UNIVERSITY
OF
CALIFORNIA

Student Mental Health Oversight Committee

2023 Report

The Student Mental Health Oversight Committee is committed to focusing on students' overall well-being, which includes prevention and early intervention, treatment, recovery support and the social determinants of health, including housing and food security.

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Executive Summary

In 2005, the Student Mental Health Oversight Committee (SMHOC) reviewed literature and surveyed mental health practices conducted at UC in comparison with other institutions.

The study brought to light significant challenges that face college campuses on a national level. Campuses were encountering challenges in providing mental health services to growing residential populations with more than 50 thousand students living on campus at the time.[1] Other challenges noted by campuses included responding to increases in suicidal behaviors, psychiatric admissions, and students seeking individual and group counseling services.

In response, the SMHOC developed a report that organized campus mental health services into three tiers. Tier One focuses on outpatient primary care, Tier Two provides services within healthcare centers and Tier Three covers trauma specialty services. Clinicians and providers within UC continue to learn new behavioral health trends and methods, including those created in response to the pandemic. The national mental health crisis continues to escalate, exacerbated by aspects such as the great recession, school shootings, racial and social justice issues and a global pandemic. All these challenges are felt by students, faculty and staff at the University of California and other institutions nationwide.

In 2022, the SMHOC identified new trends that affect UC students. The committee recognized the need to capture more systemwide student data related to overall well-being (financial, environmental, housing, basic needs) and to address the service needs of graduate students and those who live off campus. In response to the effects of COVID 19 and emerging mental health disparities among vulnerable populations, the Budget Act of 2021 (California Assembly Bill 128) included $15 million in ongoing funds to address students' mental health needs at UC campuses. To address key areas of need across the system, the UC Office of the President's Graduate, Undergraduate and Equity Affairs (GUEA) developed the Equity in Mental Health (EMH) Funding Plan.[2] Under the EMH Funding Plan, University of California (UC) campuses submitted funding proposals to support strengthening and expanding students' behavioral health and wellness services and focusing on improvements to health equity. Prior to 2021, UC funded mental health expenses by using half of student service fees to bolster mental health budgets.

Most institutions have moved towards using the term *well-being* to describe their global campus efforts to foster students' sense of development and belonging and their mental health. The use of the term *well-being* transitions campus environments from solely a clinical, tiered treatment approach to a holistic, continuum-based ideology. The Geneva and Okanagan Charter[3] defines *well-being* as:

"[A state cultivated by] societies that provide the foundations for all members of current and future generations to thrive on a healthy planet, no matter where they live. Such societies apply bold policies and transformative approaches that are underpinned by:

• A positive vision of health that integrates physical, mental, spiritual, and social well-being.

• The principles of human rights, social and environmental justice, solidarity, gender and inter-generational equity, and peace.

• A commitment to sustainable, low-carbon development grounded in reciprocity and respect among humans and making peace with Nature.

• New indicators of success, beyond gross domestic product, that take account of human and planetary well-being and lead to new priorities for public spending.

• The focus of health promotion on empowerment, inclusivity, equity, and meaningful participation."

The SMHOC is committed to focusing on students' overall well-being, which includes prevention and early intervention, treatment, recovery support and the social determinants of health, including housing and food security. This approach allows for the appropriate emphasis on blending the three tiers of mental health support identified in the 2005 SMHOC report. The four priorities identified by the current committee include: (1) Holistic Student Well-Being Framework, (2) Faculty and Community Engagement, (3) Data Analytics and (4) Funding and Policy.

Memorandum

Dear Provost Newman,

On behalf of the Student Mental Health Oversight Committee, it is our pleasure as committee co-chairs to provide you with an annual report of systemwide efforts, key findings and recommendations.

The attached report provides an update to the original recommendations put forward by the committee in 2006. The report comprises a background summary of the committee and its purposes, emerging trends in student mental health and recommendations for new or adapted programs and policies across UC, as well as data appendices. The report is organized in the following sections:
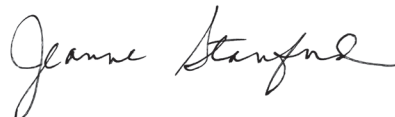
- **Background** of the current concerns regarding student mental health, the formation of the Student Mental Health Committee and the committee's charge

- Our **Updates** regarding current trends in student mental health and how these trends are being managed nationally and at the University of California

- Our **Recommendations** on how to implement new initiatives or reinforce and fortify current policies, programs and services to address student mental health needs at the university

- **Appendices** which include the SMHOC charge, supporting data and summary of recommendations

The committee recommends that we submit a report every five years to the UC Office of the President, to keep pace with the changing environment, new emerging trends and the needs of students.

Sincerely,

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Vice Chancellor for Student Affairs
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Director, Mental Health Services, SHCS
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Membership Guidance: Campus members and representatives will serve two-year term limits and their places will be filled as members transition out of their roles.

Background and Updates

BACKGROUND

The University of California (UC) has been a leader in establishing critical mental health services for students across all ten of its campuses. The Student Mental Health Oversight Committee (SMHOC) was established in 2005 due to growing concerns about student mental health needs. In 2006, the committee released a report recommending a three-tiered model of services and programs to address student mental health issues at all levels, resulting in healthier campus learning communities.[4]

Over the years, campuses have continued to work on carrying out the recommendations of the 2006 report with the support of the UC Board of Regents, the UC Office of the President, the state and campuses. Many investments have been made to establish critical services for students experiencing mental health concerns. Figure 1 includes a timeline of funding investments from 2011–2021.

Figure 1 — Student mental health funding timeline

2011–14	$7.7 million for prevention is made available by the California Mental Health Services Act (Prop. 63).
2014	UC Regents approved the Long-Term Stability Plan for Tuition and Financial Aid (LTSPTFA) with a 5 percent increase in the student services fee (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 student mental health.
2019	The Budget Act of 2019 allocated $5.3 million in ongoing funds for student mental health.
2021	The Budget Act of 2021 allocated $15 million in ongoing funds for student mental health.
2022	SSF is approved, half of net revenue from increase to be used for student mental health and well-being.

KEY UPDATES

In 2020, when the global COVID-19 pandemic hit and overwhelming incidents of violence, hate and racial injustice burdened the nation, growing concerns about students' mental health and well-being were growing. Researchers, practitioners, and advocates worried about the negative effects on children and youth who experienced increased social isolation and economic uncertainty.

In 2021, the U.S. Surgeon General released a report, titled Protecting Youth Mental Health, highlighting the need to better serve our children and youth:

> "… [T]he challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating … all of [this] was true even before the COVID-19 pandemic … Our obligation to act is not just medical — it's moral. I believe that, coming out of the COVID-19 pandemic, we have an unprecedented opportunity as a country to rebuild in a way that refocuses our identity and common values, puts people first, and strengthens our connections to each other."

> —Vivek H. Murthy, M.D.

In response to these needs, the Student Mental Health Oversight Committee reviewed and updated its charge, reaffirmed UC's commitment to upholding the vision of the 2006 Student Mental Health Report and shared four key priorities to align with UC's 2030 goals:

Priority 1: Holistic Student Well-being Framework

- Implement system strategies to support a culture of health and well-being that is rooted in the Social Ecological Model and Okanagan Charter.
- Develop collaborative work opportunities to achieve success through the Collective Impact Model.
- Design campus services that are based on the Institute of Medicine (IOM) Behavioral Health Continuum of Care — IOM Protractor.

Priority 2: Faculty and Community Engagement

- Work with faculty to conceptualize and define their role in responding to student mental health concerns, by defining and requiring faculty training.

- Work with UC faculty groups to brainstorm best practices for fostering a culture of health and well-being within their teaching pedagogy (e.g., timing and frequency of exams).

- Elevate behavioral health research and invest in academic and workforce development programs to meet growing demands — research, scholarship and traineeships.

Priority 3: Data Analytics

- Secure a central data repository and IT support, creating a centralized population health data lake or "warehouse."

- Develop key performance indicators focused on clinical and non-clinical outcomes, measuring systemwide surveys and indices to improve student well-being.

- Identify populations who access and utilize services, and note why, when and how they do so.

Priority 4: Funding and Policy

- Equitably allocate the state's $15 million budget to align with the IOM Continuum of Care.

- Increase student services fees, with specific impact on mental health services.

- Support campus referendums related to student health (and specifically student mental health) services.

- Make use of California Youth Behavioral Health Initiative funds to leverage existing UC behavioral health programs.

These priorities established the basis of the sub-committee groups' collaboration on developing key recommendations for UC's continued ability to meet the needs of students. Appendix I includes the 2021 Student Mental Health Oversight Committee charge.

Historical Context

SMHOC provides guidance and recommendations on the systemwide coordination of holistic student mental health and well-being efforts. These elements include policy, programs and best practices to reduce health equity gaps. A new model of the antiquated student mental health model is necessary to remove barriers and challenges with a traditional hierarchical healthcare structure in place.

Previously, SMHOC supported the traditional six-level healthcare system in the US, defined as preventive, primary, secondary, tertiary, restorative and continuing healthcare. These levels may also be thought of as three healthcare tiers,

as follows: Primary care (outpatient primary and preventative clinics, community clinics); Secondary care (health care centers, district hospitals and facilities); and Tertiary care (regional specialty referral centers, Level I trauma centers, specialty healthcare institutions), as shown in Figure 1.

Figure 1 — Traditional tiered healthcare model

TERTIARY CARE
Regional specialty referral centers, Level I Trama, specialty healthcare institutions

SECONDARY CARE
Health care centers, district hospitals and facilities

PRIMARY CARE
Outpatient primary and preventative clinics, community clinics
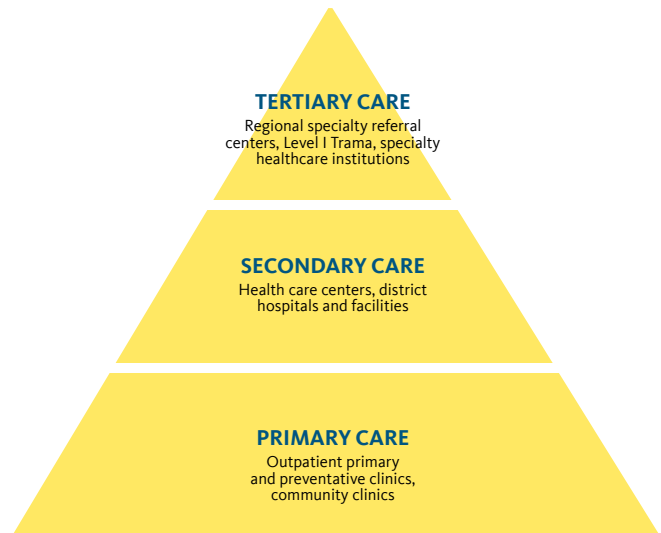
The verticality of these tiered systems was reported by campus practitioners as discouraging holistic collaboration across tiers, resulting in the disproportionate delivery of services across the system and in the widening of health outcome gaps. The tiered model suggests that the foundation of support and resources is to be found at the base of the pyramid where the mainstay of healthcare is delivered. **However, historically, it is the tertiary care services that receive the bulk of public support.** This is to be expected, given the vertical nature of the tiered-based structure. Further, this framework disallows close coordination of services across multiple avenues of care.

A **holistic model** of healthcare delivery embraces multiple opportunities for collaboration, thus supporting the health and well-being framework. This model overlaps chances for joint healthcare delivery in an interlocking approach, eliminating siloed care and potentially uneven resource allocation. The goal is greater equity in healthcare outcomes. An example of this approach is shown in Figure 2.

Figure 2 — Comprehensive services across the behavioral health continuum of care
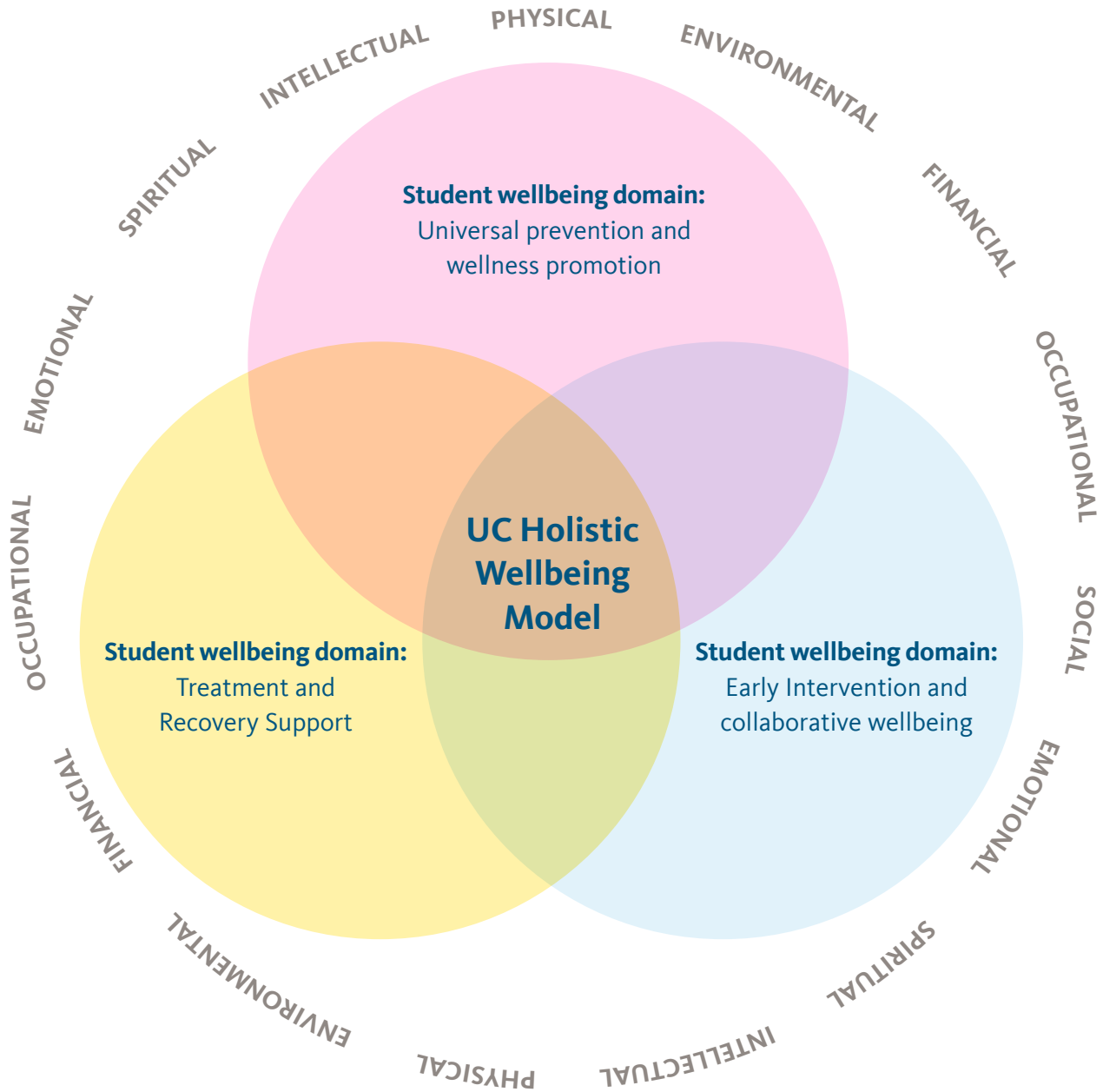
As a result of these growing concerns, UC sought and received $15 million dollars in ongoing student mental health funding from the State Budget Act of 2021. These funds were the basis of the Equity in Mental Health Funding Plan, which ensured an equal distribution of funding across all three tiers of the mental health and well-being continuum of care. Figure 2 shows a breakdown of the types of services and programs offered at each campus, across the model. This emergent model

demonstrates that students are at the core of the work and that they experience services across various dimensions, often using multiple services to meet their needs.

The committee was instrumental in reviewing the Equity in Mental Health Funding Plan and supported the equal distribution of funds across the behavioral healthcare continuum in accordance with the 2006 SMHOC Report. This enabled researchers to develop new models and to identify

equity gaps, expanding and creating new programs to serve our more vulnerable students.

The equity in mental health funds were also used to partner with two research faculty groups from UC Davis and UC Santa Barbara. The groups began to develop a comprehensive map and strategy to assess equity gaps and identify students' needs for mental health and well-being resources. And UC partnered with its Office of the President's Institutional Research and Academic Planning (IRAP) department to create a student health and well-being dashboard, using data from the systemwide administration of the American College Health Association National College Health Assessment (ACHA-NCHA) III. These two needs — mental health and well-being resources — were expressed by campus leaders across all ten campuses. See Appendix II for more information about these efforts.

The university is not alone in reimagining the delivery of behavioral health services; UC is now working closely with California Children Youth Behavioral Health Initiative (CYBHI). As part of the 2021 Budget Act, the CYBHI received $4.4 billion in one-time funding — a multiyear, multidepartment package of investments that reimagines the systems that have supported behavioral health and wellness for California's children and youth and their families. Efforts focus on promoting social and emotional well-being and substance use prevention and on providing equitable, appropriate, timely and accessible services for emerging and existing behavioral health needs for children and youth ages 0–25.

The university has a unique opportunity to leverage CYBHI grant funding through six competitive grant funding rounds in support of trauma-informed programs; early intervention; and youth-driven, community-defined programs. In addition, UC will be working closely with the Department of Health Care Services (DHCS) on a new "all-payer fee" schedule to provide Medi-Cal-reimbursable, school-based behavioral health services to UC students.

These critical updates have informed the key recommendations developed by the Student Mental Health Oversight Committee members within this report.

Key Recommendations

The SMHOC has made efforts to enhance student involvement, develop systemwide key recommendations, and provide future guidance when developing policy strategies to provide equitable mental health services on campuses.

In 2021, the Student Mental Health Oversight Committee established three subcommittees:

- Holistic Well-being
- Systemwide Opportunities
- Data Analytics

Each subcommittee established key recommendations to help the system achieve its overarching goals of moving away from a clinical disease-response model to:

- Move toward a more holistic strategy to support student well-being.
- Identify systemwide opportunities to engage campus communities.
- Establish data analytics to better inform these strategies.

Holistic Well-being subcommittee

Planners have often conceptualized mental health services and supports as clinical interventions related to primary care. While these efforts are vital, caregivers and their supporters need a more expansive way of envisioning well-being services, one that includes prevention and early intervention. Campuses require flexibility to serve their unique populations and communities, but inequities exist in the spectrum of services offered. If we are to create an ecosystem of care and complete wraparound support for campus environments, we must find a way to distribute resources equitably, establishing comprehensive well-being services across the behavioral health continuum of care.

In 2019, the Equity in Mental Health Framework distributed funding across the continuum of care as a starting point; however, gaps in resources to fully achieve campus well-being have not kept pace with the growing campus needs. That being the case, a broader framework of holistic well-being is needed to support the growth in these emerging needs.

In 2021, the Holistic Well-being subcommittee invited members of the U.S. Health Promoting Campus Network to present to the Student Mental Health Oversight Committee.[5]

The Okanagan Charter: An international charter for health promoting universities and colleges,[6] was introduced as a framework for the University of California to adopt as a key strategy. This framework moves the university away from only a clinical disease response model towards a more holistic well-being model to promote a culture of health and well-being for students, staff and faculty.

To date, three campuses have already adopted the Okanagan Charter (Berkeley, Irvine and Los Angeles). It is expected that six out of the ten UC campuses will have adopted the charter by the end of the 2023 calendar year, which shows a strong commitment across the system to support holistic well-being and intentional actions to create well-being ecosystems at many UC campuses.

Systemwide adoption offers an opportunity to recognize work being done at campus levels while highlighting areas for collaboration, coordination and systemwide discussion. Leveraging "the power of ten" in a systemwide effort allows incredible opportunity for exponential impact, which helps expand efforts associated with the Equity in Mental Health Funding plan to expand services and supports beyond clinical treatment needs.

Research shows that upstream approaches are critical to preventing disease, building resilience and furthering the academic mission of the university by retaining talented students, staff and faculty and enabling healthy communities.

> **Key Recommendation 1:** In collaboration with key partners (SMHOC, UCOP, WHP Directors, CWO, Healthy Campus Network), endorse UC systemwide adoption of the Okanagan Charter.

> **Key Recommendation 2:** In support of holistic well-being, continue groundwork supported by Equity in Mental Health Funding Initiative to critically analyze and address equity gaps in distribution of campus services and resources across the tiers of well-being, including prevention, early intervention, treatment and recovery support.

Systemwide Opportunities subcommittee

The Systemwide Opportunities subcommittee emerged as committee members discussed shared strategies that could be implemented across all ten campuses. Student mental health is a shared campus community responsibility; as such, campus community members should be provided with the information and resources they need to support student mental health and well-being.

Some the strategies that have been implemented in the past require updating. In 2012, UC launched the Red Folder Initiative.[7] Under this initiative, each campus committed to publish a Red Folder to serve as a quick reference guide to mental health resources for faculty/staff and graduate teaching/research assistants who may interact with distressing or distressed students.

The customized folders identify common signs of student distress and direct faculty/staff and graduate teaching/research assistants through campus protocol to clarify whom they should contact in the event of an emergency. The folders also provide tips for how to approach a student who may be in distress and how to connect that student with the appropriate resource.

In addition, in 2015 the UC Promoting Student Mental Health Guide was developed as a tool to train and education faculty on navigating complex student mental health challenges. The creation of the Red Folders and the UC Promoting Student Mental Health Guide have played a significant role in supporting campus community members knowing how to support student mental health.

Both shared resources have played a significant role in guiding campus community members in knowing how to support student mental health and how to utilize their content to promote resources on campus websites. Each campus acknowledges the essential truth that student mental health is a shared community responsibility and that campus community members should be provided the information and resources to help students in need.

> **Key Recommendation 1:** Update the Red Folders, which are standardized, formatted and accessible online with QR codes. Campuses also schedule regular updates to the folders.

> **Key Recommendation 2:** Each campus develop and utilize their current Mental Health Resources websites to promote student resources by incorporating content from the UC Promoting Student Mental Health Guide.

> **Key Recommendation 3:** Each campus conduct comprehensive outreach and education programs.

Data Analytics subcommittee

The Data Analytics subcommittee was developed to help determine which essential student behavioral health indicators are needed to identify, monitor and evaluate student wellness. All relevant campus staff members understand that certain conceptual frameworks and models may assist them in the process of determining what constructs and indicators are most critical for assessment. Key recommendations made by the subcommittee may inform efforts to develop a common, systemwide behavioral health vision. A shared vision of the core elements describing students' behavioral health and wellness will clarify what data are needed to evaluate Equity in Mental Health (EMH) efforts and efforts to help all students thrive within the UC system.

Previous reports provided an overview of the behavioral health and wellness data using information available in the UC system. The general observation was that that data does not systematically inform/support care or evaluate outcomes. In particular, the National College Health Assessment (NCHA) is administered on each campus with low student participation. This issue challenges the continuation of the NCHA, which leads to what other strategies may be used to fill the gaps of information that exist on campuses. Other comments from that previous report are relevant to the SMHOC's considerations of the more comprehensive behavioral health and wellness data and information needs, including the following observations.

- No systematic approach or mechanism exists across UC campuses to facilitate information sharing, and available assessment data do not align with stated UC EMH objectives, so they may not be maximally beneficial to users.

- Surveillance surveys are lengthy and time-consuming and are skewed towards distressed and symptomatic individuals.

- There are large survey gaps, and participation is low with limited diversity of student responses. In addition, the current surveillance data collection system is not coordinated, with few assessment instruments provided across the UC system.

- The system also lacks a strategy to integrate and analyze data about UC students.

Figure 3 provides a systemwide data collection strategy to support the changing data needs.

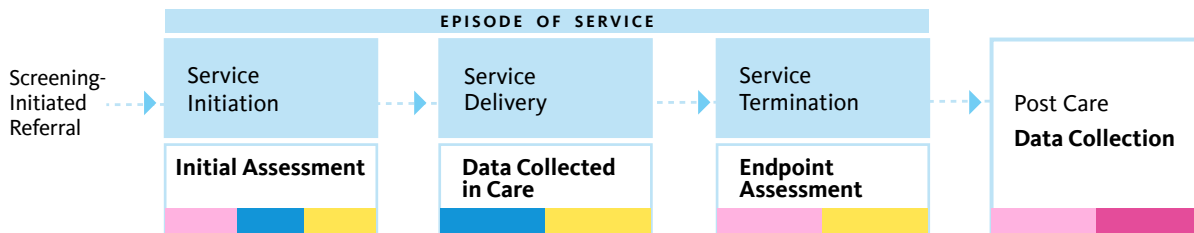**Figure 3 — UC Student Mental Health and Wellbeing Data to Action Framework**

Campus Population
Pulse surveys and screening to randomized sub-population of students from enrollment to graduation
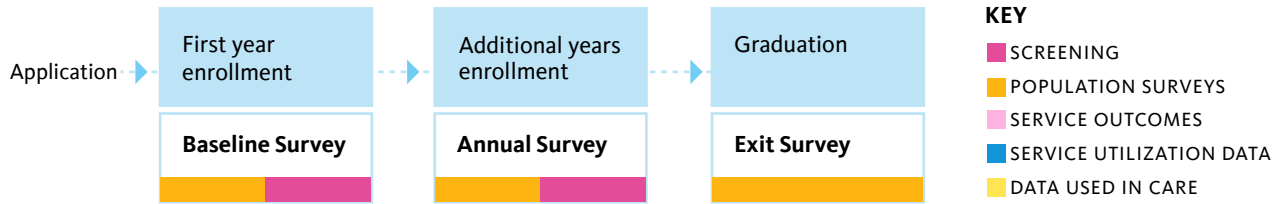
Campus Sub-Population
Entering into Mental Health and Wellness Services

The Data Analytics subcommittee, with the help of faculty researchers from UC Davis and UC Santa Barbara, developed this model for systemwide data collection. This version represents a move away from traditional large survey instruments with low response rates, in favor of shorter pulse surveys that can better gauge students' needs and overall well-being. The model shows a starting-point framework. This framework is contingent on needs/priorities assessment and feedback from community partners.

There is a need to identify tools that include items that directly address all the different needs specified in recommendation the recommendations below. What behavioral health indicators should we screen for (depression/anxiety/EDs/psychosis/life satisfaction/resilience)? What are meaningful outcome metrics, and to whom? What are the key indicators of a healthy campus environment? What is the balance between illbeing and wellbeing indicators? Further key recommendations are as follows:

Key Recommendation 1: Identify systemwide data purpose and priorities by administering brief pulse surveys and collecting relevant population, screening, and outcome data to develop "student profiles."

Key Recommendation 2: Identify required timepoints for data collection to meet data priorities that align with differing student enrollment periods.

Key Recommendation 3: Develop/identify tools that collect differing population, screening, and outcome data needs.

Key Recommendation 4: Develop mechanisms/tools through which data can be used to meet stated analyzable data sets.

Key Recommendation 5: Consider approaches such as oversampling and incentivizing to improve response rates from underrepresented student populations.

Funding and policy needs

The key recommendations of the Student Mental Health Oversight Committee serve to fortify current programs and services as they address student mental health needs at UC. Shifts in the behavioral health ecosystem over the past ten years have shed light on a need for a more integrative and preventative delivery system, from K–12 through higher education segments.

Fifty percent of the revenue generated from the 2022–23 increase to the student services fee (net of financial aid) is to be used to enhance campus mental health services, consistent with the university's priority of building resources to support mental health programs. The remaining fifty percent is available to support other critical student services programs in keeping consistent with Regental policy on the fee.

Due to the shift, new policy implications have also emerged as the population and the needs of our students are always evolving and changing. Many entities outside of the UC system may not have a clear understanding of the specific and individualized needs of each UC campus. Therefore, the SMHOC provided policy recommendations that are in alignment with key subcommittee recommendations and the needs of ongoing systemwide programs to promote student well-being:

Key Policy Recommendation 1: Leverage CYBHI grants and funds to bolster the behavioral health workforce and UC clinical and nonclinical behavioral health programs.

Key Policy Recommendation 2: Continue to inform the State of California of UC systemwide needs and equitable community safety and crisis response plans through partnerships and legislation.

Key Policy Recommendation 3: Support initiatives and policies that promote overall student well-being, prevention, and early intervention, as well as diverse data collection.

Key Policy Recommendation 4: Develop UC policies that mitigate barriers and that facilitate access to care.

UC and its partners will continue to identify ways to increase equity and to move from a deficit- based model to a preventative and strength-based standard of practice in behavioral health services. The SMHOC is a key component of championing these efforts, providing recommendations and regular convenings. The committee exists to improve students' access to care, to increase students' engagement and representation in spaces such as the SMHOC, to identify areas of disparate data for underrepresented groups and to develop strategies to expand resources beyond clinical care.

Conclusion

The Student Mental Health Oversight Committee remains committed to providing UC with guidance and recommendations on (1) holistic student mental health and well-being efforts, (2) data and assessment, (3) issues and concerns and (4) to reporting progress made on improving mental health and well-being for campuses and the university, as a whole.

This report provides an update on specific efforts to meet the intended goals of the 2006 Student Mental Health Report and offers a timely refresh on strategies and recommendations for meeting these shared goals. The Student Mental Health Oversight Committee recommends establishing more upstream approaches to supporting student well-being. While the committee recognizes that students will always require critical clinical care, they also need access to holistic well-being services and would benefit from more upstream approaches to their success and well-being.

Appendices

APPENDIX I
Student Mental Health Oversight Committee Charge

The provost, in consultation with the vice president and vice provost for Graduate, Undergraduate and Equity Affairs convenes the oversight committee to:

1. Provide guidance and recommendations on systemwide coordination of holistic student mental health and well-being efforts, including policy, programs and best practices to reduce health gaps in equity.

2. Provide guidance and recommendations on systemwide data and assessment efforts that inform the university's goals and priorities.

3. Provide guidance and recommendations on common issues and concerns raised by students, staff and faculty.

4. Report on progress being made on improving student mental health and well- being by individual campuses and by the university as a whole.

The committee will meet on a quarterly basis and will consult closely with UC Office of the President staff to determine meeting agenda. Committee members will serve a two-year term and consist of representation from students, staff and faculty. Each UC campus will have at least one representative.

The provost, in consultation with the vice president and vice provost for Graduate, Undergraduate and Equity Affairs and the current chair/co-chairs of the committee, will review the committee charge every five years.

APPENDIX II
Relevant Data and Reports

UC Davis/UC Santa Barbara existing behavioral health and wellness data summary

The California Budget Act of 2021 included $15 million in ongoing funds to support the behavioral health and wellness (BHW) needs of University of California (UC) students. This funding led to the development of the Equity in Mental Health funding plan, whereby the 10 UC campuses were invited to submit proposals to address key unmet BHW needs of their student community.

The UC Equity in Mental Health Funding Evaluation is a narrative description of existing behavioral health and wellness data, systemwide. The report describes activities completed to date within the research project funded as part of UCOP's Equity in Mental Health. The overarching aim of this report is to inform UC's efforts to better understand and support the behavioral health and wellness of its students.

ACHA-NCHA data dashboard summary

The UC Student Health and Well-being Data dashboard presents student mental health, substance abuse and stressor data collected through the ACHA-NCHA III in Spring of 2021. Ten campuses at UC participated in this survey, receiving 10,918 responses. Among the findings was that students tended to endorse anxiety-related mental health symptoms more than depression-related mental health symptoms. Also, most students said they would be open to seeking professional help for a serious mental health issue, with data from Asian students indicating they were among the least likely to seek help.

APPENDIX III
Summary of Report Recommendations

Holistic Well-being

1. In collaboration with key partners (SMHOC, UCOP, WHP Directors, CWO, Healthy Campus Network), endorse UC systemwide adoption of the Okanagan Charter.

2. In support of holistic well-being, continue the groundwork supported by the Equity in Mental Health Funding Initiative to critically analyze and address equity gaps in the distribution of campus services and resources across tiers of well-being, including prevention, early intervention, and treatment.

Systemwide Opportunities

1. Update the Red Folders, which are standardized, formatted and accessible online with QR codes. Campuses: also schedule regular updates to the folders.

2. Each campus develop and utilize its current Mental Health Resources website to promote student resources by incorporating content from the UC Promoting Student Mental Health Guide.

Data Analytics

1. Identify systemwide data purpose and priorities by administering brief pulse surveys and collecting relevant population, screening, and outcome data to develop "student profiles."

2. Identify timepoints for data collection that are necessary for meeting data priorities due to differing student enrollment periods.

3. Develop/identify tools that collect differing population, screening, and outcome data.

4. Develop mechanisms/tools through which data can be used to meet stated, analyzable data sets.

5. Consider approaches such as oversampling and incentivizing to improve response rates from underrepresented student populations.

Policy Recommendations

1. Leverage CYBHI grants and funds to increase the behavioral health workforce and UC clinical and nonclinical behavioral health programs.

2. Through partnerships and legislation, continue to inform the State of California on the needs of UC campuses.

3. Continue to inform the State of California on systemwide UC needs.

4. Support policies that promote overall student well-being, prevention, and early intervention, along with diverse data collection.

5. Continue to develop and support UC policies and state legislation that champion equitable community safety and crisis-response plans.

Endnotes

[1] https://www.ucop.edu/student-mental-health-resources/about/smh-rpt---fullrpt-only.pdf

[2] University of California: Equity in Mental Health Funding Plan 2021–2025.
https://www.ucop.edu/student-equity-affairs/programs-and-initiatives/equity-funding-plan.pdf

[3] https://www.who.int/publications/m/item/the-geneva-charter-for-well-being

[4] 2006 Student Mental Health Committee Report

[5] U.S. Health Promoting Campus Network: http://ushpcn.org/

[6] The Okanagan Charter: hdl.handle.net/2429/54938

[7] https://www.ucop.edu/student-mental-health-resources/training-and-programs/faculty-and-staff-outreach/red-folder-initiative.html

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