UNIVERSITY OF CALIFORNIA

James B. Milliken
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February 11, 2026

The Honorable John Laird
Chair, Joint Legislative Budget Committee
1020 N Street, Room 502
Sacramento, California 95814

Dear Senator Laird:

Pursuant to Item 6440-001-0001, Section 2, Provision 5(a), of the 2024 Budget Act (AB 108, Chapter 35, Statutes of 2024), enclosed is the University of California's annual report to the Legislature on *Basic Needs, Mental Health, and Rapid Rehousing Fiscal Year 2024-25*.

If you have any questions, Associate Vice President Cain Diaz would be pleased to speak with you. Cain can be reached by telephone at (510) 987-9350, or by email at Cain.Diaz@ucop.edu.

Sincerely,

James B. Milliken
President

Enclosure

cc: Senate Budget and Fiscal Review
        The Honorable Lena Gonzalez, Chair
        Senate Budget and Fiscal Review Subcommittee #1
          (Attn: Mr. Diego Lopez)
          (Attn: Mr. Kirk Feely)
        The Honorable David A. Alvarez, Chair
        Assembly Budget Subcommittee #3
          (Attn: Mr. Christian Griffith)
          (Attn: Mr. Tobias Wolken)
        Mr. Hans Hemann, Joint Legislative Budget Committee
        Ms. Jessica Holmes, Department of Finance
        Ms. Jessica Deitchman, Department of Finance
        Ms. Gabriela Chavez, Department of Finance
        Mr. Gabriel Petek, Legislative Analyst Office
        Ms. Jennifer Pacella, Legislative Analyst Office

Ms. Florence Bouvet, Legislative Analyst's Office
Provost and Executive Vice President Katherine S. Newman
Vice President and Vice Provost Yvette Gullatt
Associate Vice Provost Cynthia Davalos
Executive Vice President and Chief Financial Officer Nathan Brostrom
Senior Vice President Meredith Turner
Vice President Pamela Brown
Associate Vice President and Director Kathleen Fullerton
Associate Vice President Cain Diaz

UNIVERSITY OF CALIFORNIA
AB 108 Basic Needs, Mental Health and Rapid Rehousing Report
Fiscal Year 2024–25

Introduction

This legislative report provides information on allocations for student basic needs, mental health, and rapid rehousing pursuant to the Budget Act of 2024 (AB 108, Chapter 35, Statutes of 2024). Appendix I includes the legislative language to which this report responds. The report synthesizes data and narratives submitted by each UC campus, providing a comprehensive account of how state allocations are being used to support student mental health and basic needs, including rapid rehousing efforts.

Background

In 2023–24, the State of California provided UC an additional $800,000 for basic needs, $200,000 for rapid rehousing, and $1,000,000 for mental health services. These augmentations brought the total allocation across all three State-funded areas to $40,800,000. For 2024–25, UC funding from the State for basic needs, rapid rehousing and mental health remained flat at $40,800,000. Figure 1 summarizes the distribution of this funding by campus.

Figure 1: Distribution of basic needs, rapid rehousing and mental health funds by campus, 2024–25

Campus	Basic Needs	Rapid Rehousing	Mental Health	Total
Berkeley	$1,589,000	$499,000	$2,610,000	$4,698,000
Davis	$1,675,000	$374,000	$2,606,000	$4,655,000
Irvine	$1,641,000	$420,000	$2,539,000	$4,600,000
Los Angeles	$1,540,000	$429,000	$2,758,000	$4,727,000
Merced	$944,000	$215,000	$1,258,000	$2,417,000
Riverside	$1,422,000	$325,000	$2,221,000	$3,968,000
San Diego	$1,596,000	$429,000	$2,507,000	$4,532,000
San Francisco	$685,000	$178,000	$642,000	$1,505,000
Santa Barbara	$1,446,000	$439,000	$2,015,000	$3,900,000
Santa Cruz	$1,259,000	$392,000	$1,644,000	$3,295,000
UCDC	$53,000	—	$50,000	$103,000
UCOP	$450,000	—	$450,000	$900,000
Center for Economic Justice and Action (CEJA)[1]	$1,500,000	—	—	—
Total	**$15,800,000**	**$3,700,000**	**$21,300,000**	**$40,800,000**

[1] The Center for Economic Justice and Action (CEJA), formerly the Blum Center at UC Santa Cruz, provides consultation, research, and assessment for higher education basic needs efforts. See page 7 for further details.

Historically, campus allocations were distributed to campuses based on an equity index informed by total student population, and the proportions of food- and housing-insecure students as indicated on systemwide surveys. In 2023, State funding increases were distributed to campuses in proportion to their existing allocations. Each campus received, on average, a 10 percent increase in State funding. In response, campuses updated their basic needs, rapid rehousing, and mental health spending plans, created with input from community partners and students, staff, and faculty. See Appendix II for campus-by-campus programmatic budget summaries for basic needs programs.

Basic Needs

UC defines basic needs as the conditions that enable every student to access essential resources and achieve financial stability. These include nutritious food; safe, reliable housing that supports rest, study, and daily living activities; comprehensive health care; affordable and accessible transportation; hygiene supplies; and emergency assistance. UC views basic needs as part of a larger, interconnected system rather than a set of individual supplies, services, or spaces. This system provides the foundation necessary for students to maintain their health, stability, and capacity to thrive academically and personally. Together, these elements foster an environment where students can live, learn, and succeed with dignity.

Campus Basic Needs Efforts

In fiscal year 2024–25,[2] UC served approximately 77,785 students through its food and housing programs, leading to an estimated 463,831 contacts across the system. The data shown in Figure 2 outline the number of students served at each campus and the number of related contacts. The figure for unique students is compiled using data collection techniques such as tracking the number of times individual student identification cards are used at basic-needs centers. Minor duplication may occur. There is some variation in data collection methodologies due to differences in infrastructure and capacity across the campuses. The total student contacts reflect the number of times students interacted with the programs or program staff, often also accounted for via student identification card swipes. A unique student can have multiple student contacts.

The total number of students served systemwide in 2024–25 increased by 5.7 percent relative to the prior year, while the total number of student contacts increased by 1.3 percent.

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[2] July 1, 2024–June 30, 2025

Figure 2: Students served and student contacts for basic needs, 2024–25

Campus	Total Unique Students Served 2024–25	Total Student Contacts 2024–25
Berkeley	7,651	33,673
Davis	13,249	96,570
Irvine	7,550	30,468
Los Angeles	9,310	16,641
Merced	3,633	15,147
Riverside	5,954	45,391
San Diego	9,406	48,829
San Francisco	2,450	43,896
Santa Barbara	11,304	81,572
Santa Cruz	7,278	51,644
Total	**77,785**	**463,831**

The University of California has been conducting analyses of the disproportionate impact of food and housing insecurity based on systemwide surveys. Pell-eligible, Hispanic/Latinx, African American, and parenting students are among those more likely to experience food and housing insecurity. Among undergraduates, 61 percent of Pell-eligible students, 61 percent of African American students, and 62 percent of Hispanic/Latinx students were food-insecure in 2024, compared with the 48 percent overall average for undergraduate students systemwide. Nine percent of Pell-eligible and Hispanic/Latinx undergraduate students and 11 percent of African American undergraduate students were housing-insecure, compared with the 7 percent systemwide undergraduate average.[3]

In particular, undergraduate parenting students are significantly more likely to experience both food and housing insecurity. Sixty-four percent of parenting undergraduates experience food insecurity, compared with 46 percent of nonparenting students. They are also more likely to experience severe food insecurity, with 37 percent of parenting and 27 percent of nonparenting students experiencing very low food security, commonly referred to as "hunger." Twenty-five percent of parenting undergraduate students are housing-insecure, compared with 7 percent of nonparenting undergraduate students.[4]

Among graduate students, 39 percent of Hispanic/Latinx, 40 percent of African American, and 27 percent of parenting students were food-insecure in 2025, compared with the systemwide graduate student average of 31 percent. Hispanic/Latinx, African American, and parenting students were housing-insecure at rates equal to, or 1 percent less than, the systemwide graduate

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[3] Figures here represent undergraduate food and housing insecurity rates according to the 2024 systemwide University of California Undergraduate Experience Survey (UCUES), the most recent UCUES.
[4] Results derived from averaging 2022 and 2024 University of California Student Experience Survey (UCSES) data.

student average of 5 percent.[5]

The high cost of living continues to pose a challenge for students' ability to meet their basic needs. The rate of inflation for basic needs like housing, transportation, and food in California has outpaced national rates. Transportation costs have increased significantly in California, while decreasing nationally.[6] These high costs create difficulties for particularly low-resourced students in their ability to meet their basic needs.

Campus programs respond by offering comprehensive assessments and referrals. For instance, UC Davis uses a care coordination model rooted in best social work practices, looking at how they can support a student holistically with food and housing resources, hygiene supplies, solutions to transportation barriers, and facilities and services that support their mental and physical well-being. This demonstrates the evolution of basic needs and rapid rehousing programs, which have developed beyond simply offering food distributions and emergency shelter options. Campus programs now must cover the increased expense of obtaining basic needs resources like food, hygiene products, and housing assistance, in addition to the rising costs associated with staffing and infrastructure. The increases to the basic needs and rapid rehousing budgets in 2023–24 helped to offset those costs. The University of California regularly administers a *cost of attendance* survey to help assess these factors for students.

In 2024–25, UC basic needs and rapid rehousing programs collectively employed 82.2 full-time-equivalent professional staff members, 403 undergraduate students, and 57 graduate students. These programs rely on knowledgeable professional and student staff to deliver effective support. Student positions provide not only essential program capacity but also meaningful employment and professional development opportunities. They also help fulfill promising practices associated with peer support and mentorship. For example, students in positions like *peer ambassadors* connect students who have had similar experiences; student employees who assist with CalFresh efforts help fellow students feel comfortable applying for benefits; and those who help with food distributions provide a welcoming and knowledgeable presence to those receiving tangible, immediate relief. Both student and professional staff are essential to UC's basic needs outreach and program assistance work, providing safe spaces where vulnerable students can access the resources they need.

Basic Needs and Rapid Rehousing Outreach

UC has established basic needs and rapid rehousing outreach strategies that are consistent across all campuses, ensuring that students are aware of programs for food, housing, hygiene, and other supports. This year, two additional campuses offered surveys and information at orientations, ensuring that all ten campuses now offer nine core outreach approaches. Figure 3 depicts outreach efforts that are used by all UC campuses, including strategic uses of social media, presentations at outreach events, and peer-to-peer programs to reduce stigma.

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[5] Results from UCOP analysis of the 2025 systemwide University of California Graduate Student Experience Survey (UCGSES), the most recent. Graduate and undergraduate experience surveys are administered in alternating years.
[6] Inflation Tracker [EconTax Blog]

Figure 3: Campus basic needs/rapid rehousing outreach efforts, 2024–25
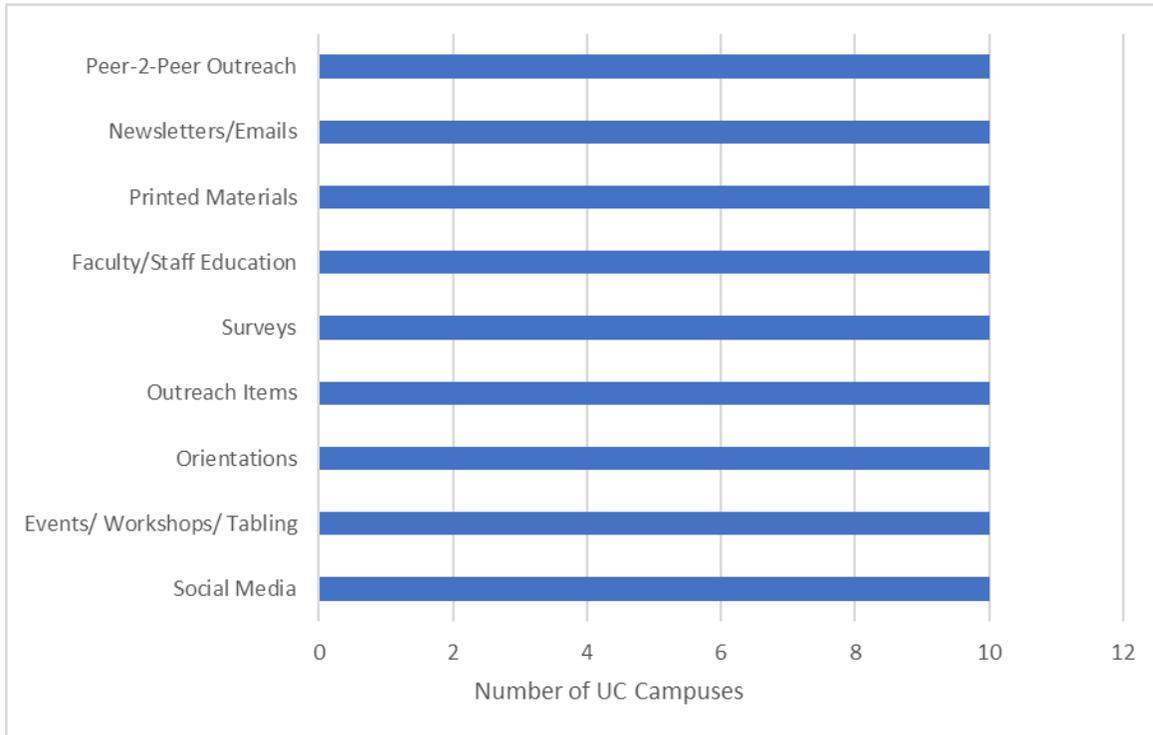
UC campus staff members are dedicated to ensuring that students who are vulnerable to unmet basic needs not only know they have support, but that they are welcome in basic needs centers. This requires a combination of traditional and creative outreach and program delivery approaches. For instance, UC Davis offers a pay-what-you-can food truck serving nutritious meals. UC Santa Cruz offers a nontransactional cafe that allows students with limited means to have normal social interactions, and UC Berkeley's basic needs center partners with their campus dining services to provide food and package it into ready-to-eat meals. UC Santa Cruz distributes free produce from its campus farms. This allows students with limited cooking facilities (or none at all), food insecurity, and time poverty to have better access to nutritious food. Examples of these resources across UC include:

- Meal kits with budget-friendly, nutritious recipes
- Strategic partnerships with other student service programs to provide support for students at greater risk of housing insecurity
- Life-skills learning opportunities, such as cooking classes and financial well-being workshops
- Basic needs centers that hold primary leases for on-campus housing that give housing programs more efficient access to beds
- Free food and hygiene vending machines
- Mobile food pantries, including fresh produce stands

- Virtual and in-person entry points to receive services

- CalFresh application events, with staff from the Department of Social Services present, wherein same-day EBT cards are available to eligible students

- Secure places for students to store food for the day

- Social media outreach and engagement

In 2024–25, California communities were reminded of the importance of such emergency services. The historic Palisades and Eaton fires in January of 2025 created basic needs stressors for many students. The fires preceded historic levels of flooding in February and November in Southern California. This created increased emergency needs as some students or their families were forced to evacuate, were otherwise displaced, or suffered property damage. In addition to maintaining everyday operations, Southern California campuses supported students through these disasters with food and hygiene distributions, priority appointments at basic needs centers, and emergency grants.

Collaborating with State and local community partners is likewise essential for successful campus basic needs programs. Students come from a variety of socioeconomic and educational backgrounds, with some better equipped than others to manage the high costs of living in California. Basic needs programs cannot eliminate or prevent all the situations that lead to student basic-needs crises, nor financially support all of the necessary solutions. Strategic partnerships help fill those gaps and connect students to a wider array of resources and programs, ensuring the efficient use of State resources. Appendix III lists significant local and state partners across the campuses.

Food Security Support

For students, particularly low-resourced students, covering an unexpected expense can be difficult or even impossible. The high cost of living in California, including rising food prices, can produce additional challenges. Basic needs campus programs provide emergency relief for students experiencing these crises. One of the most immediate of needs is nutritious food—a resource that must be obtained daily. Food programs are one of the primary ways basic needs centers support students, ensuring nutrition often while working on other challenges, like housing. In 2025, 31 percent of graduate student respondents to the UC Graduate Student Experience Survey indicated they were food-insecure, a decrease of four percent from 2023. In 2024, 48 percent of respondents to the UC Undergraduate Experience Survey indicated they were food insecure, an increase of five percent from 2022.[7] State basic needs funding is the primary source of funding for campuses to maintain consistent nutrition, housing, and hygiene resources for students.

Several other food assistance programs have developed among the campuses over the past six years. Figure 4 describes food security services by campus. All ten campuses offer CalFresh

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[7] Student basic needs dashboard | University of California. Data from biennial systemwide surveys, the UC Graduate Student Experience Survey and the UC Undergraduate Experience Survey. They are administered in alternating years.

application assistance and food pantries. State funding makes this consistency possible by providing financial resources to develop infrastructure, create multiyear plans, and build upon existing knowledge and programs year over year. Campuses can also allocate funds to smaller programs in the year after they have evaluated the most efficient way to collaborate with campus programs and community partners. UC Berkeley, UC Davis, UC Irvine, UCLA, UC Riverside, UC San Diego, UC Santa Barbara, and UC Santa Cruz accept EBT, while UC San Francisco has locations near campus that accept EBT. UC Berkeley, UC Davis, UC Irvine, and UC Riverside accept or plan to accept RMP.[8]

Figure 4: Common UC food security services, 2024–25
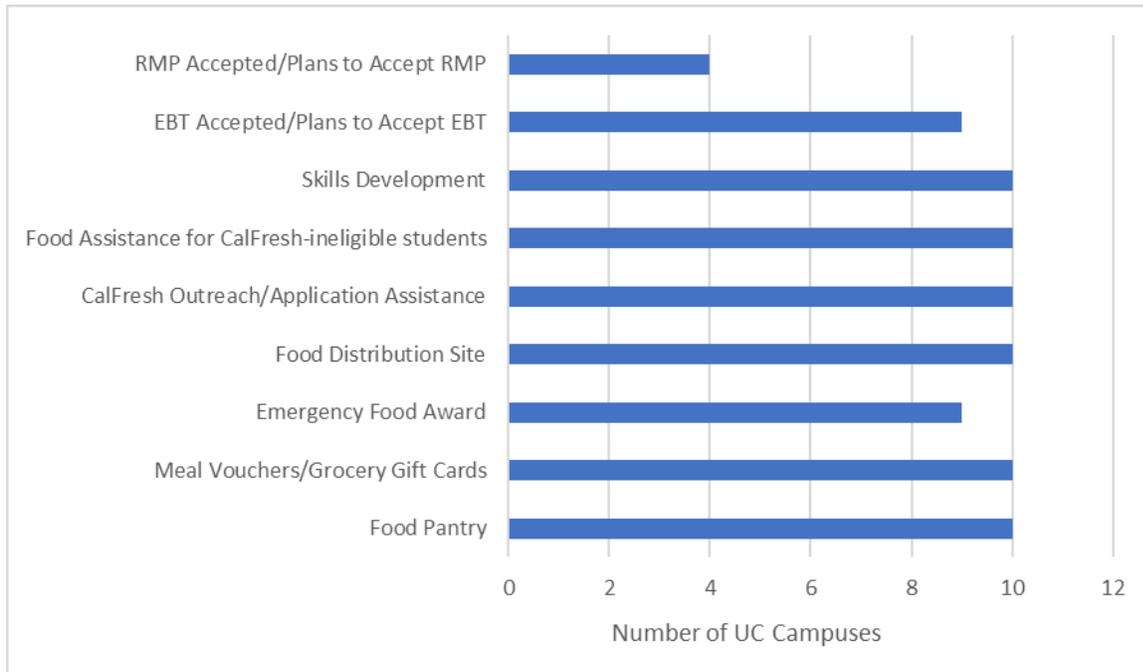
*Campus participation in the restaurant meals program (RMP) is contingent on county participation.

UC campuses are credited with approximately 61,185 CalFresh prescreens, either in person or via an online referral link, and approximately 12,764 CalFresh submitted applications. This year, nine UC campuses contracted with the Center for Healthy Communities (CHC) at California State University Chico to support CalFresh outreach. Out of those nine campuses, CHC estimates that 6,588 CalFresh applications likely were approved.[9] (Unfortunately, only the California Department of Social Services (CDSS) has access to current and complete information about how many students from each segment are participating in CalFresh at any given time.) A California Policy Lab analysis of 2022–23 data from CDSS and UC (the most recent data available) estimated approximately 58,000 UC undergraduate and graduate students were participating. The CDSS CalFresh Data Dashboard provides aggregated statewide data on students who were approved or denied CalFresh participation.[10]

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[8] Limitations of campuses participating in RMP include county CDSS participation, accessible locations, low numbers of student CalFresh recipients who qualify for RMP, and confusion over how to use RMP versus CalFresh.↵
[9] Internal analysis by Center for Healthy Communities
[10] CalFresh dashboard—PUBLIC | Tableau Public

To support CalFresh outreach and enrollment efforts, six campuses have a Memorandum of Understanding or Release of Information agreement with their local human services agency for the purpose of identifying new, continuing, and returning students who are potentially eligible for CalFresh benefits. Most remaining campuses that do not have a formal agreement in place have individual student Releases of Information or informal agreements that fulfill similar objectives. This includes allowing the basic needs center to have regular check-ins with county human services agency staff, to stay updated on CalFresh applications, or to organize large enrollment events. More sophisticated data-sharing agreements with State human services agencies at state levels—to identify students enrolled in CalFresh across higher education segments—would significantly improve the quality and consistency of data collection. See Appendix III for more details by campus.

Basic Needs and Rapid Rehousing Combined Housing Supports

The rise in California's housing costs continues to outpace national averages.[11] Additionally, several UC campuses are in regions with high living costs relative to the rest of the State, with four located in metro areas that are ranked as among the most expensive nationwide.[12] These conditions make housing support services and programs that much more important. State basic needs and rapid rehousing funds support campuses in offering relief to students who have become homeless or face the imminent loss of housing. Feedback from campuses indicates that direct aid and student grants are among the most effective strategies. Housing support is the most common reason for emergency grants. While emergency support for nutrition can be temporarily provided with goods (food), resolving rent bills, putting down a move-in deposit, or mitigating unexpected circumstances like the loss of a rent-paying roommate require financial assistance.

All ten campuses offer emergency housing, direct aid, and case management. Figure 5 identifies common basic needs housing and rapid rehousing programs and supports available at each UC campus.

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[11] Inflation Tracker [EconTax Blog]
[12] https://www.cnbc.com/2023/08/22/us-cities-with-the-highest-cost-of-living.html

Figure 5: Basic needs housing and rapid rehousing common programs 2024–25
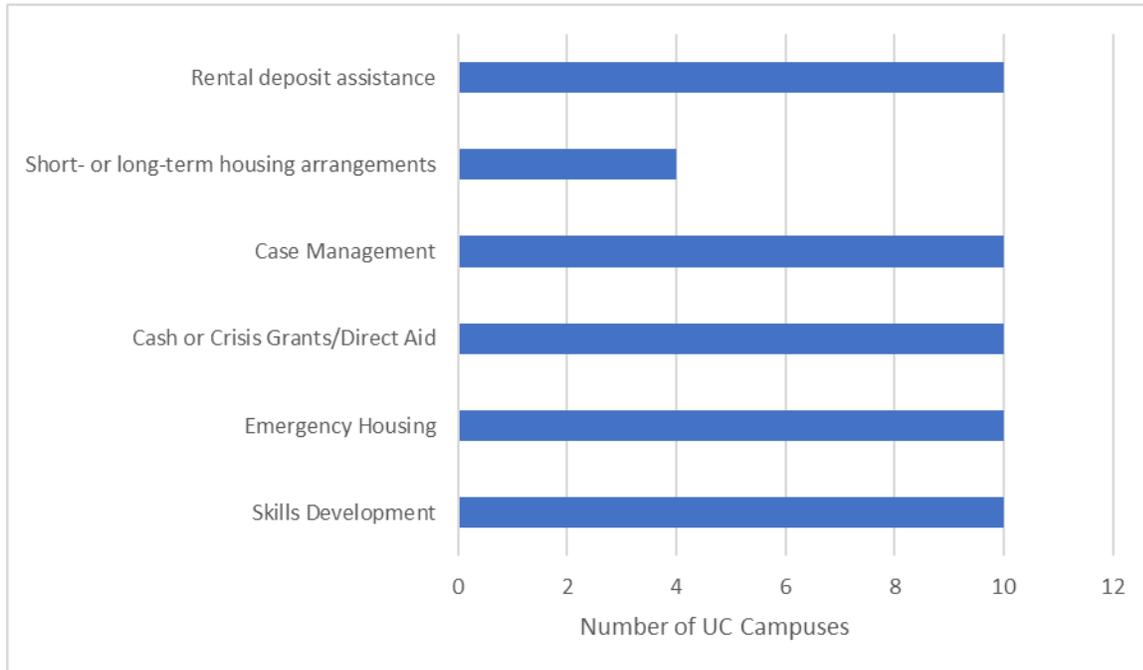
Rapid Rehousing

Rapid Rehousing Supports

Secure housing is essential for students' stability. It allows them to focus on their academic goals rather than on immediate concerns such as where to sleep, how to stay safe at night, or how to pay rent. Housing is often the most expensive of basic needs; it has inflexible deadlines for rental payments and generally requires a direct financial outlay to obtain or retain it. Unlike other basic needs, housing is rarely fulfilled with in-kind resources, such as food. When students experience a sudden or imminent loss of housing, rapid rehousing programs provide support to address their immediate circumstances while giving them the time and guidance to plan longer-term solutions. Students in housing crises may be unable to secure stable housing at market rates, particularly when they are faced with rent increases, the loss of their current housing, or conditions that will result in imminent housing loss without swift intervention.

Contributing factors may include a paying roommate moving out, the loss of family financial support, forced displacement due to changes in building use, unexpected emergency expenses like medical bills or high childcare costs, or physical and mental health issues that limit the student's ability to work. Housing loss not only threatens their physical security but also their ability to fulfill other responsibilities that support continued enrollment, such as attending classes, completing assignments, maintaining employment, shopping for and cooking nutritious food, getting adequate rest, and sustaining personal hygiene. Basic needs programs strive to identify the most effective and

efficient solutions to securing new housing or to enabling the student to stay in their current housing. A total of 3,829 students in 2024–25 received rapid rehousing services.

Center for Economic Justice and Action

The Center for Economic Justice and Action (CEJA), formerly UC Santa Cruz's Blum Center on Poverty, Social Enterprise and Participatory Governance, is annually allocated $1.5 million as part of a five-year pilot that began in 2023. The objective of this pilot is to establish the UC Essential Needs Research, Training, and Promising Practices Consortium (UCENC). The UCENC provides a unified approach to training in basic or essential needs, education, research, and evaluation across the UC system, supporting innovations in practice and research, funding research and evaluation, and identifying effective programs. UCENC also partners with higher education, nonprofits, foundations, and government at local, regional, State, and national levels to support strategic and collaborative advancements in student basic needs.

In 2024–25, CEJA led training and education efforts such as:

- Developing a ten-county pilot program for campus-based CalFresh enrollment events.

- Expanding EBT usage and supporting UC campus retail sites in their efforts to accept EBT cards with chips.

- Hosting training workshops, or "salons."

- Providing campus-specific technical assistance.

- Finalizing the Essential Needs Navigator and Essential Needs Directory, an online search tool to help students find services and resources applicable to their situation.

- Advancing basic needs research by administering and analyzing the UC 2025 Basic Needs Evaluation Survey.

- Awarding six new grants to UC faculty and researchers.

- Developing a new clearinghouse for UC basic needs research, policy updates, and insights from campus practitioners.

Figure 6: UCENC's Focal Areas[13]

Summary of Basic Needs and Rapid Rehousing

With rising costs of living, some students struggle to keep pace with the cost of their basic needs while also successfully completing the demands of their academic, professional, internship, and other duties. State funding is essential for sustaining these programs and services, enabling campuses to provide consistent support while also innovating to respond to current conditions.

Basic needs programs provide critical and essential support for students—not only for their physical needs like food and shelter, but also for their well-being. Uncertainty about where to get a meal, how to pay that month's rent, or even where to shower can substantially affect a student's education. Basic needs and rapid rehousing programs offer the essentials of food and shelter, as well as compassion, understanding, and connection to a larger community that cares for them. Basic needs staff members report that distressed students' well-being often improves once they receive these services and that peer-to-peer outreach is critical for the best possible outcomes. The support of peers can reduce stigma and shame, encouraging students to access resources.

It is neither possible nor advisable to separate a student's mental health and well-being from the security of knowing that they have food, stable housing, hygiene facilities, a place to sleep, and reliable care for their dependents. In 2024–25, at least 2,079 homeless and housing-insecure students secured permanent housing after receiving services; 722 students graduated, and 2,098 remained enrolled following housing support. Basic needs programs address students' immediate challenges, enabling them to focus more fully on their academic progress and graduation goals.

Student Mental Health

This year's report highlights how State funding, through several well-being initiatives, has transformed the University of California's approach to student mental health. Through ongoing support from the Legislature and the Budget Act of 2023, funding has enabled campuses to

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[13] Source: UC Essential Needs Research, Training, and Promising Practices Consortium 2024–25 Impact Report

expand access to care, strengthen crisis response, and embed equity-driven practices into the core of student well-being efforts. A survey by Active Minds and TimelyCare of approximately 1,100 U.S. college and university students (February 2024) found that 64.7 percent of students reported that they feel lonely and 51.7 percent were concerned about the mental health of their friends.[14] State funds have significantly advanced prevention, early intervention, and crisis-response capacity across the UC mental health system.

However, structural underfunding, staff shortages, and regional inequities persist. Campuses report ongoing fiscal challenges, which threaten the stability of student mental-health services despite progress supported by State funding. Rising clinical demand, staffing shortages, and structural reliance on one-time funds have created sustainability concerns at multiple campuses, including UC Irvine, UC Merced, UC San Diego, and UC Santa Cruz. UC Berkeley reports increased pressure on its counseling and case-management budget due to rising student demand, the expansion of specialty services, and the need to sustain new positions originally funded through temporary allocations. UC San Francisco notes that clinical staffing costs, increased utilization of psychiatry and wellness services, and broader institutional budget constraints have strained the baseline resources that support student mental health.

These pressures reflect a systemwide pattern; demand continues to outpace capacity, and campuses increasingly require stable, flexible, and recurring funding to meet the mental-health needs of a growing and complex student population. Across the UC system, campuses have relied on State funds to mitigate these trends and enhance access, build cross-sector partnerships, and tailor services to historically underresourced populations.

Ongoing State support has provided stability for behavioral health initiatives, enabled the hiring of clinicians trained in culturally responsive, evidence-based care to better meet the needs of diverse student populations, and supported peer and prevention programs aligned with California's behavioral health transformation goals. In addition to supporting targeted harm-reduction and crisis-prevention efforts, Equity in Mental Health (EMH) funding also sustains a wide spectrum of core student mental-health services that are essential to campus well-being. These include health education and promotion initiatives, individual and group counseling, psychiatric evaluation and medication management, social work and care-coordination support, and case-management services that help students navigate complex academic, medical, and personal challenges. Together, these programs form the foundation of each campus's behavioral-health system and ensure that students have access to comprehensive, culturally responsive care across the continuum of need. The following are examples of how campuses leveraged State funding to promote initiatives, partnerships, and program designs.

Core Funding Themes

Across the UC system, campuses are expanding their clinical and crisis-response capacities using innovative, community-centered models that demonstrate the direct impact of State

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[14] ActiveMinds/TimelyCare_SurveyResults_Press Release

mental health investments. At UC San Diego, the Triton CORE program has become a leading example of a field-based, trauma-informed crisis-response model supported by State funds. Similarly, UC Santa Barbara's SWIFT program provides an on-the-ground, coordinated approach to addressing student mental-health crises, ensuring that immediate and culturally responsive support is available when students are in distress.

Other campuses, including UC Irvine, UC Santa Cruz, and UC Riverside, have strengthened their campus safety nets by embedding clinicians and wellness professionals directly within social/cultural centers and student resource hubs. This integrated model allows mental-health providers to reach students in familiar and trusted spaces, reducing barriers to care and promoting earlier intervention.

In regions where local behavioral-health infrastructure is limited, campuses such as UC Merced and UC Riverside continue to rely on cross-sector partnerships with county behavioral-health agencies. These collaborations enhance crisis-response coordination and ensure that students in need can access both campus-based and community-based care.

Beyond direct clinical expansion, every UC campus reported growth in peer-based and prevention initiatives, including peer-educator programs, Mental Health Allies networks, and trauma-informed training series. These efforts expand a campus's capacity for community, foster peer support, and normalize help-seeking behaviors as part of a broader, systemwide commitment to holistic student well-being.

Student Mental Health and Outreach Efforts

Across the University of California system, campuses have made significant strides in expanding student mental health outreach through State funding. Outreach efforts have shifted from traditional clinical models to more proactive, community-centered approaches that emphasize early engagement and accessibility. Many campuses, such as UC Davis, UC Santa Barbara, and UCLA have integrated mental health education into orientations, residence life programming, and peer-led events. These initiatives, while aimed at reaching students from all backgrounds, in all student communities, also intentionally reach historically underresourced student populations, including first-generation students.

At the campus level, between July 1, 2024, and June 30, 2025, more than 381,809 students were served across all UC mental health resources, due to the additional support of State funding. Figure 7 displays the total number of students served across all campuses; these estimated figures are derived from campus student mental health programs, along with off-campus psychiatry and counseling referrals.

Figure 7: Students served across all campus- and State-funded student mental health programs, 2024–25

Campus	Prevention	Early Intervention	Treatment and Recovery Services	Off-Campus Referrals, Psychiatry	Off-Campus Referrals, Counseling
Berkeley	8,500	4,568	11,750	489	1,847
Davis	69,174	5,856	18,201	189	1,021
Irvine	30,000	25,000	7,661	883	4,369
Los Angeles	10,000	10,000	8,675	456	691
Merced	2,569	613	2,180	N/A	56
Riverside	34,081	21,150	3,519	N/A	820
San Diego	46,167	869	4,652	1,928	1,817
San Francisco	2,853	849	1,070	113	379
Santa Barbara	N/A	N/A	97	748	2,025
Santa Cruz	8,000	10,000	8,183	317	2,102
UCDC	792	792	30	N/A	N/A
Total	**212,136**	**79,697**	**66,018**	**5,123**	**15,127**

Off-campus referrals are self-reported data from campuses regarding the number of referrals for off-campus psychiatry and counseling services. Two campuses, UC Merced and UC Riverside, do not refer out. Some campuses that show "N/A" also are unable to delineate the use of services and supports by State-funded versus campus-funded efforts, as such data is reported in total students served, with estimated numbers of students directly served by State funding.

Student Mental Health Prevention Data

Across all UC prevention efforts, 212,136 students were served systemwide; of that total, an estimated 76,713 students were served directly with State funding. In addition, campuses reported that 29,703 students from historically underresourced groups were provided with preventative mental health services.

For example, campuses such as UC Irvine, UC Riverside, and UC Santa Cruz reported hiring clinicians and wellness specialists who are physically located in social spaces and student resource hubs, allowing for direct engagement, culturally anchored programming, and stigma-reduced help-seeking. Funding also enabled targeted community-based initiatives, including peer health education, mental health ally programs, outreach liaisons to student organizations, and trauma-informed workshops to build a broader network of care, rooted in student belonging and prevention.

In addition, State funding bolstered field-based crisis response models and cross-sector behavioral health partnerships. UC San Diego's Triton CORE and UC Santa Barbara's SWIFT teams are sustained in part through State resources, allowing multidisciplinary responders to

provide trauma-informed mobile crisis intervention and campus-based stabilization services. UC Merced and UC Riverside expanded their collaboration with county departments of behavioral health to coordinate crisis response pathways, train staff, and integrate community resources for students with complex needs. Emerging harm-reduction and recovery programs such as Narcan distribution led by peers, substance-use education, and resilience-building workshops are further approaches.

Early Intervention and Collaborative Well-being

Campuses received equitably apportioned State funding to develop early intervention and collaborative well-being programs. The goal of these funds was to support integrated approaches to care and service in both clinical and non-clinical settings. A total of 82,129 students were served across all early intervention programs. Of that total, an estimated 30,351 students were served directly with State funding. In addition, campuses reported that 21,622 students from historically underresourced groups were provided with early-intervention mental health services.

Across the UC system, state funds have meaningfully expanded early-intervention strategies designed to reach students before crises escalate, with campuses emphasizing proactive outreach, community-grounded support, and skill-building programs that promote early help-seeking by students. Many campuses built peer-led and community-based frameworks to normalize mental-health access and to ensure that students receive support in familiar environments.

For example, UC Santa Barbara's Gauchos for Recovery program offers ongoing overdose-prevention and recovery-ally trainings at student festivals, Greek-life events, and Week of Welcome, distributing safety kits and reinforcing harm-reduction education through a peer ambassador model. UC San Diego supplements its response to individual naloxone requests with a required online training video and distributes educational materials both online and at pick-up sites, ensuring that students receive foundational education even when they are seeking support independently. State funding has also enabled embedded education through student-facing staff roles, residence-life partnerships, and integration with cultural centers, allowing staff and peers to forge relationships with students who may otherwise hesitate to engage with traditional clinical services.

Clinical Treatment and Recovery Support Data

Across the University of California system, State funding has played a central role in building stronger clinical mental health services. This includes the expansion of recovery-oriented care pathways for students with complex behavioral health needs. Campuses reported increased service capacity in counseling, case management, and crisis intervention, with several campuses highlighting reductions in wait times; greater access for students in need of treatment for urgent, complex conditions; and improved coordination between campus behavioral-health staff and community providers. State funding has enabled programs to prioritize trauma-informed care practices, diversify clinical staffing pipelines, and sustain specialized therapeutic services tailored to historically underresourced students. In addition, campuses have expanded post-crisis stabilization supports, care navigation, and proactive follow-up for students experiencing

psychiatric hospitalization or behavioral-health emergencies. This ensures continuity of care during high-risk transitions.

Recovery-support efforts also have expanded significantly, with campuses investing in peer-driven substance-use recovery programs, harm-reduction education, and mental-health recovery models grounded in cultivating students' sense of engagement and belonging. Many campuses have adopted integrated clinical-and-peer recovery structures, embedding recovery allies and case managers within student life and social gathering spaces. These initiatives reflect a shift toward comprehensive behavioral-health ecosystems that move beyond clinical care alone and into sustained recovery, skill-building, and community-reintegration support.

Figure 8 shows the number of students whose clinical treatment and recovery support were both State- and campus-funded. This encompassed peer-based recovery, coaching, case management, counseling, therapy, and off-campus counseling and psychiatric referrals. Individual counseling emerges as the cornerstone of clinical efforts, with a total of 48,536 sessions provided. The higher use of clinical treatment remains consistent with nationwide trends, as individual outpatient services are the most used.[15] This phenomenon highlights the critical role of individual counseling in addressing patients' mental health needs.

Figure 8: All UC clinical treatment and recovery support data, 2024–25

Type of Services	Peer-Based	Coaching	Case Management	Individual Therapy	Group Therapy	Off-Campus Referrals
Number of Students Served	551	12,860	9,862	48,536	1,558	14,716

Note: Off-campus referral data provided by UC Health consists of counseling and psychiatric appointments.

The 9,862 recorded instances of case management underscore UC's significant investment in coordinating care and connecting students with the resources they need. Off-campus referrals, which totaled 14,716, highlight a strong reliance on external providers to supplement psychiatric and intensive outpatient care services and to meet the broader spectrum of mental health and substance use needs. Coaching, with 12,860 instances of service, reflects a sustained emphasis on helping students achieve their personal and academic goals through both clinical and non-clinical approaches.

UC Collegiate Recovery Programs (CRPs)

Collegiate Recovery Program (CRPs) are rapidly growing throughout the nation, and a spectrum

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[15] Key Substance Use and Mental Health Indicators in the United States: Results from the 2024 National Survey on Drug Use and Health

of college students use these services, including students with high academic performance.[16] A total of 571 students, systemwide, received collegiate recovery services in 2024–25. CRP services include, but are not limited to, intensive medically assisted outpatient treatment, group counseling, and residential treatment services. Campuses continue to expand trauma-informed clinical care and recovery services to meet rising mental health and substance-use needs among college students. The use of State funding has helped campuses improve early access to care, embed clinicians in student-centered spaces, and scale recovery-oriented support for students navigating behavioral health and substance-related challenges.

Some campuses have also enlarged their collegiate recovery programs and peer-based support ecosystems. Dedicated recovery specialists, peer groups, and case managers help students re-engage academically while sustaining their recovery and wellness plans. These services often include recovery coaching, peer-based support groups, sober social spaces, and coordinated off-campus referrals to community-based care. Campuses are building care coordination models that ensure same-day access and timely follow-up for students with acute needs.

UC Berkeley, for example, has implemented a continuum-of-care model that now provides same-day basic care for most students, along with specialty services for substance use and concurrent behavioral health needs. Students who need higher levels of support are connected to case management, psychiatric care, and wrap-around recovery services, including an intensive outpatient pilot that delivers one-on-one clinical support, dialectical behavioral therapy skills-training, care navigation, and crisis support for students with complex needs.

Naloxone and Testing Strip Programs

Assembly Bill 1841 (Chapter 942, Statutes of 2024) requires community colleges and State universities to expand access to opioid overdose prevention and life-saving naloxone distribution. Although UC is not mandated to adopt the bill, some campuses have already implemented harm-reduction education, emergency response protocols, and naloxone distribution stations across campuses preventive measures. Training efforts focus on student staff, residential life, campus police-alternative responders, student health clinicians, and peer educators to ensure widespread preparedness.

The UC system has embedded the distribution of naloxone into campus health promotion strategies. This ensures that UC students, including those in recovery programs, have safe, nonstigmatizing access to medication, overdose education, and follow-up support. This is a statewide alignment that reinforces UC's commitment to a strategy centered in public health and trauma practices, one that complements State-funded recovery and crisis-response services by giving campuses the tools to intervene rapidly in opioid-related emergencies, ultimately to expand pathways to care and recovery.

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[16] Who participates in collegiate recovery programs? A survey of students in the US and Canada – Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery

Mental Health Staffing and Service Data

Figures 9 and 10 outline staffing for student health and counseling services, broken down by role (psychiatrists and counselors). Licensed marriage and family therapists, licensed clinical social workers, and psychologists are grouped together under counseling. Psychiatrists are categorized under psychiatry. UC tracks full-time equivalents specifically for counseling and Psychological Services (CAPS) counseling providers and psychiatrists to benchmark against nationally recognized standards. Notably, CAPS centers that are accredited by the International Accreditation of Counseling Services (IACS) do not differentiate between counselor licensure types, so the FTEs represent general counseling roles without this distinction

Figure 9: Psychiatrists-to-student ratio (MD/postdoctoral level) and full-time employees (FTE), 2024–25

Filled FTE	Open FTE	Total Funded FTE	Vacancy Rate	Fall 2024 Enrollment	Ratio Filled (Goal 1:6,500)	Ratio Funded (Goal 1:6,500)
33.26	6.25	39.51	15.82%	299,407	9,346	7,579

Figure 10: Counselors-to-student ratio (master's and doctoral level), 2024–25

Filled FTE	Open FTE	Total Funded FTE	Vacancy Rate	Fall 2024 Enrollment	IACS Ratio Filled FTE (Goal 1:1,000)	IACS Ratio Funded FTE (Goal 1:1,000)
327.00	48.65	375.65	12.95%	299,407	916	797

In Figure 9, psychiatry staffing reflects notable variability in capacity and vacancy rates heading into June 2025. With 33.26 filled psychiatrist FTEs and a systemwide vacancy rate of 15.82 percent, campuses continue to feel the impact of recruitment challenges in the behavioral health workforce.

Several campuses—including UC Irvine, UCLA, UC Merced, UC San Diego, UC San Francisco and UC Santa Cruz—report 0 percent vacancy, demonstrating stability in psychiatric staffing. However, others face steep gaps; Davis (42.25 percent) and UC Riverside (45.45 percent) hold the highest vacancies, signaling the greatest hiring needs. Systemwide, the current filled psychiatrist-to-student ratio stands at 1:9,346, well above the recommended 1:6,500, underscoring a continued need to expand psychiatric capacity to meet rising student mental health demands. Notably, UCLA and UC San Francisco achieve the closest ratios to the system goal, while UC Irvine and UC Riverside show the highest student-to-psychiatrist ratios due to limited full-time employees (FTE) against large student bodies.

In Figure 10, staffing of counselors is comparatively stronger, with 327 filled Counseling and Psychological Services (CAPS) counseling provider FTEs and a 12.95 percent vacancy rate, reflecting a more stable pipeline relative to psychiatry. Legislation requires UC to report counselor-to-student ratios as well. Overall, student-to-counselor ratios remain above the

recommended 1:1,000 standard, with the UC system currently at 1:916 filled FTE and 1:797 funded, indicating that, once fully staffed, CAPS would exceed industry targets.

Still, staffing gaps persist at certain campuses: UC Merced (25 percent), UC Riverside (28.57 percent vacancy) and UC Santa Cruz (27.57 percent) continue to struggle with recruitment and retention, which may affect students' timely access to care. Conversely, UC Irvine (0 percent vacancy) and UC San Francisco (3.7 percent) demonstrate strong hiring stability. Taken together, these trends highlight meaningful progress in counseling capacity across the UC system, while pointing to ongoing workforce pressures in psychiatry and targeted regional hiring needs, particularly at high-vacancy campuses.

Figure 11: Number of students receiving mental health services systemwide, disaggregated by race, 2024–25

Race	UC Enrollment (n=300,505)	Student Health Services (n=90,083)	Counseling and Psychological Services (n=50,482)
African American	4.57%	4.52%	5.65%
American Indian	0.53%	0.50%	0.58%
Hispanic/Latino(a)	22.18%	17.99%	21.68%
Pacific Islander	0.27%	0.17%	Not available
Asian	32.27%	32.72%	32.48%
White	22.50%	21.89%	18.95%
Domestic Unknown	2.93%	Not available	11.82%
International	14.75%	Not available	Not available
Multiracial	Not available	5.13%	0.61%
Declined to State	Not available	17.08%	Not available

Note: The current table has a small cell size restriction of ten or greater. Due to this measure for confidentiality, cell sizes with fewer than ten responses are not visible in the result set.

Figure 11 shows a systemwide representation of students receiving mental health services on campus by race. According to UC Health, "not available" in the data represents (1) certain categories that were not captured due to misalignments with data pulls generated by the electronic health record, which may not match the reporting standards of the UC system or the campus registrar, or (2) sample sizes that were too small to report.

Additionally, campuses vary in how they report, include, and capture data on race and ethnicity, leading to inconsistencies across locations. Due to the capture methodology, there are differences between how and when UC counseling centers capture data, and there are variances in UC data where individuals are grouped into a category. Generally, the data reflect the specific population of each UC campus. CAPS ethnicity data are captured using a self-reporting instrument from each student as they complete the intake process, which can vary from the student enrollment data available.

Figure 12 shows the average wait time (days) for initial intake and first follow-up appointments for counseling and psychiatry. Lead times for initial psychiatry intake appointments have remained unchanged since last year. A modest increase in lead time to first follow-up psychiatry appointments has reflected limited staffing capacity. In 2024–25, average wait times for mental health services show a slight uptick across the UC system following prior year improvements. Counseling intake wait times increased modestly to 8.4 days from 7.6 days in 2023–24, remaining within a generally stable and manageable range. First follow-up counseling appointments rose to 17.1 days, reflecting a small increase from 16.6 days the previous year but staying close to historical norms. Psychiatry access reflects similar trends: psychiatric intake wait times increased to 12.7 days from 11.8 days in 2023–24, while first follow-up psychiatry appointments averaged 26 days, down significantly from the prior year's spike (driven by an outlier at UC San Francisco with a 116-day wait) and aligning more closely with long-term patterns. The 2024–25 increases are concentrated at UC Riverside and UCSan Diego (22 days each), suggesting localized staffing or demand pressures rather than a systemwide decline in access. Overall, UC campuses continue to maintain relatively stable wait times while addressing campus-specific capacity challenges.

Figure 12: Average wait time (days), 2024–25

Appointment Type	Counseling	Psychiatry
Intake	8.4	12.7
First Follow-Up	17.1	26

Number of Counseling Visits per Student

Campuses reported the average number of individual counseling sessions per student for FY 2024–25, as shown in Figure 13. The systemwide average is 4.14 sessions per student, reflecting a continued emphasis on timely, focused therapeutic support. Campus averages ranged from 3.0 sessions at UC Berkeley to 5.53 sessions at UC San Francisco, with several campuses, including UC Merced (5.16) and UC Riverside (5.02), demonstrating higher utilization per student. UC Berkeley again reported the lowest average, which continues to align with its established One-at-a-Time therapy model and stepped-care approach, designed to provide immediate, single-session support supplemented by embedded behavioral health providers in primary care. This model increases access and throughput by meeting student demand efficiently, while campuses with higher session averages may be operating with more traditional course-of-care structures or serving students with more complex clinical needs. Overall, the 2024–25 data reflect steady counseling engagement across campuses with variability influenced by campus-specific service delivery models and student needs.

Figure 13: Average number of counseling visits per student, 2024–25

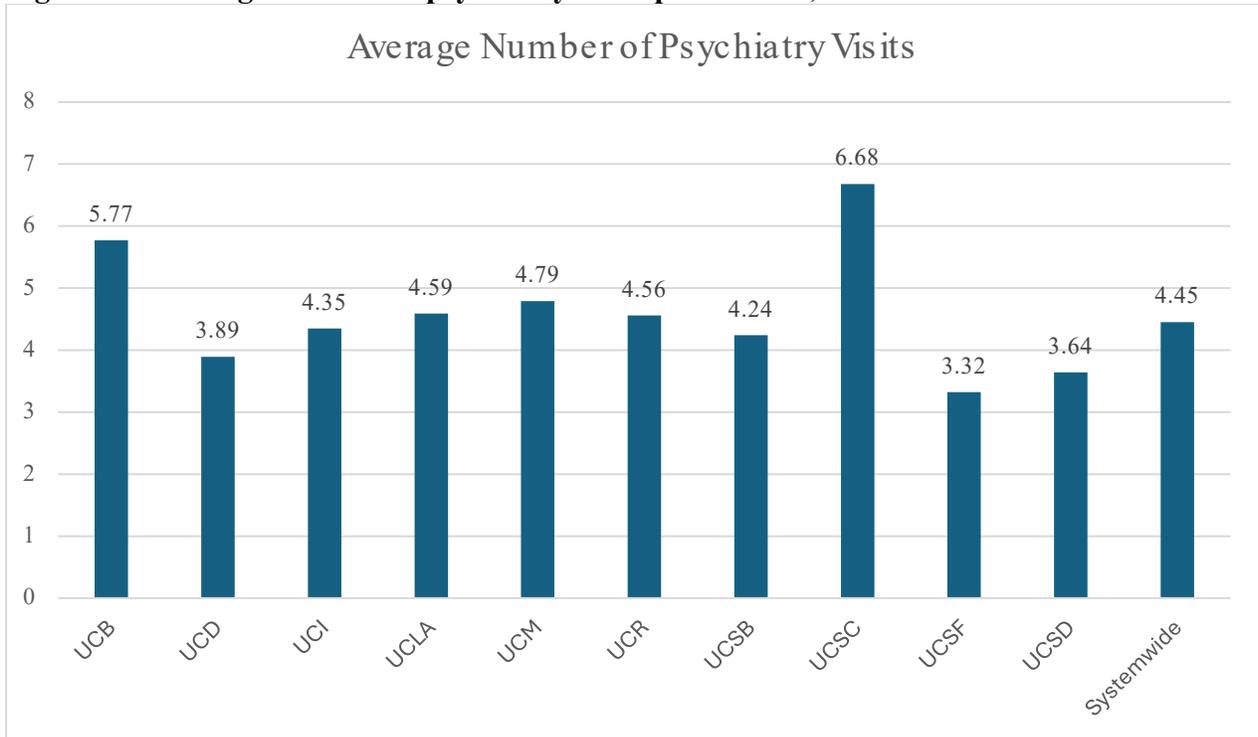Average Number of Counseling Visits
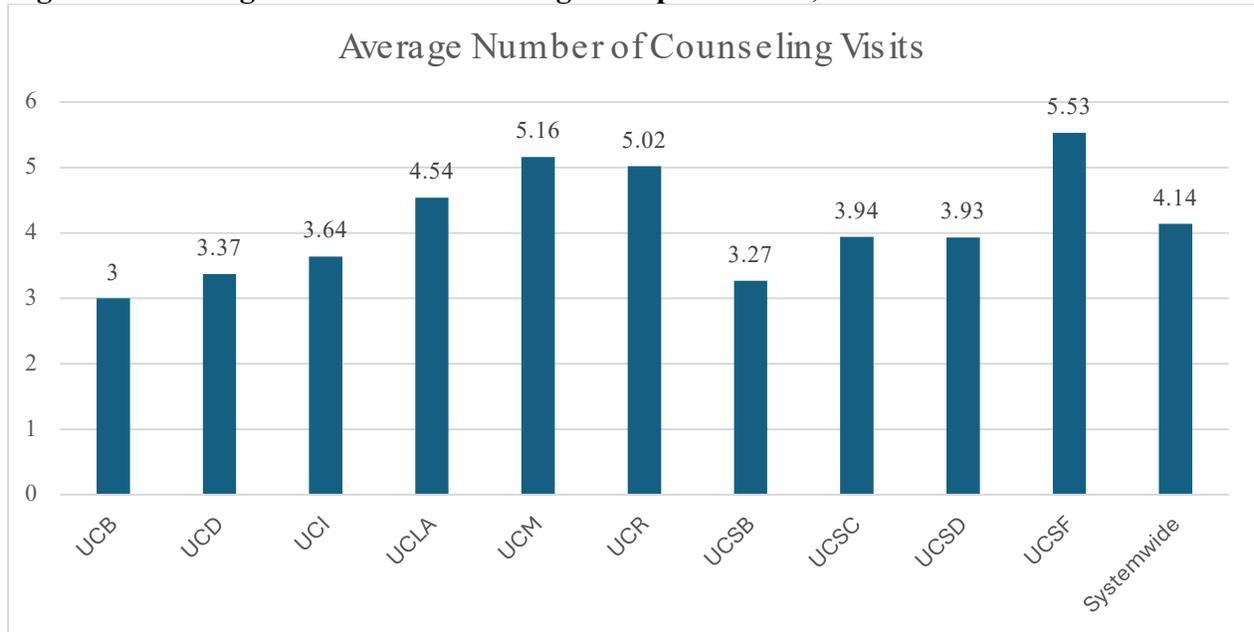
Number of Psychiatry Visits per Student, 2024–25

As shown in Figure 14, campuses reported the average number of individual psychiatry appointments per student for FY 2024–25. The systemwide average is 4.45 visits per patient, representing a slight increase from the prior year and reflecting continued engagement in medication management and integrated psychiatric care within UC counseling systems. Campus averages ranged from 3.32 visits at UC San Francisco to 6.68 visits at UC Santa Cruz, with UC Berkeley (5.77) also demonstrating above-average utilization. UC Santa Cruz again reported the highest average number of psychiatry visits, which may reflect a combination of factors, including clinical acuity, campus service delivery structure, and access patterns in the surrounding region.

Conversely, UC San Francisco's lower average is likely influenced by psychiatry staffing constraints, student insurance usage patterns tied to its proximity to an academic medical center, and significant access to community psychiatric providers in the Bay Area. Campuses such as UC Davis (3.89) and UC San Diego (3.64) also fall below the system average, while UC Merced (4.79) and UC Riverside (4.56) are aligned closely with systemwide patterns. Overall, the FY 2024–25 data highlight variable psychiatry utilization across campuses, shaped by local workforce factors, campus service models, and student clinical needs.

Figure 14: Average number of psychiatry visits per student, 2024–2025

Average Number of Psychiatry Visits

- UCB: 5.77
- UCD: 3.89
- UCI: 4.35
- UCLA: 4.59
- UCM: 4.79
- UCR: 4.56
- UCSB: 4.24
- UCSC: 6.68
- UCSF: 3.32
- UCSD: 3.64
- Systemwide: 4.45

Progress of State Funds in Mental Health Data and Research

The UC research team advanced a coordinated, systemwide approach to strengthening student mental health data and support structures. Leveraging State funding, teams at UC Davis and UC Santa Barbara continued to build a unified framework for student behavioral health data and expanded mechanisms for identifying student needs early and connecting them to timely support. Core efforts included refining UC-wide wellness assessment tools, advancing linkage pathways from survey screening to campus services, and deepening partnerships with student-facing departments to align wellness strategies with students' real-time experiences and UC's operational capacity. An area of focus remained elevating the voices of all students to ensure that new tools and approaches reflect culturally responsive practices, parity-centered outcomes, and outreach to historically underresourced student groups.

Activities supported by State funding included:

- Piloting and validating the UC Student Wellness Survey and short-form pulse survey formats.

- Coordinating student and staff focus groups to refine wellness definitions and survey delivery methods.

- Conducting psychometric analyses to ensure that the tools accurately capture wellness trends across key domains—emotional, social, financial, and cultural well-being.

In parallel, UC Davis advanced State-funded work to integrate screening tools into the graduate student survey system and to build automated pathways that connect students screening positive for mental health or basic-needs challenges to services in real time. These efforts establish critical groundwork for a comprehensive, equity-driven campus data infrastructure for mental health, one designed to support early intervention, service optimization, and targeted support for students experiencing academic, emotional, or resource-related barriers to success.

Summary of Student Mental Health and Well-being at UC

Student mental health and well-being at University of California campuses comprises a system that is navigating increasing demand, the rising complexity of student needs, the navigation of funding, and growing expectations for campus-based behavioral-health services. Over the past year, campuses leveraged funding and State requirements under AB 1841, as well as internal resources to broaden prevention efforts, increase early access to care, and strengthen recovery-oriented services. Prevention initiatives, including thousands of naloxone kits, fentanyl test strips, and harm-reduction materials that were distributed systemwide, demonstrate a shift toward public-health-centered strategies for well-being. Early-intervention programs now reach tens of thousands of students annually through embedded staff, hybrid training models, and stepped-care approaches like UC Berkeley's same-day access system.

In addition to service expansion, UC continues to invest in research, data analytics, and evaluation frameworks that renew and fortify campus-based mental-health systems. Several campuses have implemented stepped-care models grounded in national best practices, expanded use of digital mental-health platforms (e.g., Uwill, Mantra Health, Togetherall), and developed learning collaboratives with county behavioral-health agencies to study crisis trends and improve mobile-response coordination. Emerging evaluation tools such as UCLA's overdose-response data dashboard and Berkeley's measurement of clinical acuity routing provide valuable insight into service utilization, unmet demand, and equity gaps. These combined data efforts illustrate a statewide reality: While UC campuses are innovating and responding to rising complexity, the demand for student mental health services continues to exceed available funding resources, underscoring the importance of stable funding, evidence-based frameworks, and ongoing research partnerships to sustain and strengthen the well-being infrastructure relied upon by UC students.

Conclusion

Basic needs and rapid rehousing services at University of California campuses have reached over 70,000 students per year for the past four years. This demonstrates a consistent need for services, while also serving as testament to UC's ability to develop permanent programs with adequate State funding. Over the years, UC has gained greater insights into disproportionate impact, effective outreach approaches, and promising practices for services and supports. Campuses have improved their knowledge about the toll taken by basic needs insecurities on student mental health and well-being.

Conversely, UC has also begun to understand the positive impact that basic needs services have on students' well-being, retention, and graduation. CalFresh has proven an important partner in

helping students gain access to nutritious food, as have community organizations that assist with transitional and emergency housing placements. California Policy Lab estimates that in 2022–23, approximately 58,000 undergraduate and graduate UC students received CalFresh.

Recent years also have highlighted the limitations of campus basic needs and rapid rehousing services. With rising costs of living, particularly housing, it is difficult for many students to keep pace with those costs while making progress in their education. Basic needs and rapid rehousing provide critical emergency and stabilization services for students. This has been demonstrated by the important role of these programs during times of emergency or crisis, as well as by the relative stabilization of food and housing insecurity rates. However, these programs cannot, with their limited resources, significantly decrease rates of student food and housing insecurity on their own. The University of California continues to innovate, providing compassionate and practical support to students and developing groundbreaking research to identify effective approaches.

In relation to students' mental health and well-being, campuses have reached tens of thousands of students through harm-reduction education, rapid-access clinical care, peer-supported recovery programs, and culturally responsive wellness initiatives. Yet the data also reveal more high-acuity conditions, persistent staffing shortages, regional disparities in community behavioral-health resources, and a continued reliance on ongoing funding to meet growing demand. Looking ahead, the UC system will continue to enhance service delivery by investing in evidence-based models and deepening partnerships with county behavioral-health agencies, galvanizing data-collection and evaluation to track student outcomes, and expanding equity-driven outreach to underresourced communities. With sustained State investment and deep campus capacity, UC remains committed to delivering a comprehensive, culturally informed, and student-centered behavioral-health system that meets the evolving needs of its diverse student population.

The University is actively exploring State opportunities through the Children and Youth Behavioral Health Initiative (CYBHI) to reinforce its campus mental-health infrastructure and to create new revenue pathways for behavioral health services. Through CYBHI's Fee Schedule Program, UC campuses are enrolling in State cohorts that will allow them to receive direct reimbursement for both clinical and nonclinical behavioral health services, with no requirement to bill Medi-Cal or private insurance. Several campuses—including UC Berkeley, UC Riverside, UC San Francisco, and UC Santa Cruz—have already joined CYBHI readiness cohorts, positioning the University to develop sustainable funding streams that augment existing campus budgets and expand students' access to behavioral health care. UC is also leveraging CYBHI participation to improve data sharing, to streamline claims processes, and to build long-term capacity for reimbursable mental-health services across the system.

Appendix I

Budget Act of 2024 (Assembly Bill 108, Chapter 35, Statutes of 2024)

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB108

SEC. 219. Item 6440-001-0001 of Section 2.00 of the Budget Act of 2024 is amended to read:

5.(a) Of the funds appropriated in this item, $15,800,000 shall be available to support meal donation programs, food pantries serving students, CalFresh enrollment, and other means of directly providing nutrition assistance to students. All monetary assistance provided to students pursuant to this subprovision shall be distributed to the student by the campus financial aid office. The funds described in this subprovision may also be used for any of the following:

(1) To assist homeless and housing-insecure students in securing stable housing.

(2) To supply students with personal hygiene products.

(3) To establish basic-needs centers as a centralized location on campus where students experiencing basic-needs insecurity can be identified, supported, and linked to on- and off- campus resources to support timely program completion. Campus basic-needs centers may use funds for operations of the center.

(4) To designate or hire dedicated basic-needs coordinators for the basic-needs centers who will serve as a single point of contact for students.

(b) The University of California shall report to the Department of Finance and relevant policy and fiscal committees of the Legislature by February 1 of each year regarding the use of funds specified
in subdivision (a) and Provision 7. The report shall include, but not necessarily be limited to, all of the following information for the preceding fiscal year and estimates of all of the following for the current fiscal year:

(1) The amount of funds distributed to campuses, and identification of which campuses received funds.

(2) For each campus, a programmatic budget summarizing how the funds were spent. The budget shall include any other funding used to supplement the General Fund.

(3) A description of the types of programs in which each campus invested.

(4) A list of campuses that accept or plan to accept electronic benefits transfer.

(5) A list of campuses that participate or plan to participate in the CalFresh Restaurant Meals Program.

(5.5) The number of students who first started receiving CalFresh benefits in the preceding year as well as the total number of students in the preceding year receiving CalFresh.

(5.8) The number of campuses that have a data- sharing agreement with the relevant county operating the CalFresh program with the purpose of identifying new, continuing, and returning students who are potentially eligible for CalFresh benefits, or efforts under- way to enact such an agreement.

(6) A list of campuses that offer or plan to offer emergency housing or assistance with long- term housing arrangements.

(7) A description of how campuses leveraged or coordinated with other state or local resources to address housing and food insecurity, and student mental health.

(7.1) The number of students receiving mental health services on campus, disaggregated by race, ethnicity, gender, age group, and type of service received.

(7.2) The average wait time for initial routine mental health counseling appointments.

(7.3) The average number of campus mental health counseling appointments per student.

(7.4) The number of students referred to off- campus providers for mental health services.

(7.5) The number of student mental health staff by provider type and the counselor-to-student ratio.

(7.6) Total spending on student mental health services, by fund source, including spending covered by insurance providers.

(8) An analysis describing how funds reduced food insecurity and homelessness among students, increased student mental health, and, if feasible, how funds impacted student outcomes such as persistence or completion.

(9) Other findings and best practices implemented by campuses.

6. Of the funds appropriated in this item, $21,300,000 shall be available to increase student mental health resources.

7.(a) Of the funds appropriated in this item, $3,700,000 shall be available to support rapid rehousing efforts assisting homeless and housing-insecure students. All monetary assistance to students shall be distributed to the students by the campus financial aid office.

(b) Campuses shall establish ongoing partnerships with community organizations that have a tradition of helping populations experiencing homelessness to provide wraparound services and rental subsidies for students. Funds appropriated in this item may be used for, but authorized uses are not limited to, the following activities:

(1) Connecting students with community case managers who have knowledge and expertise in accessing safety net resources.

(2) Establishing ongoing emergency housing procedures, including on-campus and off-campus resources.

(3) Providing emergency grants that are necessary to secure housing or to prevent the imminent loss of housing.

(c) Funding shall be allocated to campuses based on demonstrated need.

(d) The terms "homeless" and "housing insecure" shall be defined as students who lack a fixed, regular, and adequate nighttime residence. This includes students who are:

(1) Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.

(2) Living in motels, hotels, trailer parks, or camping grounds due to the lack of adequate alternative accommodations.

(3) Living in emergency or transitional shelters.

(4) Abandoned in hospitals.

(5) Living in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

(6) Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

(e) The University of California shall submit a report to the Director of Finance and, in

conformity with Section 9795 of the Government Code, to the Legislature by February 1 of each year regarding the use of these funds, for the preceding fiscal year and estimates for the current fiscal year, for information including the number of coordinators hired, number of students served by campus, distribution of funds by campus, a description of the types of programs funded, and other relevant outcomes, such as the number of students that were able to secure permanent housing, and whether students receiving support remained enrolled at the institution or graduated. This report may be submitted jointly with other basics needs reporting due to the Legislature.

Appendix II

Summary of basic needs programmatic budgets[17]

Campus	Program Operations	Career Staff	Student Staff	Evaluation, Reporting, and Grants	Total
Berkeley	835,000	600,000	154,000	-	1,589,000
Davis	839,000	678,000	148,000	10,000	1,675,000
Irvine	809,000	657,000	165,000	10,000	1,641,000
Los Angeles	1,005,000	329,000	192,000	14,000	1,540,000
Merced	399,000	400,000	140,000	5,000	944,000
Riverside	810,000	100,000	500,000	12,000	1,422,000
San Diego	701,000	545,000	300,000	50,000	1,596,000
San Francisco	251,000	402,000	30,000	2,000	685,000
Santa Barbara	626,000	610,000	210,000	-	1,446,000
Santa Cruz	710,000	256,000	283,000	10,000	1,259,000
UCDC	53,000	-	-	-	53,000
UCOP	315,000	135,000	-	-	450,000
CEJA	562,000	-	-	938,000	1,500,000
Total	**7,915,000**	**4,712,00**	**2,122,000**	**1,051,000**	**15,800,000**

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[17] These budget summaries were provided by campuses for 2023–24. UC requires campuses to submit spending updates if spending categories or amounts have significantly changed, and it typically requires updated spending plans every three to five years.

Appendix III

Basic needs and rapid rehousing collaborations with state and local resources, 2023–24

Campus	MOU or ROI Process with County Human Services Agency	CHC CalFresh Outreach Contract	County and Local Partnerships	Partner Organizations and Initiatives
Berkeley	x	x	x	Alameda County Social Services, local colleges and universities, local food banks, and nonprofits, DoorDash, 211, Berkeley Rent Board, local nonprofit legal centers, campus programs
Davis	x	x	x	Yolo County Department of Social Services, City of Davis, local food banks and nonprofits, campus programs
Irvine		x	x	Orange County Social Services Agency, Community Action Partnership of Orange County, local food banks and nonprofits, South County Outreach, campus programs
Los Angeles		x	x	County of Los Angles, local food banks and nonprofits, local community garden, local retailers, Los Angeles Regional Food Bank, Target, Volunteer Income Tax Assistance program, campus programs
Merced	x	x	x	Merced County Human Action Agency, campus programs
Riverside		x	x	Riverside County Department of Public Social Services, local nonprofits, Riverside United Health System, Fair Housing Council, Riverside Mayor's Initiative
San Diego	x	x	x	San Diego County Health and Human Services, local food banks and nonprofits, campus programs
San Francisco	x		x	Local food bank, San Francisco Human Services Agency
Santa Barbara	x	x	x	Santa Barbara County Department of Social Services, local food banks and nonprofits, campus program
Santa Cruz	x	x	x	County of Santa Cruz Community Health Services, local food banks and nonprofits, Youth Homelessness Demonstration Project

Appendix IV

Campus coordination with other State or local mental health resources, 2024–25

Campus	How Campuses Coordinated with other State or Local Mental Health Resources
Berkeley	• Leveraged the campus Health Worker Program to spread the word about services through local nonprofits • Established a collaborative campus webpage with partnering units to serve as a central hub for program offerings and provide easy access to information about services, events, and resources with county health agencies
Davis	• Coordinated with local and State resources to enhance support across various areas, including counseling and psychiatric services, community-specific wellness, addiction services, sexual violence response, basic needs assistance, and general wellness
Irvine	• Regularly partnered with local therapists in private practice and with local agencies as a referral resource for students
Los Angeles	• Many local events were cancelled due to campus climate around Israel/Gaza
Merced	• Social media, tabling, workshops, outreach items, peer-to-peer outreach, faculty/staff • Education with Alameda County
Riverside	• Peer-to-peer community outreach programs • Promoted student health and well-being programs through local health departments • Counseling Services — workshops, tabling, social media, outreach items, outreach with different campus student groups; Health Promotion
San Diego	• Connected to San Diego County Behavioral Health Suicide Prevention Council allocation and executed through Community Health Improvement Partners
San Francisco	• Evaluated best practices to inform programs and fund departments offering events and workshops for students with local nonprofits
Santa Barbara	• County resource-funded programs were integrated into the campus's holistic system of student support, which expanded resources for students
Santa Cruz	• Partnered with local nonprofits providing individualized coaching for students that specialize in supporting BIPOC individuals

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