

MINUTES OF THE REGULAR MEETING
of the
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM

Held in 1820 Van Hise Hall
1220 Linden Drive
Madison, Wisconsin

Thursday, April 4, 2019
12:15 p.m.

CLOSED SESSION	2
<i>Closed Session Resolution</i>	<i>2</i>
<i>Student Request for Review of a UW-Madison Disciplinary Decision</i>	<i>3</i>
UPDATES AND INTRODUCTIONS	3
STUDENT BEHAVIORAL HEALTH – CRISIS AND OPPORTUNITY	3
INTRODUCTION & OVERVIEW	4
NATIONAL COLLEGE HEALTH ASSESSMENT SURVEY RESULTS	6
<i>Wisconsin Youth Risk Behavior Survey</i>	<i>7</i>
<i>Depression</i>	<i>8</i>
<i>Anxiety</i>	<i>8</i>
<i>Suicide and Self-Harm</i>	<i>10</i>
<i>Impacts on Campus Counseling, Health, and Disability Services</i>	<i>11</i>
<i>Discussion</i>	<i>12</i>
PERSPECTIVES OF STUDENTS AND FACULTY	14
<i>Manasi Mohan, UW-Madison</i>	<i>14</i>
<i>Sage Lefebvre, UW-Stevens Point</i>	<i>15</i>
<i>Anjali Holmes, UW-Parkside</i>	<i>17</i>
<i>Provost Betsy Morgan, UW-La Crosse</i>	<i>18</i>
RECOMMENDATIONS FOR SYSTEMWIDE SOLUTIONS	19
ADDITIONAL DISCUSSION WITH SENIOR STUDENT AFFAIRS OFFICERS	19
UPDATE ON RESTRUCTURING OF UW COLLEGES AND UW-EXTENSION	22
UW SYSTEM HIGH-IMPACT PRACTICES – PRESIDENT CROSS’S 2020FWD STRATEGIES IN ACTION	24
CHARACTERISTICS OF HIGH-IMPACT PRACTICES	24
HIGH-IMPACT PRACTICES IN THE UW SYSTEM	25
<i>Panel Presentation: High-Impact Practices at UW-Whitewater</i>	<i>26</i>

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-President Behling presiding-

PRESENT: Regents Robert Atwell, John Behling, Scott Beightol, José Delgado, Michael Grebe, Eve Hall, Mike Jones, Tracey Klein, Regina Millner, Janice Mueller, Drew Petersen, Cris Peterson, Jason Plante, Ryan Ring, Carolyn Stanford Taylor, Torrey Tiedeman, Mark Tyler, and Gerald Whitburn

UNABLE TO ATTEND: None

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CLOSED SESSION

President Behling called upon Vice President Petersen to read the motion to move into closed session. The motion was seconded by Regent Ring and adopted on a roll-call vote, with Regents Atwell, Behling, Beightol, Delgado, Grebe, Hall, Jones, Klein, Millner, Mueller, Petersen, Peterson, Plante, Ring, Stanford Taylor, Tiedeman, Tyler, and Whitburn voting in the affirmative. There were no dissenting votes and no abstentions.

Closed Session Resolution

Resolution 11187 That the Board of Regents move into closed session to: (a) consider personal histories related to a UW-Eau Claire honorary degree nomination, as permitted by s. 19.85(1)(f), Wis. Stats.; (b) consider personal histories related to a UW-Green Bay honorary degree nomination, as permitted by s. 19.85(1)(f), Wis. Stats.; (c) consider a student request for review of UW-Madison disciplinary decision, as permitted by s. 19.85(1)(a), (f), and (g), Wis. Stats.; and (d) confer with legal counsel regarding pending litigation (A.R. v. Board of Regents) as permitted by s. 19.85(1)(g), Wis. Stats.

During the closed session, Resolution 11188 was moved by Regent Peterson, seconded by Regent Ring, and adopted on a voice vote.

Student Request for Review of a UW-Madison Disciplinary Decision

Resolution 11188 That the Board of Regents adopts the attached proposed decision and order as the Board’s final decision and order in the matter of a student request for Regent review of a UW-Madison decision.

The Board of Regents reconvened in open session at 1:15 p.m.

Before considering any items on the open session agenda, President Behling asked if any Board members wished to declare any conflicts of interest as per Regent Policy Document 2-4, “Ethics and Conflict of Interest Policy for the UW System Board of Regents.” No conflicts of interests were declared.

UPDATES AND INTRODUCTIONS

Regent Behling welcomed everyone to the Clark Smith Room in Van Hise Hall for the April meeting, adding that for many decades, the Board of Regents met in this space. While the return to Van Hise Hall is temporary, he called attention to a new addition in the gallery of presidential portraits, a portrait of Regent President Emeritus Regina Millner.

President Behling turned the floor over to President Cross for introductions.

President Cross introduced Dr. Jackie Weissenburger, who was named UW-Superior’s Interim Provost and Vice Chancellor of Academic Affairs. Dr. Weissenburger previously served in that role from 2016 to 2018.

STUDENT BEHAVIORAL HEALTH – CRISIS AND OPPORTUNITY

President Behling said the Board of Regents would be taking a closer look at student behavioral health, an issue that some experts have called a growing health crisis on the nation’s campuses.

As discussed at the Board’s March 2019 meeting, many factors are involved in student success and supporting behavioral health is key. To further inform future decision-making, a diverse panel was convened to provide a variety of perspectives on this important issue.

President Behling invited Sandi Scott, Chief Student Affairs Officer at UW-Stout, to introduce the panelists.

Introduction & Overview

Ms. Scott said the senior student affairs officers (SSAOs) were very appreciative of the opportunity to have this discussion. She added that the presentation on student success initiatives at the Board’s previous meeting was a good segue into the current conversation about how behavioral health – also known as mental health or emotional wellbeing – is an important part of a student’s ability to be successful.

Ms. Scott indicated the behavioral health crisis is not just on UW System campuses or the state of Wisconsin – it is a national issue. Students are reporting increased behavioral health issues and seeking help in record numbers; she attributed this increase to decreased stigma and increasingly early diagnoses for many issues. More students are coming to campus having already received medications as part of their therapy.

Regent Millner asked if there is also increased prevalence of behavioral health issues. Noting that this is a common question, Ms. Scott said the presenters would address this during a discussion about the national data focused on three primary areas of mental health: anxiety, depression and suicide.

Ms. Scott also noted that students are sharing information about their behavioral health issues earlier with the campuses; admissions colleagues have reported that it is not uncommon for students to discuss their behavioral health experiences in admissions application essays. She said the goal of SSAOs and other staff working with students is to help them graduate and ultimately end up as productive members of the workforce: “We know that behavioral health can really impact the ability of the student to learn in the classroom to be academically successful, and ultimately to be retained.”

The World Health Organization defines behavioral health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Ms. Scott reported that about 50 percent of college students nationally rated their behavioral health as below average or poor. Vice President Petersen said this was a “staggering” number.

Ms. Scott explained that this figure reflects on the ability of students to deal with stresses that come from the college experience. Though not advocating that college should be stress-free – “part of how we learn and grow is from some discomfort” – she noted that issues arise when that discomfort reaches a level of being overwhelming. At the national level, first-year students have in recent years most often reported feeling overwhelmed.

Ms. Scott highlighted three reasons why today's students are more stressed. First, this generation's perception of safety is different from earlier generations, both on an international level (post-9/11) and on a local level (school shootings). Second, this generation has concerns about college debt and reports that they are likely not to do better than their parents financially, even after obtaining a college degree. Third, technology and social media enable students to constantly compare themselves with the images of success curated by their peers.

Ms. Scott advocated using a three-tier public health model to frame the discussion about how students can be successful. Indicating that students can move between these tiers, she said important interventions happen at all levels.

The lowest tier is for the majority of students who do not need counseling or crisis management but may benefit from learning strategies to create and maintain healthy balanced lifestyles. As an example, she noted that UW-Superior's Pruitt Center for Wellbeing takes a proactive approach to equipping students with the skills they need to develop resiliency, find balance in their lives, and be productive contributing members of the community.

The second tier is for targeted interventions within specific populations that are at greater risk of experiencing overwhelming feelings of stress. As an example, she described a new initiative at UW-Stout that briefly screens all Division III student athletes prior to the start of their season. Spending just a few minutes per athlete, the initiative asks questions that allow the campus to identify – even prior to the start of the season – which student athletes might be more at risk for developing a potential mental health issue that could impede their ability to be successful in the classroom. As a result of this initiative, Ms. Scott reported that approximately 15 percent of UW-Stout student athletes were referred to and encouraged to consider available resources to help them be successful. She added that the NCAA may move to require these screenings in the future.

The final tier involves the day-to-day work of campus counseling centers and student health centers with the smallest group of students who are most at risk of behavioral health issues. Behavior intervention teams at all of the UW institutions are comprised of individuals from across campus, including student health and counseling professionals, the Dean of Students office, university police, disability services, and sometimes academic affairs. When students of concern are referred – often by a faculty or staff member – for critical behavioral health and crisis responses services, the behavior intervention team works together to determine how to approach the case and to connect the student with resources to help them be successful. Ms. Scott noted that behavior intervention teams became standard after the 2007 Virginia Tech shooting and have been held up as a model of success across the country.

Saying the focus on student behavioral health is appropriate and timely, Vice President Petersen asked Ms. Scott to comment on whether current funding in this area is adequate across the campuses.

Ms. Scott explained that student health services, and particularly counseling services, are usually funded by a combination of student segregated fees and GPR dollars depending on the institution. She noted that behavioral health is critical to student success: "When we don't

invest, what happens is we lose those students.” She added that building capacity to address behavioral health issues cannot be done solely through increasing staffing or changing policies: “It’s a complex problem that requires complex solutions.” However, she said that after taking care of crisis issues and the students most at risk, the campuses do not usually have the resources and staff to develop targeted interventions and create healthy learning environments to help prevent the crisis-level issues from occurring.

Stating that the behavioral intervention teams on every campus do a good job of assessing both self-harm threats as well as threats to others, Regent Klein asked Ms. Scott to share more about what the teams do with that information.

Ms. Scott said the behavioral intervention teams are usually designed to assess threats to self, though often a subset is also trained in assessment of threats to others: “Sometimes there is an overlap, fortunately not often.” After identifying potential concerns the teams will target and track a student’s case, including whether or not that student ultimately graduates: “Did our interventions make a difference?”

Ms. Scott added that if a certain population is increasingly presenting with similar issues, the behavioral intervention teams can do targeted interventions such as mental health screenings within relevant student organizations. Behavioral health teams across the UW System also communicate regularly about what they observe and how to successfully work through these issues.

Noting that each of the UW institutions serves different populations of students who may have unique needs or concerns, Regent Delgado asked whether this has a big impact on behavioral health services on campus.

Ms. Scott said certain student populations are more at risk, including LGBTQ students, students with disabilities, and students of color. Different at-risk populations may have both different sources of risk and different needs. She indicated that one of the student panelists would discuss how this impacted her own behavioral health experience on campus.

In response to a question from Regent Whitburn, Ms. Scott explained that the behavioral intervention teams include student health professionals, counseling professionals, as well as staff from the deans of students’ office, disability services, and university police.

National College Health Assessment Survey Results

Ms. Scott introduced Dr. John Achter, Associate Dean of Students at UW-Stout, co-chair of the National College Health Assessment (NCHA) survey distributed to all UW campuses, and a licensed psychologist.

Dr. Achter asked those present to raise a hand if they had been impacted by the behavioral health issues of a family member or friend. Noting that almost everyone raised a hand, he said this reflects both the increasing prevalence of behavioral health issues and the

decreasing stigma of discussing those issues. Over the course of his 20-year career, he has seen more students be willing to talk about their behavioral health issues and seek services.

Wisconsin Youth Risk Behavior Survey

Dr. Achter reported that the Department of Public Instruction has worked to assess the behavioral health of Wisconsin's high school students through the 2017 Wisconsin Youth Risk Behavior Survey, which is part of a national study that asks students to self-report significant issues of self-harm, depression, or anxiety. He asked State Superintendent Stanford Taylor to share more about the DPI's framework.

Regent Stanford Taylor said students can present anywhere on the mental health continuum from high-level wellness to severe illness. Results from the Wisconsin Youth Risk Behavior Survey, which is administered every two years, show that one in five students has some mental health needs and over 80 percent of those students' needs go unaddressed.

DPI was awarded \$3.25 million to address these issues in the last state budget. Regent Stanford Taylor reported that requests by districts exceeded the amount of grant money available; over \$8 million was requested in 136 applications, 52 of which were awarded.

Student populations who are most at risk include LGBTQ students, students with disabilities, and homeless students. Regent Stanford Taylor indicated that in addition to having a number of resources available to districts and families to help these at-risk populations, DPI is making efforts to educate and train staff to recognize, assess, and refer student behavioral health issues for treatment.

DPI also received funds in the last state budget for pupil services which are only available to social workers. Noting that some rural areas may have pupil service professionals who are not social workers, Regent Stanford Taylor said DPI is seeking additional support for these other professionals in its current budget request.

Regent Stanford Taylor observed that student behavioral health has been an issue for Wisconsin's schools for several years but has gained momentum in the last seven to eight years. She suggested that former First Lady Tonette Walker's Fostering Futures initiative helped to elevate DPI's efforts around trauma-sensitive schools and started collaborations with counties and others to address these issues.

Regent Stanford Taylor concluded that Wisconsin is preparing its PreK-12 educators to be able to recognize students in need, make referrals and get services for their students.

Dr. Achter said these efforts in Wisconsin and in other states mean more students are able to attend college because they received services and treatment sooner. Those students also bring their behavioral health issues with them to college, so campuses must figure out how to handle these issues.

The UW System receives data for each of its campuses and for particular groups of students from the National College Health Assessment (NCHA) Survey, which is administered every three years. Dr. Achter said he would use this data to tell the story of behavioral health – including depression, anxiety, and suicide – on the UW campuses.

Dr. Achter thanked his colleague Alice Reilly-Mycklebust from UW-River Falls for helping to coordinate administration of the 2015 and 2018 NCHA surveys across the UW System.

Depression

Dr. Achter said the NCHA survey asks students about whether they have experienced significant feelings of depression, defined as “a behavioral health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life,” including at work, in school, or in relationships.

The survey also asks students whether they have ever been diagnosed with or treated for depression. Dr. Achter noted that a certain severity, a certain persistence, and a certain impact are required to reach the threshold for a diagnosis of depression. On UW System campuses, 23 percent of students report that they have been diagnosed or treated for depression.

In 2015, about 33 percent of UW System students said they felt so depressed that it was difficult to function at least once in the last 12 months. In 2018, that number increased to 41 percent of students.

The percentage of UW System students who report being diagnosed or treated increased from 16 percent in 2010 to 23 percent in 2018. This exceeds the national average, which increased from 10 percent to 18 percent over the same timeframe.

Anxiety

Dr. Achter said the most common issue amongst UW System college students is now anxiety, defined as “a category of behavioral health disorders characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one’s daily activities.” Some of the symptoms of anxiety include problems with sleep, energy, and concentration, all of which could impact a student’s ability to focus on their work and impede their success.

In 2015, 19 percent of UW System students reported being diagnosed or treated for anxiety and 58 percent said they felt overwhelming anxiety at least one time in the last 12 months. In 2018, 27 percent of students reported being diagnosed or treated for anxiety and 65 percent said they felt overwhelming anxiety at least once in the last 12 months. Nationally, the percentage of students who report being diagnosed or treated for anxiety has increased from 11.6 percent in 2010 to 22.1 percent in 2019.

While the prevalence of self-reported anxiety issues among UW System students appears to exceed the national average, Dr. Achter noted that the System will need to continue to administer the NCHA survey to understand the actual trends.

Regent Whitburn asked whether drug and alcohol abuse has driven or impacted the prevalence of anxiety issues over time. Dr. Achter said the NCHA survey also asks students about alcohol and drug issues but a secondary analysis would be required to assess how these intersect with anxiety issues. Based on his years of experience doing therapy with students, Dr. Achter suggested that some students use drugs or alcohol as a way to cope with their behavioral health issues, which adds additional complexity to their problems.

Dr. Achter said the majority of students who drink will not develop problem drinking patterns and do not have behavioral health problems. Indicating that more students report they are abstaining from drugs and alcohol, he attributed this to the education they receive in high school. However, the UW System and the state of Wisconsin continue to have higher numbers of students who choose to drink at high-risk levels.

Responding to a question from Regent Mueller, Dr. Achter said the NCHA survey is administered to all campus-based students, including graduate students. The survey is not administered to online students.

Regent Mueller asked if the data shows a distinction between freshmen and upperclassmen's experiences with anxiety and depression. Though the UW System has not broken down that data yet, Dr. Achter said his 13 years of experience directing a campus counseling center would suggest that the number of students seeking help for behavioral health issues is fairly balanced across each class. However, campuses sometimes see more nontraditional students seeking help.

Regent Delgado expressed concern about overmedication. Dr. Achter said campus counselors seek to help students build resilient coping mechanisms and life skills that will help them in the classroom, in the workplace, in their relationships, and throughout their lives.

President Cross recalled that the State University of New York conducted a behavioral health survey ten years ago and discovered that 43 percent of freshmen were taking psychotropic medications, and that more affluent students were more likely to be medicated. Dr. Achter said because of the lack of psychiatrists nationwide, the prescribing of medications is being pushed to primary care physicians.

Regent Atwell asked whether the campuses have been able to find enough trained and talented people to respond to the growing demand for behavioral health services. Dr. Achter said the availability of behavioral health professionals varies by location. While university counseling centers typically do not find it difficult to recruit, he said the greater challenge is in making referrals to other professionals in the local community. Many rural areas of Wisconsin are underserved in terms of behavioral health resources and professionals, particularly psychiatrists.

Suicide and Self-Harm

Dr. Achter said the issues of suicide and self-harm have a heavy impact on campuses. The resources needed to respond to these issues go beyond campus counseling and health services staff and require a great deal of time from crisis services, housing staff, campus police, and faculty and staff.

Suicide is the act of ending one's life, most often as a result of depression or other mental illness. Dr. Achter explained that thoughts of suicide often arise when a person is feeling helpless or hopeless to the point that their emotional distress exceeds their ability to cope.

Self-harm behaviors, such as deliberately cutting or burning one's self, also tend to happen at very high levels of distress. Dr. Achter characterized these as "unhealthy coping mechanisms" that can be dangerous but are often not suicidal in intent. Students may engage in self-harm behaviors as a distraction, to release tension, or to punish themselves.

There are more than 1,000 suicides on college campuses each year. In 2018, the CDC reported that suicide has increased nationwide over the last decade.

The NCHA survey data shows that reports of suicidal thoughts, self-harm behaviors, and suicide attempts by UW System students have all risen between 2015 and 2018 and currently exceed the national average.

In 2018, 13 percent of UW System students (approximately 22,000) reported that they seriously considered suicide in the last 12 months, and 2.1 percent (approximately 3,700) reported attempting suicide in the last 12 months.

Dr. Achter said campus behavioral health teams will intervene when they learn about suicide threats or attempts but are not aware of all students suffering from this issue. Campuses are conducting gatekeeper trainings and attempting to increase awareness and referrals to help reach these students.

Dr. Achter reported that population statistics indicate that suicide rates on college campuses are about half the rates for age-matched peers in the community, suggesting that the college campus environment, structure, and resources create a protective factor against suicide.

Regent Ring asked the panelists to describe the process of how UW institutions respond to suicide threats or attempts.

Tammy McGuckin, Vice Provost for Student Affairs and Enrollment Services at UW-Parkside, explained that after learning about a potential suicide risk the counseling center will work with campus police to determine if a student poses a threat to themselves. If so, the police will transport the student to a local emergency room where doctors will determine if they require hospitalization, and a police officer will stay with the student until they are admitted.

When a student is released from hospitalization and returns to campus, Dr. McGuckin said the behavioral health intervention team will work with the Dean of Students office and residence life staff to develop a support plan. Considerations include whether it is appropriate for that student to return to a residence hall and whether parents or other family members are involved and able to offer support. The returning student is connected to the health center and counseling center on campus.

Dr. McGuckin added that the Dean of Students communicates with faculty and staff to let them know when a student is going to be out of class for a period of time and to request that they work with the student after their return to campus. For long-term absences, the Dean of Students office will work with faculty to determine if the student has been in class long enough to take an incomplete for the semester so they can return and finish later, or if the student is able to do a medical withdrawal.

Eric Arneson, Vice Chancellor for Student Affairs and Campus Climate, said UW-Green Bay has a similar process and works with the student and their family to put together a plan for their academic, social, and personal success.

Impacts on Campus Counseling, Health, and Disability Services

Responses to the NCHA survey indicate that stress, anxiety, and depression are among the top four factors that interfere most with academics, resulting in students receiving a lower grade on an exam or project, receiving a lower grade in a course, or having to drop or take an incomplete on a course. Dr. Achter pointed out that the other common factors mentioned in the survey results – sleep difficulties, illness, work, troubled friends or family members, and internet or computer use – also contribute to stress.

Responding to questions from Regent Jones, Dr. Achter confirmed that there is “a vicious cycle” between weak academic performance and increased levels of stress or depression.

Dr. Achter reported that the number of students seeking campus counseling services has grown by 55 percent from 2010 to 2018. Even campuses that had enrollment declines over this time period are experiencing increased demand for counseling services.

Since the UW System began tracking counseling staff levels in 2014, the number of counselors has increased about 19 percent. Dr. Achter said UW-Madison contributed significantly to this increase by hiring an additional six counselors in 2018. However, the growth in counselors does not match the growth in the number of students seeking counseling.

While it is good news that students are seeking help in increasing numbers, Dr. Achter warned that campuses are not able to meet students’ needs in the same way they used to, resulting in poorer access, longer wait times, and less service. With more priority given to students experiencing urgent crises, fewer resources are available to students who counselors might have been able to help with just a few sessions because they must wait for long periods of time.

Regent Beightol noted that during a previous presentation on student success and advising services, the Board discussed the advantages of hiring younger advisors who may be more tech savvy or better able to relate with students. Dr. Achter said counseling center directors consider how best to meet the unique needs of the campuses when filling staff openings, including diversifying staff in different ways to reflect the student body. He indicated that the addition of younger staff has helped counseling centers utilize social media – including Facebook, Instagram, and Snapchat – for student outreach.

The International Association of Counseling Services (IACS) recommends minimum staffing ratios in the range of one FTE counselor to every 1,000 to 1,500 students. In 2009-10, the UW System Mental Health Task Force reported that average staffing levels in UW counseling centers were one counselor to every 2,000 to 2,500 students. Dr. Achter said the UW System’s counselor staffing levels have improved since 2010 but still do not meet the IACS standard.

The availability of psychiatrists, and increasingly psychiatric nurse practitioners, who contract with the campuses varies depending on location. Due to limited access to psychiatric services, students are increasingly relying on primary care health services for support. Dr. Achter added that many psychotropic medications for students with anxiety and depression are prescribed by primary care professionals, which leaves fewer appointments open for other types of primary care visits.

Dr. Achter said student behavioral health issues also impact campus disability services. From 2010 to 2018, psychiatric conditions have grown to become the most common category of disabilities reported by UW System students. The UW System Annual Report of Disability Services indicates that 25 percent of disability services cases were students with psychological or psychiatric disabilities. Dr. Achter noted that about half of the student veterans who seek assistance from disability services do so for a psychological condition.

Discussion

Responding to a question from Regent Whitburn, President Cross said the UW System’s focus on this issue will result in a better understanding of where gaps may exist in the behavioral health services offered at each campus. He indicated that the chancellors are very concerned about this issue because student behavioral health contributes to retention, graduation, and student success. President Cross noted that Congressman Mike Gallagher also recently expressed an interest in this issue.

Responding to a question from Regent Mueller, Dr. Arneson said funding sources for campus health services vary by campus and may include general purpose revenue funds or student segregated fees.

Chancellor Blank said all of the campuses could be doing better in this area: “All of us are running behind in terms of the number of counselors, the number of people we can see, and how quickly we can see them. It’s not unique to Wisconsin; it’s across the country.”

Regent Tyler observed that even at the recommended staffing levels, it would be difficult for campuses to deal with the large numbers of students experiencing behavioral health issues. Dr. Achter agreed and said that though more staff are needed, all counseling centers are also tasked with establishing the scope of care they can provide and making referrals for issues that require services outside that scope. He said this determination varies by campus and local circumstances.

Responding to a question from Regent Klein, Ms. Scott said telehealth options should be explored as one possible solution to help campuses meet the demand for behavioral health services.

Regent Klein asked if the campuses are responding in a uniform and consistent way to students who may pose a threat to themselves or others. Ms. Scott explained that behavioral health intervention team members have received training in threat assessment and many are also members of the National Threat Assessment Association.

Responding to a question from Regent Tiedeman, Dr. Achter said all UW counseling centers use a standardized assessment instrument to define progress towards resolution of depression or anxiety cases. Metrics for the most at-risk students may include persistence in their studies, fewer interruptions in their education, and ultimately graduation and success after college.

Ms. Scott added that sometimes campus counselors help students and their families understand whether it is in the student's best interest to stay enrolled, transition out of school, or consider online education as an alternative.

Responding to a question from Regent Atwell, Ms. Scott said the Family Educational Rights and Privacy Act (FERPA) allows institutions to notify a student's family in case of a health or safety emergency. She added that UW-Stout often engages with parents unless there is a reason to believe that the student may be at risk in the home.

Dr. Arneson agreed that parents are very important partners at UW-Green Bay. Dr. McGuckin said UW-Parkside health center staff will first ask the student for permission to contact their parents but will reach out regardless if they believe it is in the student's best interest: "There are very few times when we wouldn't make that contact."

President Cross observed that behavioral health services vary by community and county, and too many do not have adequate psychiatric care to help the UW System's most at-risk students. He said Douglas County recently proposed partnering with UW-Superior to provide these services to their community due to the high cost of transporting individuals outside the county to receive behavioral health care.

President Cross stated, "The problems of the state of Wisconsin are our problems too. What is our role in not only reducing these problems on our campuses but in our communities?" He concluded that the UW System should explore partnerships to fill any gaps in behavioral health care services.

Noting the Regents' engaged discussion, President Behling recommended that the Board continue to discuss this important issue at future meetings. He then led a round of applause for the first panelists.

Perspectives of Students and Faculty

Ms. Scott said the Board would next hear from three student panelists about their experiences with behavioral health issues. She added that although these three panelists all identified as female, the data shows that men and women both struggle with behavioral health issues and think about suicide at similar rates.

Manasi Mohan, UW-Madison

Manasi Mohan is a senior at UW-Madison. She has served for two years as a student representative on the Health Care Advisory Committee, the shared governance group for University Health Services (UHS). Through this position and her seat on Vice Chancellor Lori Reeser's cabinet of student leaders, Ms. Mohan has been involved in UW-Madison's mental health campaign.

Ms. Mohan said her stake in this issue is personal because she has a mental health story of her own. After several counseling sessions at UHS during her sophomore year, she still did not feel comfortable talking with her provider and so was not making progress. "I realized this was partly because my provider, through no fault of their own, didn't really understand what it meant to be a person of color at this predominantly white institution." She said she was unable to find a provider who looked like her and understood her experiences on campus.

Through conversations with friends, classmates, and colleagues, Ms. Mohan discovered this lack of representation was causing problems for many other students of color seeking care. She applied to sit on the Health Care Advisory Committee to share the concerns of these students who shared her struggles and to raise this issue with the people who hold the power to make changes.

Ms. Mohan stated, "What we need at UW-Madison is a provider base that reflects our increasing diversity. All students need mental health providers who look like them, whom they feel comfortable sharing their experiences with and talking with. In that vein, students of color need providers of color who understand our cultures and who have dealt with systemic racial issues and know how to cope with them."

Ms. Mohan added, "While I cannot represent all the minority communities on our campus, I know we also need more providers who are queer- and trans-competent, who speak the native languages of our international students, and who understand the experiences of first generation/low income students as well."

Over her four years on campus, Ms. Mohan said she has seen great efforts by UW-Madison to reduce the stigma around mental health. As the data shows, students now are much

more likely to seek help when they need it. This means UHS also needs to grow to keep up with the increasing demand for services.

Ms. Mohan reported that students are particularly worried about wait times to get an appointment with a counselor: “This affects not only their health but also their academic performance.” She said she knows people whose condition had deteriorated by the time they received an appointment to the point that it prevented them from finishing homework or participating in classes. She also shared that some people have tried to circumvent this problem by taking the earliest available appointment, potentially causing them to miss a class.

Ms. Mohan said this year’s student campaign on mental health is researching ways to solve these problems, including how to hire and retain more staff, extend hours of operation, and find alternatives to one-on-one counseling. “Students have come together on this issue from across disciplines and campus affiliations because the challenges that we face are so universal,” she said. “Mental health issues can affect any of us at any time.”

Ms. Mohan indicated that the UHS budget decision meeting in February included almost an hour’s worth of testimony from a diverse group of students who told personal stories of “panic, helplessness, and shame,” including one student who said they might have taken their own life if not for the mental health services that UHS provides. She said these stories are the reason she became involved in mental health advocacy on campus. “As students we are here to learn and succeed academically, but in order to do that we first have to be healthy.”

Sage Lefebvre, UW-Stevens Point

Sage Lefebvre is a philosophy major at UW-Stevens Point who is also pursuing minors in biology, chemistry, and sociology and intends to go to medical school. She serves as the Health Services Student Director for UW-Stevens Point Student Government, as well as the Chair of the Student Health Advisory Committee.

Ms. Lefebvre said she was an advocate for the mental health resources that the UW-Stevens Point Health Services and Counseling Center provides for students: “The resources that our university offers students are crucial to students’ wellbeing, success and retention.”

Ms. Lefebvre noted that negative stigma continues to prevent people from discussing the topics of mental illness and mental health which are integrated throughout daily life. She read aloud a testimonial written by another UW-Stevens Point student demonstrating how impactful campus mental health resources can be:

“I asked my roommate ‘do you have a minute to talk?’ That’s how I would usually bring it up. I was going to tell him about how I didn’t feel like myself again. He was always there to listen to me but this time he stopped me short and suggested that I see someone professional. It felt like he punched me in the gut. I thought, ‘I don’t need to go to counseling. I’m not a weak person.’ He told me talking to friends just isn’t the same as talking to a professional. He had been

going to counseling services on campus for a couple months. I told him I would go.

I didn't. Not at first. I went to classes, attended events, and hung out with friends all the while distracted by negative thoughts. I couldn't enjoy anything. It felt like my friends didn't see me... it felt like we were playing hide and seek, and they just decided to give up the search. It wasn't until I had a panic attack in class that I realized I couldn't fix this alone. Taking the elevator up to the third floor of Delzell Hall was one of the scariest things I have done. The doors dinged opened and I scheduled an appointment; it was three weeks away.

Those three weeks almost killed me. I was failing classes, pushing away friends, and consumed by horrible thoughts. I was secluded and disassociating from my life. My appointment felt like an eternity away. I don't ever want to experience that again. I was still terrified when I took that elevator again, but when the doors opened, I felt strong. Since that first day I have gone every week. With the help from my counselor I stopped hiding and began seeking a positive outlook on life. I realize now that counseling doesn't show weakness, it is one of the most courageous things a person can do. I wouldn't be where I am today without it."

Ms. Lefebvre noted that several other testimonials were included in the Regents' folders.

Even with declines in enrollment at UW-Stevens Point, Ms. Lefebvre reported that the student demand for counseling services has continued to increase. In 2013-14, with more than 9,600 students on campus, the UW-Stevens Point counseling center had 3,666 sessions. In 2017-18, with a campus population of 8,146 students, the center had 3,680 sessions.

Ms. Lefebvre said the counseling center staff have done their best to manage with existing resources but are struggling to best serve students. Due to staff changes, wait times at the counseling center have become even longer. The list of students seeking an appointment typically grows significantly throughout the semester, also impacting wait times. On February 28, 2019 the wait list was 25 students; by March 6, 2019 the wait list for first-time appointments had increased to around 45 students. The wait list exceeded 80 students at the end of the previous semester.

Ms. Lefebvre also noted that UW-Stevens Point has a fairly high number of nontraditional and first-generation college students, many of whom do not have health insurance of their own. Most of the services provided by the campus counseling center and health services are available for free or at a significantly reduced cost. She indicated that students without health insurance seeking care from community resources pay an "astronomical" price. She added that the regional shortage of health care providers, especially mental health care providers, also impacts waiting periods in the community.

Ms. Lefebvre concluded, "Without access to university counseling centers or health services, a large portion of our UW-SP students seeking care would not have a means of getting it at an affordable cost."

Anjali Holmes, UW-Parkside

Anjali Holmes is a senior at UW-Parkside and a veteran who served in the U.S. Coast Guard for seven years. She thanked President Cross, Regent Tiedeman, and all veterans and military personnel present for their service.

Ms. Holmes has worked at UW-Parkside Veteran Services, participated in the Veterans Steering Committee, and co-founded the campus veterans student organization VETS (Veterans Evolving to Scholars) in 2017. She has worked closely with other veteran organizations across the UW System and with UW-Parkside administration on many veteran issues, including mental health.

Ms. Holmes emphasized the importance of having mental health professionals on campus who are aware of the unique perspective and particular set of needs that veterans bring with them to the university. The increase in veterans' use of mental health services and the increasing enrollment of student veterans nationally each year means counselors must understand various aspects of the military experience, including but not limited to PTSD, traumatic brain injury, transition issues, trauma, suicide risk assessment, and crisis on campus. She said faculty and staff, especially those in disability services, should also receive training about military issues.

Many veterans on campus are transitioning from being in the military to being civilians and nontraditional students. Ms. Holmes said this transition is not easy, especially for veterans who have made the military a career or are injured or were released early. "We question our own identity and our way of life because the structure in our military community is gone." She indicated that many veterans leave service with a disability rating, frequent VA appointments, and a family trying hard to support them, "even when we don't know how to support ourselves."

Ms. Holmes said mental health problems can arise when veterans start mentally processing the experiences they had while serving. Veterans on campus find themselves in a new community that often does not seem to value what they do, with a lack of the structure that they had learned to appreciate and rely on. She pointed out, "We are often treated like we are 18 but have lived a whole life outside of the university. It's disorienting for some; and for some it is too much."

In August 2018, UW-Parkside lost a student veteran to suicide. Ms. Holmes recalled, "Mike was struggling with depression, anxiety and physical medical issues. He had talked to his family, me and some other friends about how he was struggling. He was worried about the stigma of receiving mental health care but was more concerned about what would happen if he didn't get the help he needed."

Ms. Holmes said Mike once asked about her depression, anxiety, and medical issues and how people treated her, what the VA was like in terms of helping someone and whether he should look elsewhere for care. He had already made an appointment to see a counselor at the VA, but he had to wait over a month to get in. Ms. Holmes explained that the closest VA mental health facility that allows mental health walk-ins is located about an hour away from UW-Parkside, and veterans can wait all day with no guarantee of being seen.

Though Mike told her he was not suicidal, Ms. Holmes said, “I didn’t know then how much he needed to be seen right away.” She added that if the UW-Parkside counseling center was equipped with a counselor educated on veteran needs, she had no doubt her friend would have gone there instead. “I made the mistake of thinking it was fine that he had to wait and that he would be okay. The saddest reality is that he is not and will not be the last veteran friend of mine who loses his or her life to suicide.”

Ms. Holmes reported that the suicide rate for veterans is 1.5 times higher than for civilians. The VA National Suicide Data Report 2005-2016 (updated in September 2018) states, “To prevent Veteran suicide, we must help reduce Veterans’ risk for suicide before they reach a crisis point and support those Veterans who are in crisis. This requires the expansion of treatment and prevention services and a continued focus on innovative crisis intervention services. It also requires effective networks of support, communication, and care across the communities where Veterans live and work.”

Regarding her own experiences, Ms. Holmes shared that she deals with major depression, anxiety, and other mental health illnesses. She is also 70-percent disabled due to her time in military service and was medically retired due to an injury. “Overnight my way of living was no longer an option. I moved to Kenosha and have had to rebuild who I am.”

Ms. Holmes said going back to school is not easy and she has felt out of place on campus. When she started school, she was homeless, still very unstable medically, and had a two-person support system: “I felt isolated, alone, and was in crisis.”

Ms. Holmes recalled that the time she spent waiting to receive an appointment at the VA for her depression “was one of the darkest periods of my life.” Indicating that she would have gone to the UW-Parkside counseling center if they had a trained counselor who understood her experience, Ms. Holmes said in her experience seeing a counselor with no understanding of her military service was worse than not seeking help. “Instead I tried to cope on my own. I turned my crisis into trauma.”

Ms. Holmes concluded that student veterans who are supported in their institution are successful in the classroom and often perform better than their peers.

There was a round of applause for the three student presenters. Ms. Scott thanked the students for accepting the invitation to share their experiences with the Board of Regents.

Provost Betsy Morgan, UW-La Crosse

Dr. Morgan is a social psychologist by training and spent 20 years as a faculty member in the psychology department before becoming Provost at UW-La Crosse. Sharing that many of her relatives have had serotonin disorders, Dr. Morgan said she takes the issue of student behavioral health seriously both professionally and personally.

Dr. Morgan said the vast majority of faculty are committed to student success and find it challenging and painful to have students who are in mental distress. Behavioral health issues can

increase faculty workloads as they spend time determining appropriate and reasonable accommodations for students.

Dr. Morgan pointed out that waiting three weeks out of a 15-week semester for behavioral health services is not only painful for students but also harms them academically. Mental distress can prevent students from completing an individual assignment, attending lab classes, or participating in discussions.

Although rare, Dr. Morgan said faculty are also aware of the potential dangers posed by troubled students, including school shootings. Noting that faculty are not trained to be mental health professionals, she said they want to feel sure that students will get the help they need when referred to campus services.

Recommendations for Systemwide Solutions

Noting that national research shows that even in the most severe cases recovery rates are high when interventions are timely, Ms. Scott said the status quo of long waiting periods is a barrier to behavioral health wellness. Potential opportunities to serve students better include: regional sharing of psychiatric services; exploring how to align all UW institutions with IACS standards; training programs aimed at enhancing the capacity of faculty and staff to better understand students who may be at risk; and adoption of online tools that can be used by all UW students.

Regent Hall suggested that there is an opportunity for a K-16 collaboration around behavioral health. She noted that students are coming to the university from different settings; for example, some witness violence in elementary, middle, and high school and do not receive behavioral health interventions prior to college.

Regent Klein said the UW System should challenge itself to do better for its 174,000 students across the state. She suggested forming a task force to explore possible solutions like telehealth or financing vehicles, and how to utilize resources like UW-Madison's world-class health care institution or UW-Milwaukee's Zilber School of Public Health to improve current efforts.

President Cross thanked Ms. Scott and all panelists for sharing their perspectives.

Additional Discussion with Senior Student Affairs Officers

President Behling invited Ms. Scott, Dr. Achter, Dr. McGuckin, and Dr. Arneson to return to the table for additional discussion. The panelists were also joined by Harry Anderson, Dean of Students and Senior Student Affairs Officer (SSAO) at UW-Superior.

Dr. Anderson thanked the Board of Regents and President Cross for opening a dialogue on this critical issue. He also thanked Associate Vice President Chris Navia and Anne Minssen from the Office of Student Success for their support in preparing the presentations.

Regent Hall asked if the SSAOs had any additional comments about their campuses' approaches to behavioral health care.

Sharing that he received a call the previous night from the police about a student with suicide ideation, Dr. Arneson indicated that UW-Green Bay receives one or two crisis calls each week, and three to five per week during high stress times in the semester. UW-Green Bay is also seeing increasing numbers of students of color, LGBTQ students, and student veterans, all of whom have bring a different set of challenges and concerns and want counselors who have similar experiences and can empathize with them. Finally, he noted UW-Green Bay is also experiencing issues with long wait times for services.

Dr. McGuckin indicated that roughly 60 percent of UW-Parkside students are Pell-eligible and 25 percent have an estimated family contribution of \$0, which means they are not receiving financial support for college from their families. Data from the National Survey of Student Engagement shows UW-Parkside students work more than their national and UW System peers. They are also less likely to have health insurance and therefore are unable to seek treatment through off-campus providers.

Noting that 33 percent of the previous year's health center visits were related to behavioral health issues, Dr. McGuckin said UW-Parkside contracts with a psychiatrist for eight to ten hours per month in addition to two part-time nurse practitioners: "When the psychiatrist's schedule fills up, then we have very few options to refer students to in our local community. That is a stressor for us." She also noted that many other offices on campuses are impacted by behavioral health care issues, including the Office of Multicultural Student Affairs, the Dean of Students Office, Residence Life, and Student Affairs.

Dr. Arneson said another challenge is how to integrate behavioral health care services and intervention teams at the branch campuses. He indicated that the recent suicide of a well-known student leader on the Manitowoc campus impacted all four UW-Green Bay campuses.

Regent Mueller asked whether academic advisors are working with behavioral health staff to support students experiencing academic stress. Ms. Scott indicated that academic and student affairs staff at each campus would be responsible for making that determination.

Responding to a question from Regent Tyler, Ms. Scott said faculty and staff also experience behavioral health issues. She indicated that HR and sometimes legal counsel are involved in employee interventions. HR will often refer individuals to the Employee Assistance Program (EAP) services available to all employees.

Dr Arneson said UW-Green Bay is transitioning to a more comprehensive EAP system used by the former UW Colleges, which includes counseling and other kinds of services.

Dr. Anderson noted that equipping students with behavioral health skills will also help equip the future workforce.

Regent Jones asked whether employee health care insurance covers mental health counseling. Saying he believed it does, Dr. Anderson added that in Douglas County there can sometimes be a two to three month wait for services.

Regent Klein asked whether faculty and staff are served by a completely different system than students on campus. Dr. Arneson said UW-Green Bay currently serves both populations through one system but is looking to outsource the employee services, because faculty and staff do not want to go to a counseling center filled with people they know.

Dr. Achter said UW-Stout also moved away from the combined services model due to increased student utilization and because faculty and staff have different issues that are better served by comprehensive EAP systems.

Regent Delgado stated that the university and its resources should also have a role in identifying and addressing the underlying problems that result in behavioral health issues.

Regent Grebe thanked all of the presenters and stated, “This was probably the most compelling presentation that I’ve seen during my time on the Board.” He asked what else the Board of Regents can do to help address this issue.

Ms. Scott said staffing and resources matter but are not the whole solution. She suggested the UW System should consider creative ways to share services that are especially difficult to find in rural communities, including telehealth options and online training for faculty and staff. She indicated that students want to see more representative staff, access to 24/7 crisis services when campus counseling centers are closed, and more online or mobile app resources for Tier-1 students who do not need counseling.

Dr. Arneson said trainings for faculty and staff would cost very little and be very impactful.

Ms. Scott also expressed support for addressing behavioral health issues from a K-16 perspective. Though they have been commonplace at the college level for about ten years, behavior intervention teams are just beginning to appear in many K-12 schools. She said UW institutions have resources to share with K-12 schools that can help them structure behavior intervention teams in ways that most help students.

Dr. Anderson said each campus can identify specific needs to address each tier of students and how to equip them with resiliency skills.

Regent Whitburn said, “This has been the most poignant presentation that any of us who have been on this Board for a while has heard.” He noted that this is one of society’s most fundamentally challenging issues and it is getting increasingly more difficult. Despite there being no easy answers, he concluded that the UW System’s greater focus on these issues is a key step towards a solution.

President Behling led another round of applause for the presenters.

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UPDATE ON RESTRUCTURING OF UW COLLEGES AND UW-EXTENSION

President Behling called upon Rob Cramer, Vice President for Administration, and Karen Schmitt, Interim Vice President for Academic and Student Affairs, to lead an update on the restructuring of UW Colleges and UW-Extension.

Vice President Cramer said the restructuring set ambitious goals focused on student success:

- 1) Ensure all campuses remain open and provide financial sustainability.
- 2) Expand access to higher education and maintain affordability for students.
- 3) Increase opportunities for educational, research, and community partnerships with UW-Extension and the UW System's statewide network of campuses.

Interim Vice President Schmitt said three outcomes-based milestones mark the progress made towards ensuring access, maintaining affordability, and increasing opportunities for students.

The first milestone was ensuring the continuity of accreditation for the branch campuses through the restructuring process. The Higher Learning Commission (HLC) approved the UW System's change of control application effective July 1, 2018. In March 2019, the HLC's Institutional Actions Committee affirmed the peer reviewer's findings that the UW System had addressed all concerns related to the approval of the change of structure.

Interim Vice President Schmitt indicated that all future HLC reviews and reports will now take place through the regular accreditation review processes at the receiving institutions.

In addition to recognizing the strengths of the UW System leadership and collaboration at the Board, System and institutional levels, Interim Vice President Schmitt said the HLC identified four priority areas of concern that will continue to be monitored within the regular and ongoing institutional accreditation cycles: student services, enrollment, communication, and financial sustainability.

Another milestone was achieved in March 2019 with the integration of the UW Colleges Guaranteed Transfer Program into System Administration Policy 135, which guides undergraduate transfer. Transfer was a core component of the UW Colleges' mission and one of the primary goals of restructuring is to reduce barriers for students transferring within and between all UW institutions.

The UW System Guaranteed Transfer Admission Program guarantees eligible students admission to the four-year institution of their choice. Interim Vice President Schmitt said the current focus is on communicating to students and their parents, teachers, and communities that anyone who chooses to start at a branch campus can transfer to any four-year institution.

Interim Vice President Schmitt said the third milestone is the expansion of degree programs at the associate's, bachelor's and master's levels. New opportunities are emerging after one year of institutional planning and community engagement.

Vice President Cramer reported that the UW System is now 40 weeks into Phase 1 of the restructuring. Additional services are being transitioned to the receiving institutions in preparation for the 2019-20 academic year. Phase 2 of the restructuring will begin July 1, 2019, and October 31, 2019 has been identified as the substantial completion milestone for this project.

Vice President Cramer indicated that the steering committee and the functional teams will likely have completed their work with Phase 2 deliverables – such as complete financial aid management by the receiving institutions – in place by June 2020.

Vice President Cramer added that the UW System is also working on coordinating the development of the UW Shared Services roadmap and delivery of services with the migration of MOU services to UW Shared Services.

Sharing that he had the opportunity to participate in the HLC accreditation interviews, Vice President Petersen reported that the UW System effectively answered many important questions. He also highlighted the new high-impact programs happening at the regional campuses, which he predicted will drive enrollment, aid seamless transition, and ultimately improve Wisconsin's workforce.

Observing that the restructuring process seems to have gone relatively smoothly given its scale, Regent Atwell asked how the branch campuses' preexisting structural deficits were handled in the transition.

Vice President Cramer said President Cross made the commitment at the outset that System Administration would soften those structural deficits for FY 2019 and FY 2020. He indicated that campuses are starting to plan how to accommodate some of those structural deficits after that period.

Noting that the Education Committee had an opportunity that morning to learn about collaborative program development between campuses, Regent Millner said she hoped that information would also be shared with the entire Board.

President Cross said it will take time for enrollment at the branch campuses to stop declining and begin to improve. Recognizing that declining enrollment is exacerbating the branch campuses' financial challenges, he expressed appreciation for the funding Governor Evers included in his proposed budget for those institutions.

President Cross thanked the many people who have played a vital part in achieving this success, noting the project's accelerated timeframe and the thorough attention paid to details. He thanked the chancellors for stepping up to the challenges posed by the branch campuses' structural deficits and declining enrollments. Finally, he thanked the Board of Regents for supporting this effort.

UW SYSTEM HIGH-IMPACT PRACTICES – PRESIDENT CROSS’S 2020FWD STRATEGIES IN ACTION

President Behling invited President Cross to introduce the Board’s next discussion on high-impact practices.

President Cross stated that as part of the 2020FWD strategic framework, the UW System committed to provide support for high-impact practices that support student learning and success. These practices include activities like internships, undergraduate research, capstone projects, and the first-year college experience.

Evidentiary data shows that high-impact practices provide a number of substantial benefits to students, including greater persistence and graduation rates; higher rates of student-faculty interaction; increases in critical thinking and writing skills; greater appreciation for diversity; deeper approaches to learning; and higher student engagement overall.

As part of the UW System’s ongoing focus on high-impact practices, President Cross called on Dr. Carleen Vande Zande, Associate Vice President for Academic Programs and Educational Innovation, to present on integrated and applied learning.

Dr. Vande Zande was joined by Joan L. Cook, Interim Associate Provost at UW-Whitewater, and LaVar L. Charleston, Assistant Vice Chancellor for Student Diversity, Engagement and Success at UW-Whitewater.

Characteristics of High-Impact Practices

Dr. Vande Zande said the national Taking Student Success to Scale Initiative is focused on high-impact practices (HIPs) and equity-minded pathways. This grant is funded by the Lumina Foundation and sponsored by the National Association of System Heads.

Through this initiative, the UW System joins three other systems – Montana, Tennessee and Georgia – as leaders in examining the quality of equity-minded approaches and the scalability of HIPs. Dr. Vande Zande said Dr. Littlefield Cook and Dr. Charleston would provide examples of HIPs at UW-Whitewater, one of the five UW campuses participating in the grant.

The presentation began with a video of students, staff, and leadership from UW-Whitewater discussing a recent symposium on undergraduate research which included 96 projects and 177 student participants. After the video, Dr. Charleston said undergraduate research and other HIPs help students to develop skills in critical thinking, creativity, problem-solving, self-confidence, and intellectual independence, as well as promoting an innovative culture on campus.

Dr. Vande Zande said UW System institutions are currently offering educational experiences that provide opportunities for students to apply their learning. The UW System would like to improve the quality of these opportunities and expand them to all students, especially those who research has shown will benefit most from these experiences.

Dr. Vande Zande indicated that HIPs demand considerable time and effort over an extended period of time. They facilitate learning inside the classroom and sometimes transition to outside the classroom. They provide meaningful and extended interactions between faculty and students. They encourage collaboration with a diverse range of students and faculty. They also provide frequent and substantive feedback.

George Kuh, a higher education researcher at the Indiana Center for Post-Secondary Research, has found that as a result of participation in these practices students experience life changing events. Dr. Vande Zande said many UW institutions have come to similar conclusions after engaging with the LEAP initiative or other initiatives such as those sponsored by the AAC&U.

Dr. Kuh also recommends that institutions should aspire for all students to have at least two HIPs over the course of their undergraduate experience, one during the first year and then one later in their major.

Common HIPs include undergraduate research, internships, study abroad, service or community-based learning, e-portfolios, capstone courses and projects, collaborative assignments, common intellectual experiences, and learning communities.

High-Impact Practices in the UW System

Dr. Vande Zande said over the last couple of years the UW System has examined where these experiences are positioned in the undergraduate student's trajectory and how UW institutions are using these practices to achieve their own strategic goals related to student success.

Freshmen seminars or first-year experiences are common at the UW institutions, as are capstone experiences such as senior seminars, internships, and research projects that are culminating experiences at the end of a student's program. Students may also engage in service learning, undergraduate research, and study abroad as they progress through their program.

Oftentimes HIPs are part of campus retention and student success strategies or take place at the conclusion of academic programs as students transition from the university to the world of work, as with internships and undergraduate research.

However, Dr. Vande Zande reported that student participation in HIPs is episodic and, in most cases, not intentional. The UW System hopes to identify frameworks so students can engage in at least two HIPs throughout their undergraduate experience. The UW System also wants to ensure under-represented students have access to HIPs through well-planned pathways across the curriculum.

According to the National Survey for Student Engagement, 67 percent of UW seniors reported participation in two or more HIPs. Dr. Vande Zande noted that this number has not changed much since 2014 (68 percent) and is lower than the national average.

The UW System hopes to increase student participation in HIPs across the next five years. Dr. Vande Zande said one way to promote growth of HIPs is to be intentional about the design, access, and quality of these high-impact experiences. She indicated that the grant from the Lumina Foundation will allow the UW System to work towards its goals to create increased quality, find ways to scale, and improve equitable access for all students in these practices.

The five campuses participating in this initiative – UW-Eau Claire, UW-Green Bay, UW-Milwaukee, UW-Parkside, and UW-Whitewater – are working on a set of common goals to create HIPs that extend across the curriculum, rather than bookending the student experience.

The UW System is also working on assessments to measure achievement gaps and opportunities to improve, as well as ways to design Systemwide data collection for reporting on student learning and to monitor opportunity gaps.

Panel Presentation: High-Impact Practices at UW-Whitewater

Dr. Charleston said UW-Whitewater offers a suite of HIPs that students can engage in throughout their education. First year experiences may include new student seminars, learning communities, and the Research Apprenticeship Program. He indicated that participation in early HIPs helps set students up to participate in additional HIPs later in their college experience, such as community-based Learning, undergraduate research, study abroad programs, and internships.

Dr. Littlefield Cook said HIPs are built into UW-Whitewater's strategic plan and its institutional culture. With the grant from the Lumina Foundation, the campus is working to better define what HIPs are, identify what students should learn from each HIP, and gather data on how well UW-Whitewater is accomplishing its goals.

UW-Whitewater also structurally reorganized some units into the central Office of Student Diversity, Engagement and Success to help achieve these aims. This unit now includes the undergraduate research, university honors, community-based learning, and study abroad programs, as well as many identity-based student support services and merit-based scholarship programs.

Dr. Charleston said having a central location for these programs allows for interaction between the leaders and students in these units to effectively navigate from one HIP to the next. It also highlights the importance of equity, access, and participation.

Dr. Littlefield Cook reported that in a survey of recent graduates, 94 percent of students reported participating in at least one HIP. The average number of HIPs per student was 2.61, exceeding the UW System's goal.

Dr. Littlefield Cook said UW-Whitewater believes student employment should also be considered a high-impact practice. With 2,500 to 3,000 students employed on campus each year, UW-Whitewater is looking at how to intentionally and systematically build in some high-impact elements into student employment and train supervisors to also work as mentors and teachers.

Dr. Charleston said his office has been engaging campus leaders and holding workshops to help define, assess, and scale HIPs at UW-Whitewater. He concluded that the tools students need to be successful in a global world are embedded in these practices.

Moving forward, Dr. Vande Zande said the UW System will convene campus teams on April 10th to hold discussions about equity-minded HIPs and hear from researchers across the country about their effects on students. During the next two years faculty, SSAOs, and other groups on campus will come together to design these experiences.

Responding to a question from Regent Whitburn, Dr. Littlefield Cook said in fall 2018 about 12 percent of UW-Whitewater students reported participation in internships. Indicating this number is always higher in spring, she estimated that 15 percent will have held internships by the end of the spring semester.

President Cross affirmed that the UW System is striving for 100 percent student participation in HIPs; currently Systemwide student participation in HIPs is around 50 percent.

President Behling thanked the presenters.

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The meeting was adjourned at 4:15 p.m.

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Submitted by:

/s/ Jess Lathrop

Jess Lathrop, Executive Director and Corporate Secretary
Office of the Board of Regents
University of Wisconsin System