

Form

Open Pathway Quality Initiative Report Institutional Template

The institution uses the template below to complete its Quality Initiative Report. The institution may include a report it has prepared for other purposes if it addresses many of the questions below and replaces portions of the narrative in the template. This template may be used both for reports on initiatives that have been completed and for initiatives that will continue and for which this report serves as a milestone of accomplishments thus far. **The report should be no more than 6,000 words.**

Submission Instructions

The report must be submitted by June 1 of Year 9.

Submit the report as a PDF file at <u>hlcommission.org/upload</u>. Select "Pathways/Quality Initiatives" from the list of submission options to ensure the institution's materials are sent to the correct HLC staff member. The file name of the report should follow this format: QIReport[InstitutionName] [State].pdf (e.g., QIProposalNoNameUniversityMN.pdf). The file name must include the institution's name (or an identifiable portion thereof) and state.

Date: 5/28/2025

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The enclosed Quality Initiative Report represents the work that the institution has undertaken to fulfill the quality improvement requirements of the Open Pathway.

lay 27, 2025 Date

Signature of Institution's President or Chancellor

Dr. James Beeby, Chancellor

Printed/Typed Name and Title

University of Wisconsin - La Crosse

Name of Institution

La Crosse, WI

City and State

Audience: Institutions Form Published: October 2023 © Higher Leaming Commission

Overview of the Quality Initiative

1. Provide a one-page executive summary that describes the Quality Initiative, summarizes what was accomplished and explains any changes made to the initiative over the time period.

Minds Matter: Public Health Approaches to Student Mental Health

Minds Matter was UWL's 2022-2025 Quality Initiative focused on a public health approach to promoting mental health with a focus on enhancing student success through increased attention to a healthy campus environment. The initiative was informed by comprehensive community-based approaches to campus well-being that take a public health approach and provide tiered foci regarding mental health. Although the campus provides excellent primary care, the focus of the initiative was on prevention, and proactive approaches. UW-La Crosse, as one campus within the Universities of Wisconsin, mirrored our work to the system's <u>Behavioral Health Initiative and Framework for Student Well-being</u> and focused particularly on Tier 3: Creating Healthy environments in addressing student mental health. Our goals were as follows:

- To coordinate and enhance current university activities associated with mental health for students (student orgs, residence life, curriculum, etc.).
- To involve the larger campus community in conversations regarding appropriate expectations in terms of the role of an institution of higher learning and mental health.
- To clarify the role of faculty and staff in responding to student mental health challenges from both a student and faculty/staff perspective.
- To relate the mind/body focus of UWL and current research to the initiative.

The initiative reflected three major phases. Phase 1 was a form of a landscape analysis where the steering committee probed the type and duration of programming and training associated with mental health across each of the divisions. For instance, we cataloged the type of programming our Residence Life Assistants and our police officers received. We mapped out the curriculum in which mental health resources were explicitly addressed including our required first year seminar. We reviewed the workshop material developed for instructors designed as a collaboration between the counseling center and our teaching center. We also found it helpful to gain a better perspective on the high school milieu from which our students come to campus. UWL's student body is fairly homogenous, particularly in terms of age, with the vast majority of our students coming to our campus straight from high school. We examined the websites of the top 8-10 feeder high schools and found that students were coming from situations with strong attention to mental health including district initiatives, access to mental health support and auxiliary options such as rooms dedicated to self-care. Additionally, in Phase 1 we surveyed faculty/staff to assess their knowledge of resources and needs. Although the Minds Matter was initially conceived of as an initiative to promote a healthy campus at a tertiary level, it quickly became apparent from the survey results that a foundational task needed to be focused on the more secondary area of campus awareness of resources. Specifically, instructors indicated that they needed a better roadmap of their options with fewer overall options so they could more quickly and efficiently respond to a student in distress. We developed materials with a clearer focus on an immediate situation, a developing situation, and a less immediate referral situation. Magnets were created with contact numbers for 4 key resources (Campus Police, Counseling & Testing, Student Life, and the national suicide hotline). Consequently, Phase 2 focused on improving faculty/staff awareness of these more specific resources and comfort level in referring students. Phase 3 focused on student awareness of resources. Although promotion of options to students was a key component of campus life, this initiative allowed us to focus more on cross-unit collaborations to help promote healthy options and campus resources. Key to both Phase 2 and Phase 3 was substantial work to the campus website associated with making resources more

prominent and streamlining and standardizing the pathways to the materials. Our goal was to make sure that any campus website visitor could quickly and easily find resources and that the resources would be standard and in one central site. The second and third years of the initiative saw the launch of "Wellness Week" programing and social media coverage that will now be standard going forward. Key to the initiative was the joint co-chair model pairing the Director of Counseling and Testing with the Provost and a steering committee composed of representatives of key constituents (described below in question #6). We believe that the co-chair model signaled to the campus the important and necessary partnership of mental health professionals and academic instructors. The steering committee met approximately every other week during the fall and spring semesters. Overall, the initiative has resulted in more standard processes for helping faculty/staff identify and aid distressed students and more regular promotion of resources to students through multiple avenues.

Scope and Impact of the Initiative

2. Explain in more detail what was accomplished in the Quality Initiative in relation to its purposes and goals. (If applicable, explain the initiative's hypotheses and findings.)

Prior to the start of the initiative, we identified two major metrics to monitor. First, Residence Life administers an annual survey to students in the residence halls that has items included specific to knowledge of mental health resources. Some items mirrored NSSE items. Second, we developed a faculty/staff survey that was administered at the beginning of the initiative to help assess need and again 18 months later to examine any trends in responses. For both the student and faculty/staff groups there appeared to be moderate improvements in awareness of resources. As examples, the slides below show one finding from the students and one from the faculty/staff. The surveys were cross-sectional samples.





In one of the more interesting findings, survey results indicated that faculty/staff rated student mental health less positively than did students (see chart below). We believe this finding reflects the level of responsibility and emotional impact experienced by faculty when aiding students in distress against a backdrop of more students reporting distress than in prior years.



3. Evaluate the impact of the initiative, including any changes in processes, policies, technology, curricula, programs, student learning and success that are now in place in consequence of the initiative.

The strongest impact of the initiative were the many improvements made in the coordination of efforts and in messaging. The initiative helped bring together several important university units and encouraged a more specific, focused message. The initiative resulted in a more unified web presence for mental health resources. The university developed a "single" student campus life page linked from multiple sites (including the main campus website and the university's LMS) where the top icons represented mental well-being options (see image below). In addition, more focused options for faculty and staff were provided after initial survey feedback (see image of magnet provided to all faculty/staff and image of red/yellow/green like triage help for faculty/staff helping a distressed student). Overall, the steering committee feels that the choice to focus on mental health was a positive one for the campus and timely given national trends. Although the initiative started with the impetus for a public health approach to mental health, the evidence that we succeeded in that area is not compelling. However, we did appear to increase awareness for both students and faculty/staff. We would like to see future programming focus on ways in which curricular and co-curricular designs can aid in students developing resilience.





4. Explain any tools, data or other information that resulted from the work of the initiative.

The initiative led to substantial changes in the consistency of the promotion of mental health resources on campus through webpages and social media. One of the more unique aspects was the development of a website specific to faculty/staff roles -<u>https://www.uwlax.edu/minds-matter/resources-for-faculty-staff/</u>. The site includes the following guidance followed by a quick guide. We have included the do's and don'ts provided that were based on patterns that the campus counseling center was seeing.

What is the role of instructors/staff?

The role of instructors/staff is to help students learn and succeed. As with other life challenges, mental health concerns can impact students' academic and life successes. Consequently, we encourage instructors/staff to refer students to help and/or help them access resources. We recognize the variation in both faculty/staff and student personality and experience. Regardless, it is crucial for instructors/staff to serve in their appointed roles and not as mental health professionals (unless specifically trained and hired to be a mental health professional). The role of instructors/staff is to know about the resources available and to help connect or refer students to these resources.

Quick Guides for Instructors/Staff



Do's & Don'ts for Instructors/Staff We recommend:

• Showing you care while maintaining appropriate boundaries and affirming your role as an instructor or staff member.

- Knowing about the resources available at UWL.
 - <u>Counseling and Testing</u> (CTC)
 - free and confidential brief counseling services to all currently enrolled UWL students.
 - CTC also provides information on community mental health resources outside UWL.
- Approach students about whom you have concerns and offer help connecting them with resources.
- Discussing the potential role of the <u>Disability Resource Center</u> with a student who is in need of official accommodation for a documented mental health need.
- Letting campus professionals know about your concerns for a student(s) when necessary.
 - **Emergency** situations (danger, immediate threat of suicide, harm to others):
 - Call <u>University Police</u> (608-789-9999) or 911.
 - Urgent mental health situations: call CTC (M-F 8-4:30). After hours/weekend, call <u>La Crosse County Mobile Crisis</u> 608-784-HELP (4357)
 - Non-immediate concern for a student
 - <u>Student of Concern Report</u> report any concerning behaviors or refer students who may need support by using this form.
 - UWL's quick guide for <u>helping distressed students</u>
- If comfortable doing so, offering to walk a student over to a resource (e.g., Health Center, Counseling Center, Student Life), or being with them as they call/message a resource.
- Instructors: Recognize the wide variation in student needs within a classroom when there is a campus-wide event such as a student suicide. Although there are students who will be vocal about the desire/need for class time to process the event, there will be many students seeking the routine of the classroom or other university activities. Indicating your own care and concern for students generally or a student who has passed is always appropriate in a general comment when authentic.

We do not recommend:

- Sharing personal phone numbers and/or texting students
 - If personal numbers are shared, they should be used for class related business availability, meetings, quick check-ins etc.
 - If your goal is the ability to text about academic situations, consider using <u>Navigate.</u>
- Serving as a support person beyond helping students access resources.
 - UWL has staff who are trained and willing to serve as student advocates.
- Speaking to a student's family or friends about the student's situation. The Office of Student Life will notify others if warranted.
- Sharing your own current mental health challenges with students. Even when the intent is to convey empathy, it can serve to burden a student.
- 5. Describe the biggest challenges and opportunities encountered in implementing the initiative.

One of the opportunities was the chance to be an active part of a larger conversation happening nationally, in K-12 schools, and on college campuses across the country in terms of mental health status. The existence of genuine interest and concern from our students, faculty and staff, coupled with excellent resources that became available heightened support for the initiative. One of the challenges was "expectation management." We continue to struggle with instructors who want to provide support that is

likely beyond their expertise and training and with students who expect levels of academic flexibility without pursuing reasonable accommodations through our Disability Resource Center.

Commitment to and Engagement in the Quality Initiative

6. Describe the individuals and groups involved at stages throughout the initiative and their perceptions of its worth and impact.

The steering committee for the initiative was the mainstay throughout the initiative. Due to staffing changes, there was some fluctuation, but the committee the final year was composed of the two cochairs (Provost and Director of Counseling and Testing), the Wellness Coordinator, the Director of the Disability Resource Center, Residence Life Associate Director, the Executive Director of a Campus Center focused on regional health initiatives, 2-3 students, 2 faculty, and a representative from University Communications. The committee represented the divisions of Student Affairs, Academic Affairs, and Access, Belonging & Compliance. In addition to the students on the committee, additional outreach with students was conducted including meeting with student organizations associated with mental health such as the UWL Active Minds chapter, UWL's peer health advocates, students in a 300 level course entitled "Issues in Mental and Emotional Health," and public health undergraduates associated with the local chapter of Eta Sigma Gamma (associated with health education).

Reports on the initiative were provided annually to the campus via email (see example below) and more regularly to the Chancellor's Cabinet and to the campus' Joint Planning and Budget committee (a ~25 member committee that represents each governance group in addition to the Deans and each Vice Chancellor). The committee is advisory to the Chancellor and provides guidance on strategic planning among other campus initiatives.

Uniformly throughout the process, including the proposing of the project, campus constituents were supportive of the focus, and steering committee members were engaged in the process and the outcomes.

| Example of email to campus – report on survey findings | | |
|--|--|--|
| In response | gues (all UWL Personnel) to the survey of faculty/staff regarding student mental health, we are pleased to ollowing updates. | |
| 0 | ar need for simplified help when/where to direct students was indicated. You should have received a magnet with the most important numbers and a QR code for additional resources. Contact <u>provost@uwlax.edu</u> if you need additional magnets or did not receive one. fer understanding of the <u>Counseling & Testing Center (CTC)</u> services was also | |
| indica | ted. | |
| 0 | CTC operates on a model of seeing as many students as possible as quickly as possible. | |
| | CTC triages cases based on level of urgency and students will receive appropriate care. | |
| | Triage involves ~ 20 minute phone call with a licensed counselor. Some students benefit from referrals to specialized care outside of UWL. | |
| 0 | Despite challenges hiring for the current positions, students can currently be seen within three weeks for routine initial appointment. | |

| | Please encourage students you refer to be as flexible as possible in their times and other theorem. |
|----------|--|
| | times and who they wish to see |
| | CTC provides in-person and/or virtual options for student clients. In |
| | addition, Mantra is a new service with a suite of options available to all students. |
| | <u>YOU@UWL</u> is free to UWL students, faculty, and staff and has tips and |
| | tools for mental and physical health. I recommend you check it out for |
| | yourself and/or to see what students have access to. |
| | Counseling services are free (paid by student fees) and confidential. |
| | Confidential means that faculty/staff who have referred cannot be given |
| | information about the student's care. |
| | • Mental health care is a process that involves student investment time and effort. |
| | Immediate change may not be evident. |
| • If | you have questions about CTC services or if you hear something surprising or |
| | oncerning about CTC from a student or colleague, please contact CTC to seek |
| | ccurate information. |
| | he focus in the coming year will be on promoting available resources and the |
| | evelopment/maintenance of protective factors to students. |
| | |
| | he number of faculty/staff who have completed the <u>Kognito</u> training is low despite a |
| | rong positive response to this self-pace module – we highly recommend that you |
| | omplete the training at your convenience if you have not already. I will send a remind |
| ai | fter the end of Spring Semester. |
| | |
| Minds Ma | atter Steering Committee Members: Crystal Champion & Betsy Morgan (co-chairs) and |
| | eise, Issy Beach, Michele Petit, Catherine Kolkmeier, Gretchen Reinders, Tara Nelson, |
| | ense, issy beach, michele Feill, Cathenne Roikmeler, Greichen Reinders, Tara Neison, ents Rachel Culli & Anika Shortreed. |
| | |
| | |

7. Describe the most important points learned by those involved in the initiative.

The most important aspect of the initiative that the campus learned was the need to reduce the number of resource options communicated to faculty and staff and help with the triage – where to refer/call in an immediate crisis as compared to a concern. The desire to reflect all of the possible options for students had to be balanced by the cognitive overload on those with a student in need right in front of them. Interestingly, some units with a passion for serving students were concerned about not being included as they wanted the campus to know their willingness, expertise and services. However, these concerns had to be balanced against a clear desire from faculty/staff to utilize or refer to a few key direct resources. For instance, the campus health clinic wanted to be listed in addition to the counseling center. And, of course, both can/do offer services to students in mental health distress. However, we ended up prioritizing promoting the counseling center when a student needed a referral. The campus desire to serve students from multiple vantage points was/is admirable and a testament to the overall commitment to student success. We found it useful to hear of a need for fewer more-direct options. Psychological research on choice supports less anxiety with fewer choices; however, it can be a challenging landscape to navigate on a college campus where there are so many employees committed to giving students as many options as possible out of genuine interest in serving student needs based on their backgrounds. Interestingly, we found a similar pattern in our campus' 2015 Quality Initiative associated with advising. The existence of advising from multiple sources (advising center, faculty, college offices, etc.) both expanded options but also increased confusion about where to go for what type of help.

Resource Provision

8. Explain the human, financial, physical and technological resources that supported the initiative.

As with most initiatives at a public comprehensive university, the initiative was driven primarily by the goodwill and hard work of the staff and faculty. In addition, the Universities of Wisconsin have been active partners in helping to fund and secure the virtual resources and support now available to students 24/7.

Plans for the Future (or Future Milestones of a Continuing Initiative)

9. Describe plans for ongoing work related to or as a result of the initiative.

The initiative has now become inculcated as a series of events for all students entitled "Wellness Week" during the 4th week of the Fall semester. As a joint venture between Counseling and Testing, The Wellness Coordinator, and University Communications, the week includes social media and programming with a different focus each day of the week. Below is a slide with a sample social media post.



10. Describe any practices or artifacts from the initiative that other institutions might find meaningful or useful and please indicate if you would be willing to share this information.

The "where to start" triage circle available from our Counseling and Testing Center page - <u>https://www.uwlax.edu/counseling-testing/</u> - is a great example of trying to simplify options and help students and instructors know the resources available based on the extent of the crisis.