriate for specific kinds of information sharing. However, this limits how students interact with us and each other in virtual environments. Further, we do not currently have mechanisms that allow us to reach targeted student identity groups quickly if we need to connect with them in times of urgency.

ACTION ITEM	DELIVERABLE(S)
<p>A. Automate behavioral health reminders into messaging using text, email, and Beachboard, similar to how we communicate enrollment or financial aid deadlines.</p> <p>B. Explore existing health tech platforms to ensure full utilization.</p> <p>C. Establish a peer-to-peer texting tool allowing Student Affairs professionals and peers to check in on students and provide direct access to a live support person</p>	<ul style="list-style-type: none"> • Establish a peer-to-peer texting tool allowing professionals and peers to check-in on students and provide direct access to a live support person. • Explore using Point & Click platform for behavioral health automation. • Deploy the campus-wide chatbot on websites that direct students to crisis support or appointment scheduling after hours.

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<p>D. Develop mechanisms to reach students during national crises and significant moments of trauma that can affect certain target student groups. Provide direct access to support resources and programs in response to national times of crisis.</p>	<ul style="list-style-type: none">• Have student email and phone number group lists readily available by ethnicity, nationality, and religion.• Develop a response protocol for messaging students during times of national crisis/unrest to ensure students can access resources.
<p>E. Collaborate with DoIT on launching virtual community networks through the Ready Education Mobile App.</p>	<ul style="list-style-type: none">• Advertise the Ready Education Mobile App to allow some students a more comfortable engagement opportunity. Pilot using the First Year Beach Connections group.

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Metrics & Outcomes

As we measure the impact of our work on student behavioral health, we acknowledge that traditional metrics are not the only way to capture how our students progress through their behavioral health milestones. Instead, we have chosen to capture data in phases that will guide us to more profound and meaningful ways of measuring our role in supporting student behavioral health. We will begin by collecting baseline data and assessing what new data sources need to be established.

**Equity practices are foundational to our data analysis. All data will be disaggregated by student identity groups whenever possible to ensure we are mindful of underserved students, especially those who tend not to access health services often.*

Level 1: Frequency & Output Data

	Data Source	Notes
Survey Data	ACHA – National College Health Assessment	Spring 2022 and Spring 2023
Survey Data	NSSE/BCSSE select questions	Utilization of NSSE in Spring 2023 & BCSSE Fall 2022
Survey Data	With Us Survey	Spring 2022
Survey Data	Basic Needs Surveys	Spring 2020 and Fall 2020
GI 2025 Metric	# Student Leaves of Absences	
GI 2025 Metric	DFW Rates	
GI 2025 Metric	Student Stop Out/Drop Out	
Crisis Data	# Involuntary Hospitalizations	
Crisis Data	# Voluntary hospitalizations	

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Crisis Data	Mobile Crisis Unit Data (CAST)	
Crisis Data	BEACH Crisis Text Line	
Crisis Data	% of counseling resources accessed after hours	
Emergency Contact Information	% of students with emergency contact information on file	
Utilization Data/Beach 2030	Counseling Services: Average wait time per student	
Utilization Data/Beach 2030	Counseling Services: # of appointments per student	
Utilization Data/Beach 2030	Counseling Services: # of students referred to the community	
Utilization Data/Beach 2030	Identity groups represented by CAPS counselors and case managers	
Utilization Data/Beach 2030	Counselor Critical Load Index	
Utilization Data	Baseline utilization data from CARES, CAPS, BMAC, Basic Needs, SHS, & SRWC	# of referrals, # of cases, # of appointments/registrations, categories of service type
Training	Health Ambassador Training	Launched Spring 2023
Training	Kognito	
Training	QPR Training	
Training	Mental Health First Aid	
Training	Ally Trainings	Ability Ally, Undocu-Ally, VET NET Ally, Safe Zone Ally, Trans Ally
Resources	Ocelot Texting Platform	

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Resources	You @ College Utilization Metrics	log-ins, registrations, average use time, goals set and achieved
Resources	Find Help Now Digital Tool	
Resources	# of visits to Beach Wellness website	
Resources	# of clicks on QR codes for wellness resources	
Resources	# of parents subscribed to the parent portal	

Level 2: Outcome & Impact Data

Outcome	Action Item	Data Source
Increase faculty preparedness for supporting students in distress	Identify groups who need training and who should conduct training	1) Pre/Post Surveys offered to faculty taking the Wellness Ambassador training & Kognito training 2) # of faculty trained in each training option
Train students to support their peers and have tools to intervene with a peer in distress	Identify groups who need training and who should conduct training	1) Pre/Post Surveys offered to students taking the Wellness Ambassador training & Kognito training 2) # of students trained in each training option

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Improve student satisfaction with mental health services on campus	Develop shared survey instrument across care units/areas: Bob Murphy Access Center, CARES, Student Health Services, Counseling & Psychological Services, Basic Needs, SRWC	Begin using the survey with student appointments and visits
Implement milestone plan for 1 st /2 nd year experience based around health goals and achievements	Identify working group members to chart milestones of student experiences, places with high touchpoints	TBD
Employ aggressive marketing campaigns, signage throughout campus, guest speakers	Steadily increase awareness of mental health resources on campus	TBD
Increase support for faculty/staff well-being	Distribute a survey to faculty/staff members to assess needs and effectiveness	Beach 2030 Action Team – <i>Reimagine Staff Survey</i>

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Guiding Sources & Inspiration

Graduation Initiative 2025

Student Engagement & Well Being - This full-scale, systemwide effort takes a holistic look at students' well-being both inside and outside the classroom, from basic needs to intensive behavioral health services.

BEACH 2030 Strategic Plan

Be A Student Ready University

- 2. Prioritize student health and well-being
 - 2a. Assess and coordinate existing behavioral health and well-being offerings
 - 2b. Expand Counseling & Psychological Services (CAPS) and other mental health services
 - 2c. Create a parent/support-person training platform

CSULB Institutional Learning Outcome #6

- Cultivate physical/mental health and well-being of self and community, and promote economic, socio-cultural, and environmental sustainability to thrive.

(Inter)national Models for Promoting Student Behavioral Health

Okanagan Charter: An International Charter for Health Promoting Universities & Colleges

We were motivated by the first Call to Action in the Okanagan Charter: “Embed health into all aspects of campus culture, across the administration, operations, and academic mandates.” We interweave the five action areas in the Okanagan framework into our objectives and action items.

1. Embed health in all campus policies.
2. Create supportive campus environments.
3. Generate thriving communities and a culture of well-being.
4. Support personal development.
5. Create or re-orient campus services.

The Healthy Campus Framework by the American College Health Association

The ACHA Healthy Campus Framework provided a valuable map for creating a strategic vision and plan that adequately addresses the unique culture, community, and mental health goals of our Beach community. As we bring our plan to life and operationalize our action items, we will use the lens of ACHA’s MAP-IT Framework to mobilize, assess, plan, implement, and track our progress for campus and community stakeholders.

Behavioral Health and Well-being Ecological Model

The development of our proactive approach draws directly from the ecological model’s circles of influence. The well-being of students does not rest solely within the individual but rather is affected by relationships, organizations, communities, policies, and the societal



structures surrounding the individual student. This understanding was critical in developing our plan to focus on both individual actions and also the support needed from a community of care agents.

Reason's Swiss Cheese Theory

While primarily used in the context of study safety structures, Reason's theory has also been applied to the complexity of human error in health care. This theory argues that serious hazards are avoided by a series of barriers and recognizes that no single barrier can prevent an unintended consequence. Although seemingly unrelated to higher education, we will use this lens to implement our layered and continuum approach to avoid student mental health crises and serious student harm.