

## Equity in Mental Health Funding Plan 2021–2025

### BACKGROUND

The Budget Act of 2021 (California Assembly Bill 128) includes \$15 million in ongoing funds to address student mental health needs at the University of California. UC Office of the President's Graduate, Undergraduate and Equity Affairs (GUEA) has developed the Equity in Mental Health Funding Plan. The plan will ensure that funds are used to support evidence-based strategies for handling the escalating behavioral health crisis among students. The aim is to expand from offering traditional Tier 1 services to addressing equity gaps for our most underserved students. The funding plan includes a holistic student mental health and well-being framework, to foster a culture of well-being and belonging on UC campuses. Appendix A includes a breakdown of campus allocations.

### SUMMARY

The UC system traditionally has provided one-time funding to support key mental health initiatives. For example, in 2011, UC used Mental Health Services Act (Prop. 63) funds to develop a prevention and early intervention outreach campaign. Funds were only available for three years, which posed challenges to the sustainability of services, staffing and support.<sup>1</sup> In addition, in 2014 the UC Regents approved a 5 percent increase in the Student Services Fee (SSF) as part of the Long-Term Stability Plan for Tuition and Financial Aid (LTSPTFA), with half of the SSF dedicated to hiring counseling staff for five years.<sup>2</sup>

The following is a brief timeline of student mental health funding:

- 2011–14 — \$7.7 million for prevention is made available by the California Mental Health Services Act (Prop. 63).
- 2014 — UC Regents approved the LTSPTFA with a 5 percent increase in the SSF through fiscal year 2019.
- 2018 — UC Regents deferred the SSF increase for fiscal year 2018–19.
- 2018 — The Budget Act of 2018 allocated \$5.3 million in one-time funds for UC Student Mental Health.
- 2019 — The Budget Act of 2019 allocated \$5.3 million in ongoing funds for UC Student Mental Health.
- 2021 — The Budget Act of 2021 allocated \$15 million in ongoing funds for UC Student Mental Health.

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<sup>1</sup> UCOP Student Mental Health Initiative, <https://www.ucop.edu/student-mental-health-resources/about/proposition-63%20/>

<sup>2</sup> UC Regents Health Services Committee August 13, 2019, <https://regents.universityofcalifornia.edu/regmeet/aug19/h4.pdf>

- 2021 — UC launches a re-imagining of community safety efforts

In preparation for allocating the ongoing \$15 million dollars in Student Mental Health funding, the university conducted a stakeholder assessment to identify gaps in services, support and resources at the campus level. This assessment included a deep dive into systemwide data and metrics to help inform the Equity in Mental Health Funding Plan.

According to data from the 2019 American College Health Associations National College Health Assessment II (ACHA NCHA), UC students reported the following mental health challenges within the last year: 15 percent of UC students considered suicide, 64 percent felt hopeless, 68 percent felt overwhelming anxiety, 74 percent felt lonely, 88 percent felt exhausted and 90 percent felt overwhelmed. In addition, according to the Pew Research Center, more than 30 percent of Asian-American adults say they have experienced interpersonal racism since the pandemic began, and Black and Latinx respondents report higher rates of depression, anxiety and trauma-related symptoms as a result of the pandemic than those of their white counterparts. Now, more than ever, mental health concerns are continuing to rise, and our most underrepresented and marginalized students are disproportionately affected. Due to the social determinants of health, these students are not as likely to seek behavioral support services, may have more challenges with accessing care and have even greater equity gaps in the progress they've made in pursuit of their degree.

## EQUITY IN MENTAL HEALTH PLAN

Various socioeconomic factors that influence individuals' behaviors have an impact on student well-being in post-secondary education: intrapersonal, interpersonal, institutional, community and public (i.e., matters of public policy).<sup>3</sup> A holistic approach is necessary to ensure that campus environments promote a culture of health and well-being so that students can thrive and be well.<sup>4</sup> This comprehensive approach will require all campus and community stakeholders to work collaboratively toward these UC 2030 goals for student success:

1. Producing over 200,000 additional degrees, on top of the one million undergraduate and graduate degrees currently projected
2. Achieving a 90 percent overall graduation rate and eliminating gaps for timely graduation and graduate degree attainment for Pell recipients, first-generation college-goers and students from underrepresented groups
3. Investing in the next generation of faculty members and research staff by adding 1,100 ladder-rank faculty over the next four years

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<sup>3</sup> Student well-being is defined as the state of safety, security and belonging.

<sup>4</sup> Culture of health and well-being is adapted from the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015).

Given the direct link between students' wellness and their academic success, student mental health support serves as a key facilitator in reaching the university's goals of producing more degrees and eliminating gaps. UC invites all stakeholders to develop programs and services to meet students' needs by ensuring that each campus provides prevention, early intervention, treatment and recovery services.

Not all students need clinical treatment to meet their requirements for optimal mental health and well-being; some would benefit from meeting with a peer coach to navigate resources, while others do need clinical treatment and medication. The university must build campus infrastructure to meet the holistic needs of all students, which often includes the need to navigate between on- and off-campus resources with ease. This needed growth aligns closely with existing efforts outlined in the 2006 Mental Health report. In addition, evidence-based practices outlined in the Student Mental Health Oversight Committee's 2021 Priorities, as well as the GUEA 2025 goals to lead this work will ensure that the university is leading with health equity.

### **GUEA 2025 Goal: Advancing Education Equity**

As outlined in the GUEA 2025 strategic plan, the Equity in Mental Health Funding Plan aligns with strategy 1:10: Advance and elevate equity for student basic needs, mental health and well-being by providing resources, advocating for policy and implementing promising practices. The funding plan is integral to improving students' overall well-being, academic success, persistence and graduation.

### **Funding Priority: Leading with Health Equity**

Health equity is the ability for everyone in a given system or community to have a fair and just opportunity to thrive and be well. The achievement of health equity necessitates the removal of systemic barriers as described by the social determinants of health, a set of conditions in which people are born, grow, work, live and age that influence health inequities. These include poverty, discrimination, access to quality education, safe and supportive housing, safe learning environments and access to health care. Health equity strategies aim to give students unencumbered access to services, supports and resources and ensure that programs and services are available to individuals wherever they live, learn, work and recreate.

## **FUNDING CATEGORIES**

If the UC system is to foster a culture of well-being, it must address health inequities which limit its students' abilities to persist and thrive. Making adequate resources available to students is critical. The funds outlined in this plan will allow campuses to expand existing service resources and supports, while identifying collaborative, multidisciplinary approaches to reducing equity gaps. The university has separated the \$15 million in ongoing student mental health funding into

three categories and will require each campus to have the following minimum baseline services and supports established by June 2025. The university will revisit funding priorities as needed. (See Appendix A.)

### **Tier 1: Comprehensive Treatment and Recovery Support Programs**

Campuses will receive funding in proportion to the total population of the student body. Their efforts to make the best use of these funds should include developing services and supports that meet students' needs and increase their access to care. Campuses might focus on integrating care, enhancing services to support underrepresented students' needs, cross-disciplinary training, and developing clinical and non-clinical wraparound support. Collaborative stakeholders should be engaged, including crisis advocates, recovery specialists, clinical support agencies and staff, case managers and disability service programs and staff.

### **Tier 2: Early Intervention and Collaborative Well-being Programs**

Campuses will receive funding based on a weighted equity index. The funding goal is to support underrepresented student groups in collaborative work with on- and off-campus partners to ensure unencumbered access to services and supports. Minimum activities should address barriers to student success, including efforts to ensure early identification of struggling students, unencumbered access to care and referral to support and resources. Collaborative programs must include at least three partners from different disciplines aimed at addressing equity gaps. Programs are recommended for funding as five-year pilot programs, with the ability to be scaled and sustained within existing campus infrastructure. Examples of collaborative stakeholders include equity, diversity and inclusion offices; identity centers; basic needs centers; health promotion offices; county offices; behavioral intervention teams; and clinical services.

### **Tier 3: Comprehensive Universal Prevention and Wellness Programs**

Campuses will receive funding based on an equal distribution to develop universal prevention programming. The goal of these funds is to support healthy campus environments and to promote primary prevention strategies that support healthy behaviors. Minimum activities should include peer navigation and outreach programs (to reduce stigma), peer-to-peer training, and support for programs that promote healthy behaviors. In addition, campuses should develop programming focused on the transition into and out of college; resilience workshops; social/emotional learning; and living/learning environment needs. Funds may be used for initiatives such as staff training; workshops aimed at building capacity to support student well-being; environmental modification to promote healthy campus spaces and to mitigate suicide risk, as well as other campus safety needs. In addition, campuses should include funding for data, assessment and quality-improvement strategies to ensure that campus services and supports are meeting students' needs. Examples of collaborative stakeholders include faculty, staff, students and anyone connected to new student and transition programs, housing, campus

safety, health promotion, recreation, wellness, student life offices, information technology services and facilities.

## FUNDING REQUIREMENTS

1. Each campus must designate a chief well-being officer who will be the primary point of contact to oversee implementation of equity-in-mental-health funds, as well as assessment and reporting of all campus efforts. This position should be filled by an individual with the ability to work using an equity lens; an understanding of intersectional identities and related unique issues; and the ability to work collaboratively with key stakeholders on campus policy, procedures, quality improvement and implementation of evidence-based programs, practices and support. The chief well-being officer will work closely with campus leadership to identify campus priorities and to report progress on campus efforts.
2. Campuses will be required to have a well-being committee or taskforce, chaired by the designated chief well-being officer, who is responsible for convening a wide group of stakeholders, including but not limited to members of the following areas: recreation wellness; equity, diversity and inclusion; counseling; crisis advocacy; student health; health promotion; basic needs; housing; campus safety and student leadership. The taskforce will assist with setting campus priorities that consider disparities in access to services and supports, implementing annual surveys and assessments and reporting campus outcomes to UCOP. Campus teams must hold a minimum of three taskforce meetings per academic year (e.g., fall, winter, spring).
3. Reporting requirements: Campus teams will submit an annual report to the UC Office of the President on the status of their campus activities. The deadline for the campus reports is July 30, 2022.
4. Each campus taskforce must attend quarterly virtual systemwide meetings (90 Minutes).
  - Fall: October 2021 (Virtual)
  - Winter: January 2022 (Virtual)
  - Spring: April 2022 (Virtual)
5. Each campus must plan a campuswide stigma-reduction campaign.
6. All campuses must participate in the annual Systemwide Mental Health and Well-being Action Day.

## CAMPUS FUNDING PLANS

Given the varying levels of existing resources and services across all ten campuses, each will submit a spending plan. Campuses are required to solicit input from campus stakeholders, including but not limited to: chief diversity officers, student health directors, counseling and psychological services directors, health promotion directors, recreation directors, housing directors, basic needs managers, care directors, students, faculty and other staff.

Proposals will require review and approval by the chancellor, vice chancellor for Budget and Planning and vice chancellor of Student Affairs (or their equivalent) prior to submission. A UCOP review committee comprising students, staff and faculty will review funding plans and determine if funding requests meet expectations. Proposals should be written in a way that engages a diverse stakeholder group, eliciting feedback from students and current users of services, if they wish to be identified.

## TIMELINE AND KEY DATES

Date	Action
Dec 2020	<ul style="list-style-type: none"> <li>State Governmental Relations and Budget Analysis &amp; Planning requested the Board of Regents to include \$16.5 million as a state budget request for ongoing funds for student mental health</li> </ul>
Jan 2021	<ul style="list-style-type: none"> <li>Governor's budget included an appropriation of \$15 million in ongoing funds for student mental health and digital equity</li> </ul>
May 2021	<ul style="list-style-type: none"> <li>May Revision included an appropriation of \$15 million in ongoing funds for student mental health</li> </ul>
Jun 2021	<ul style="list-style-type: none"> <li>June 15, 2021 budget approved by the state</li> <li>UCOP met with campus stakeholders (health promotion, counseling, recreation wellness, SMHOC, basic needs, graduate programs, etc.)</li> </ul>
July 2021	<ul style="list-style-type: none"> <li>Equity in Mental Health Funding Plan released.</li> <li>Established funding plan review committee.</li> </ul>
Aug 2021	<ul style="list-style-type: none"> <li>Announce and share a draft funding template by August 26, 2021.</li> <li>Host a systemwide webinar August 26, 2021</li> </ul>
Sep 2021	<ul style="list-style-type: none"> <li>Host a systemwide webinar September 1, 2021</li> <li>Funding Allocation &amp; Spending Plan Templates Released</li> </ul>
Oct 2021	<ul style="list-style-type: none"> <li>Host a systemwide technical assistance call #1</li> </ul>
Nov 2021	<ul style="list-style-type: none"> <li>Deadline for campus funding plans: <b>November 19, 2021</b></li> </ul>
Dec 2021	<ul style="list-style-type: none"> <li>Spending Plan Review &amp; Approval</li> </ul>
Jan 2022	<ul style="list-style-type: none"> <li>Implementation of EMH Funding Plan</li> <li>Systemwide technical assistance call #2</li> </ul>
Apr 2022	<ul style="list-style-type: none"> <li>Systemwide technical assistance call #3</li> </ul>
May 2022	<ul style="list-style-type: none"> <li>Campuses host Mental Health Action Day.</li> </ul>
Jul 2022	<ul style="list-style-type: none"> <li>Annual systemwide meeting and campus showcase</li> <li>Campus Annual Report due 7/30</li> </ul>

## SYSTEMWIDE COORDINATION

UCOP will retain \$450,000 of the funds, ongoing, to assist with systemwide coordination, the procurement of systemwide contracts and technologies, coordination of Mental Health Action Day, a systemwide mental health awareness campaign, and research. \$50,000 will be reserved for UC Washington Center (UCDC), UC Center Sacramento (UCCS) and other study-away programs to support students when they are away from their home campuses.

## REPORTING

UCOP will:

- Host technical assistance calls and systemwide professional development events
- Develop a systemwide annual report
- Provide progress updates to the UC Regents as requested
- Assist campuses with systemwide surveys such as the American College Health Association National College Health Assessment (ACHA NCHA), the Healthy Minds Survey or other relevant surveys
- Work with faculty researchers and data analysts to develop benchmarks and key performance indicators to ensure a robust research-informed and data-driven strategy

## KEY MILESTONES

By 2025, UCOP will provide a comprehensive analysis and report, describing progress toward both UC 2030 Goals and GUEA 2025 Goals. Based on data and outcomes, UCOP may revisit and reset priorities with these funds for the next five-year budget cycle, avoiding any unintended impacts on permanent staffing that campuses may hire.

Appendix A  
Systemwide Budget

Campus	Budget Act of 2021 (\$15M)			Budget Act of 2019 (\$5.3)	Systemwide Total
	Baseline Prevention (Tier III)	Collaborative Well-being Programs* (Tier II)	Treatment and Holistic Recovery (Tier I)	Student Mental Health*** (Tier I)	Total
Berkeley	450,000	478,000	757,000	779,000	2,464,000
Davis	450,000	636,000	677,000	709,000	2,472,000
Irvine	450,000	606,000	647,000	703,000	2,406,000
Los Angeles	450,000	532,000	778,000	840,000	2,600,000
Merced	450,000	454,000	155,000	167,000	1,226,000
Riverside	450,000	807,000	448,000	434,000	2,139,000
San Diego	450,000	532,000	679,000	712,000	2,373,000
San Francisco	450,000	30,000	56,000	89,000	625,000
Santa Barbara	450,000	527,000	461,000	485,000	1,923,000
Santa Cruz	450,000	398,000	342,000	382,000	1,572,000
UCDC	50,000				50,000
UCOP Systemwide Coord.	450,000	-	-		450,000
<b>Total</b>	<b>5,000,000</b>	<b>5,000,000</b>	<b>5,000,000</b>	<b>5,300,000</b>	<b>20,300,000</b>

\*Based on a weighted equity index developed by Institutional Research and Academic Planning.

\*\*Based on proportion of student population per campus.

\*\*\*Previously allocated in 2019 based on each campus's share of total 2018–19 enrollments and 2019–20 enrollment targets.

## Appendix B Frequently Asked Questions

Q1. Do campuses have flexibility in the distribution of funding across the various tiers?

A. Campuses should work closely with their campus leadership and budget/planning offices to determine current resource allocations based on the recommended equity in mental health framework. Campuses have local control over the programs, services and resources that are developed within each category.

Q2. Can these funds be used to replace existing funding streams?

A. No, these funds are not meant to offset any existing funds the campuses may already have from other funding sources. They are meant to add, enhance and increase student mental health services and support students' needs.

Q3. Can these funds be used for environmental modifications, such as mindfulness space, gardens and walking trails?

A. Yes, the Tier III Universal Prevention Funding can be used towards modifications to the built environment that would enhance student mental health and well-being. Research indicates that the built environment has a tremendous impact on mental health and well-being. However, campuses should consult with campus leadership and their budget office on any restricted use of funds.

Q4. Are there any limitations or restrictions with the use of these funds?

A. These are ongoing state funds from the Budget Act of 2021, enacted by Assembly Bill 128 (AB 128) and amended by Senate Bill 129 (SB 129), Assembly Bill 161 (AB 161) and Assembly Bill 164 (AB 164). Together with Assembly Bill 132 (AB 132), the postsecondary education trailer bill, these bills create the 2021–22 budget package for UC. These funds are appropriated to the campuses to support and enhance student mental health efforts. Campuses should work closely with their budget and planning offices on the proper use of the funds in accordance with [UCOP Systemwide Budget Manual](#).

Q5. Can campuses carry forward these funds?

A. It is highly encouraged for campuses to expend all funds annually. Campuses should consult with campus leadership, campus budget and planning offices and UCOP if concerns arise.

Q6. Are these funds considered permanent?

A. Yes, these funds are considered ongoing and should be treated as permanent funding.

Q7. Can campuses hire staff with these funds?

A. Yes, campuses may hire staffing needed to build infrastructure to support the Equity in Mental Health funding plan.

Q8. Can funds be used toward faculty and staff mental health?

A. Funds may benefit faculty and staff indirectly, by supporting a culture of health and well-being on campus, but are intended for students.

Q9. Will this funding have an escalator built in?

A. No, campuses should work closely with their leadership and consult with their budget and planning office to plan for added costs (salary and merit increases, increased enrollment, inflation, etc.).

Q10. Can these funds be used for community safety and 24/7 crisis support?

A. Yes, a portion of these funds can be used to address UC's reimagining of its community safety efforts, specifically for mental health response teams as outlined within the [UC Community Safety Plan](#); however, campuses should work collaboratively with community safety committees to discuss sustainable funding streams towards these goals and efforts.

Q11. What efforts will be made to ensure campus allocations go towards all mental health services and resources (prevention, early intervention and treatment services)?

A. The Equity in Mental Health funding plan includes a holistic student mental health and well-being framework, to foster a culture of well-being and belonging on UC campuses. The funding breakdowns were developed to ensure that campuses have the baseline services and supports necessary to meet the holistic needs of all students.

Q12. Can these funds be used outside of the counseling center?

A. Yes, these funds can be used for a variety of programs, services and supports across campus divisions. Mental health needs of students are not the sole responsibility of licensed mental health clinicians. There are many nonclinical programs, resources and interventions that can be developed in collaboration with subject matter experts to meet the holistic needs of students.

Q13. My campus has not yet achieved the International Association of Counseling Services (IACS) student-to-counselor ratio. Can we use these funds to hire clinicians to support this need?

A. Yes, funding from Tier 1: Treatment and Holistic Recovery Services can be used to hire additional clinicians.