Western
Academic
Leadership
Forum

STUDENT WELLNESS IN THE FOUR-YEAR PUBLIC HIGHER EDUCATION SECTOR:

A Snapshot of the WICHE Region

April 2018

Executive Summary

1　The Executive Committee of the Western Academic Leadership Forum decided at its April 2017 annual
2　meeting to explore options for programs that could assist member institutions with the wellness
3　challenges facing our students. An invitation to participate in a wellness survey was sent to 52 member
4　institutions to gain an understanding of changes and trends over a five-year period, from FY2013-
5　FY2017. Twenty-five of the 52 institutions responded to the survey.
6
7　A summary of their responses is outlined in this report. The data paint a picture of the wellness trends
8　impacting higher education institutions, and the strategies universities are using to respond in the
9　following categories: Mental Health-Related Counseling, Student Conduct Violations, Accommodations
10　for Students with Disabilities, Food Insecurity, and Student Homelessness. In general, campuses have
11　seen an increase in the number of students in need of services in one or all of these categories. This is
12　true even for institutions that have experienced enrollment declines. Institutions speculate that these
13　increases are due to the mounting needs of students, as well as better identification of students needing
14　services, and better awareness among students about the services available.
15
16　On average, the demand for mental health-related counseling appointments increased over the five-year
17　reporting period. Institutions reported similar trends for the reasons students sought counseling, with
18　anxiety now having surpassed depression. Among the common trends are increases in demand for
19　clinical services and the number of students requiring emergency mental health services; awareness/
20　sensitivity of mental health symptoms; urgency for the need of services; increases in student-to-staff
21　ratio, demand for more physical space, and after-hours needs/crises; increases in referrals to inpatient
22　and hospitalization treatment; increasing complexity of issues (i.e., students having multiple issues); and
23　growing numbers of students with suicide ideation, attention deficit hyperactivity disorder (ADHD), self-
24　harming behaviors (cutting, burning), learning disability anxiety and stress, and autism. Institutions also
25　are seeing lower levels of student resilience and ability to manage relationships. In contrast, referrals for
26　alcohol and drug intervention decreased.
27
28　To respond to these changing needs, institutions have deployed strategies that include triaging, reducing
29　or limiting the duration of appointment sessions, assigning case managers, partnering with other
30　departments or external agencies, developing educational and online resources, implementing group
31　counseling sessions, and making changes in staffing.
32
33　The majority of the institutions reported an increase in student code of conduct violations. In general,
34　institutions indicated that there was a decline in violence, but increases in alcohol use,
35　endangering/threatening behavior, hate/bias incidents, students voicing their opinions, use of
36　recreational marijuana and self-medicating drugs, and Title IX misconduct violations.
37
38　On average, students seeking accommodations for disabilities increased. Among the common trends are
39　increased need/requests for testing accommodations and alternative testing, time extensions for
40　assignments, attendance accommodations, emotional support animals, and single room housing.
41　Campuses reported less stigma around disabilities among the student population and increases in the
42　number of deaf and hard-of-hearing students, more low vision or blind students, and more students
43　with multiple disabilities.
44

45 It is difficult to give numeric trends about food insecurity in this report because many institutions did not
46 provide data, did not report for all five years, or reported best-guess estimates. Of those institutions that
47 did report data, all but one saw an increase in food security issues. Trends reported include the need for
48 access to food increasing each year; an escalation in staff and faculty accessing pantries; a rise in the
49 demand for food at the end of the month; need for more space for food storage and distribution;
50 increased challenges in supporting differences in food culture as students in need become more diverse;
51 and the need for greater efforts to provide healthy options such as fresh produce and protein.
52
53 Although institutions do not have accurate numbers of students that experience homelessness, the
54 sense prevails that the number has increased over the past several years. Campuses are seeing a trend of
55 more and more students self-identifying and letting others know that they are without housing or
56 sleeping in their car or a tent. Institutions have started to provide short-term solutions, but long-term
57 solutions are not in place.
58
59 It is clear from the Forum Wellness Survey that institutions are making efforts to develop a range of
60 strategies to respond to changes in student needs and increased demand to address these needs. This
61 report is designed to provide some helpful suggestions in that regard. What we do not know is how
62 many students stop out or drop out because of issues related to the wellness categories addressed here
63 or to their related issues. As institutions work on a range of student success initiatives, we need to take
64 into account the impact that providing needed services to students will contribute to students' success.
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Introduction

For most students, the college experience is the gateway to achieving dreams and a path to career and life success. For some, however, getting to that gateway involves a difficult struggle to navigate the demands of college with the increasingly challenging demands of life. As access to college has increased, the need for and the complexity of dealing with the ever-increasing diversity of our students' life experiences has become more of a focus in our desire to provide rich educational opportunities for all students.

Recent data indicate that "at any given time, 32 percent of college and university students are dealing with a mental illness, with 5 percent screening positive for panic disorders, 6 percent for anxiety disorders, 9 percent for major depression, and 15 percent for self-injuring without thoughts of suicide"[1]. As state and federal subsidies for public, higher education have shifted, institutions of higher education are seeing more and more students struggle with basic needs such as food and shelter security. Goals for student success become more challenging as we discover students whose only official residence is a car parked on campus.

The Executive Committee of the Western Academic Leadership Forum[2] decided at its April 2017 annual meeting to learn more about wellness issues among its membership. An invitation to participate in a wellness survey was sent to 52 member institutions (see letter and survey in the appendix).

This purpose of the survey was not to provide precise data, but rather to get a sense of the scope of student wellness challenges at member institutions, develop a general understanding of the changes that haven taken place over the past five years, and identify the types of programs implemented by institutions to respond to wellness issues.

Institutions were asked 20 questions in the following categories: Mental Health-Related Counseling, Student Conduct Violations, Accommodations for Students with Disabilities, Food Insecurity, and Student Homelessness. This report is organized under those headings.   Nearly half (25) of the 52 institutions that received the survey responded. The results are compiled and explained in this report. Information about the institutional characteristics and a list of those responding to the survey are presented at the end of the report.

Most of the survey data are presented in the aggregate to offer a general overview of what is happening in the WICHE region. Needless to say, great variations exist between institutions' size, student demographics, institution budgets, and students' needs of services. Where it made sense and when possible, the data were disaggregated to show those differences.

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[1] Increasing Student Retention through Improved Mental Health, White Paper released by Kognito.com citing data from Gruttadar, Darcy, Dana Crudo, and NAMI. College Students Speak: A Survey Report on Mental Health. Rep. Arlington, V: NAMi. 2012.

[2] The Western Academic Leadership Forum (the Forum) addresses higher education issues common to its members and engages in cooperative resource sharing across the WICHE region. Its members are public and private doctoral, master's, and bachelor's level institutions and related system offices and state agencies. The members are represented by provosts and academic vice presidents from the institutions, and chief executive and chief academic officers from related system and state agencies.

Mental Health-Related Counseling

Mental health-related counseling covers a wide range of issues—including, but not limited to:

- ✓ Addictions
- ✓ ADHD
- ✓ Anger
- ✓ Anxiety
- ✓ Autism
- ✓ Bipolar Disorder
- ✓ Bullying
- ✓ Death & Dying
- ✓ Depression
- ✓ Disability
- ✓ Disasters
- ✓ Eating Disorders
- ✓ Emotional Health
- ✓ Environment
- ✓ Hate Crimes
- ✓ Marriage & Divorce
- ✓ Money
- ✓ Obesity
- ✓ Pain
- ✓ Parenting
- ✓ Personality
- ✓ Post-traumatic Disorder
- ✓ Race
- ✓ Safety & Design
- ✓ Schizophrenia
- ✓ Sex
- ✓ Sexual Abuse
- ✓ Shyness
- ✓ Sleep
- ✓ Socioeconomic Status
- ✓ Stress
- ✓ Suicide
- ✓ Testing Issues
- ✓ Therapy
- ✓ Trauma
- ✓ Violence

Colleges and universities across the country face increasingly complex challenges in the area of student mental health and wellness. According to the American Psychological Association, "[s]ince the 1990s, university and college counseling centers have been experiencing a shift in the needs of students seeking counseling services from developmental and informational needs to psychological problems. In the 2014 National Survey of College Counseling Centers, respondents reported that 52 percent of their clients had severe psychological problems, an increase from 44 percent in 2013. A majority of respondents noted increases over the past five years of anxiety disorders, crises requiring an immediate response, psychiatric medication issues and clinical depression. In a 2016 survey of students by the American College Health Association, 52.7 percent of students surveyed reported feeling that things were hopeless and 39.1 percent reported feeling so depressed that it was difficult to function during the past 12 months." [3]

The Forum Survey asked institutions eight questions on mental health-related counseling:

> *Counseling Appointment Frequency and Student Demand*
>
> *Question 3: How many counseling appointments were scheduled annually for the last five years?*
>
> *Question 4: During the five-year period above, did you have to turn away students from your counseling centers?*

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[3] American Psychological Association. http://www.apa.org/advocacy/higher-education/mental-health/index.aspx

Question 5: If yes, how many times did you turn students away each year?

Question 6: On average, how long did a student wait for an appointment at your center?

Counseling Appointment Policy Changes

Question 7: Have you changed your policies and procedures in response to changes in student demand over the last five years?

Question 8: If so, how? (i.e., limiting appointments, triage appointments, etc.)

Reasons Students Seek Counseling

Question 9: What were the top five reasons for students seeking counseling during this five-year period (with number 1 being the most common)?

Question 10: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

Counseling Appointment Frequency and Student Demand

On average, considering the aggregate for all responding institutions, counseling appointments increased 11.9 percent over the five-year reporting period. The minimum number of appointments decreased while the maximum number of appointments increased (see Tables 1 and 2, and Figures 1 and 2 below). The reasons for these changes are explained in more detail in this report.

Table 1: Number of Counseling Appointments, FY2013-FY2017						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**Average 5-Year Appointments**
AVERAGE	6,312	6,676	6,807	7,165	7,242	6,576
MINIMUM	550	550	550	550	34	34
MAXIMUM	29,136	30,823	32,567	37,931	38,645	33,820

Table 2: Percent Change in Counseling Appointments, FY2013-FY2017						
	FY13-FY14	**FY14-FY15**	**FY15-FY16**	**FY16-FY17**	**Change from FY12-FY17**	**% Change from FY13-FY17**
AVERAGE	650	371	357	376	1,249	11.9%
MINIMUM	-466	-913	-1,590	-489	-902	-36.0%
MAXIMUM	10,951	3,570	5,364	2,591	9,509	57.8%

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Figure 1: Number of Counseling Appointments Scheduled, FY2013-2014
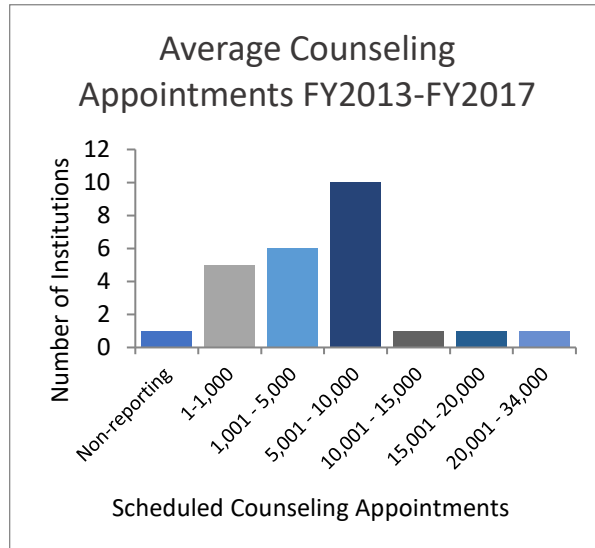
Figure 2: Change in Scheduled Counseling Appointments, FY2013-FY2017
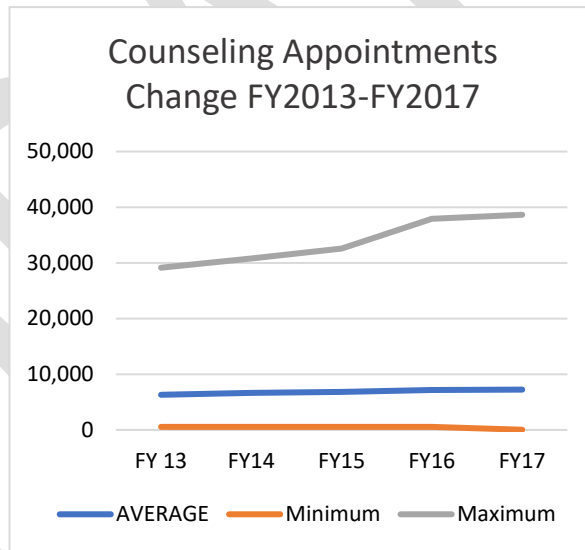
Thirteen institutions had average counseling appointments of 5,000 visits or higher. Eighty-two percent of those reporting for the five-year period saw an increase in appointments. Only four of the reporting institutions reported a decrease in appointments (see Table 3 below).

Table 3:Trends in Counseling Appointment, FY2013- FY2017*	
Number of Institutions with Appointment Increase	19
Number of Institutions with Appointment Decrease	4

* 24 institutions reporting; one institution reporting only for FY2017

308 It is worth comparing increases and decreases in counseling appointments to changes in student
309 enrollment. Figure 3 below illustrates that the majority of institutions experienced an increase in the
310 percentage of counseling sessions that was greater than the percentage increase in student headcount.
311 Enrollment growth outpaced appointments at only four institutions (No. 1, 6, 23 and 25). Of the 11
312 institutions that experienced enrollment declines, four (Nos. 5, 8, 16 and 17) saw declines in the number
313 of counseling appointments.
314
315 **Figure 3: Percent Change in Enrollment Compared to Counseling Appointments, FY2013-FY2017**
316

Percent Change in Enrollment Compared to Counseling Appointments, FY2013-FY2017

■ % counseling appointment change FY13-FY17   ■ % enrollment change FY13-17
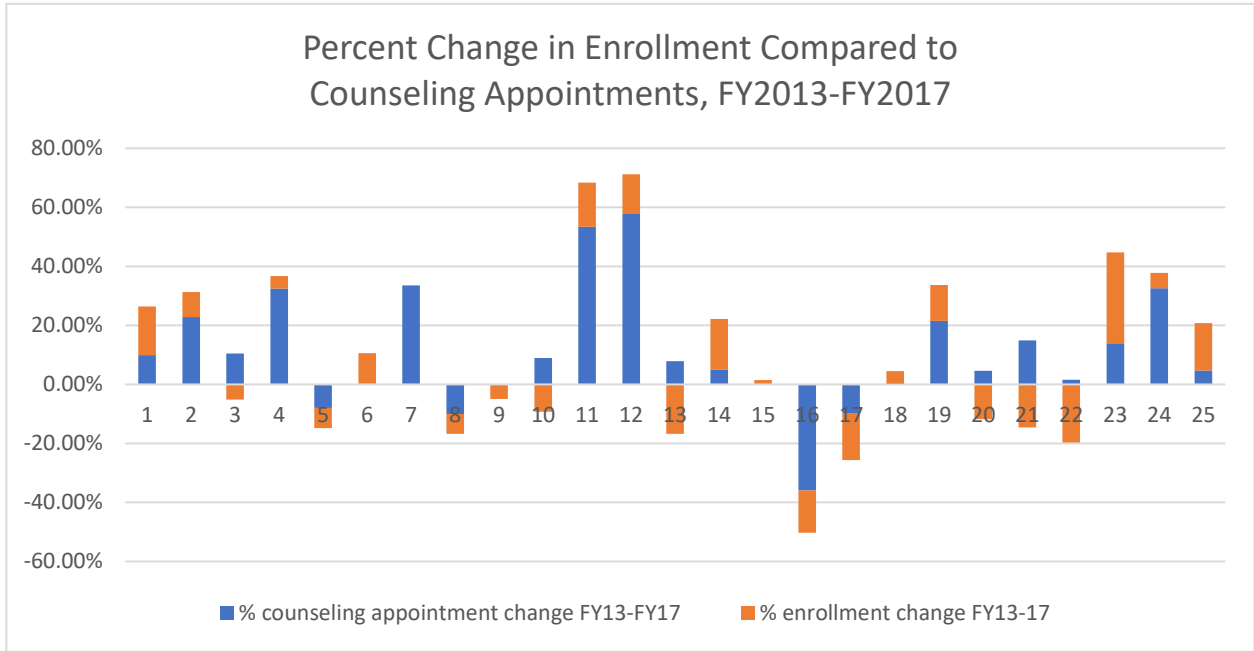
317
318 Note: Individual Institutions numbered 1-25
319
320 The majority (16) of institutions did not turn away students seeking counseling appointments, even
321 though the demand had increased (see Figure 4 below). This is partly due to strategies put in place,
322 which are explained later in this report.
323
324 **Figure 4: Students Turned Away From Counseling Centers, FY2013-FY2017**
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Students Turned Away From Counseling Centers, FY2013-17

■ No   ■ Yes   ■ Not Reported

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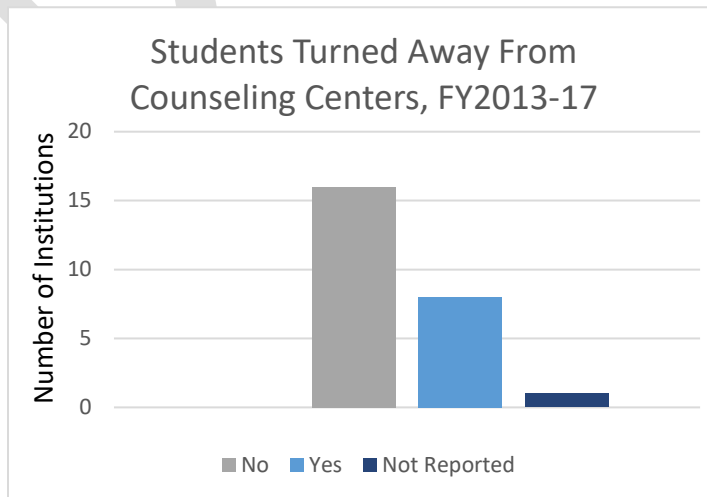
339 Of the eight institutions that reported turning students away, five reported the number of students over
340 the five-year period. The aggregate average was an increase of 334 students; the minimum increase was
341 seven students, and the maximum increase was 800 students (see Table 4 below).
342
343

Table 4: Number of Times Students Have Been Turned Away from Counseling Centers Each Year*						
	FY13	FY14	FY15	FY16	FY17	FY13-17 Difference
Average	291	387	493	456	552	334
Minimum	55	51	61	10	7	7
Maximum	717	909	918	993	1,237	800

344 *Five institutions reporting
345
346 The variability in how institutions responded to the survey makes it difficult to draw detailed conclusions
347 about changes in the average wait time a student had for a counseling appointment over the five-year
348 period. However, one can arrive at a general conclusion that the greatest improvement in reducing wait
349 time was shorter wait time periods (0-1 days and up to one week). There was no change in appointment
350 wait times when students needed to wait up to two or three months. (See Figure 5 below.) Many
351 institutions reported that as soon as more appointment slots become available, they are filled and wait
352 times vary depending on the student's specific issue. Some institutions reported seeing more first-time
353 students in their clinics than students with prior counseling experiences, and others reported the
354 opposite.
355
356 **Figure 5: Average Wait Time for Counseling Appointment, FY2013-FY2017**
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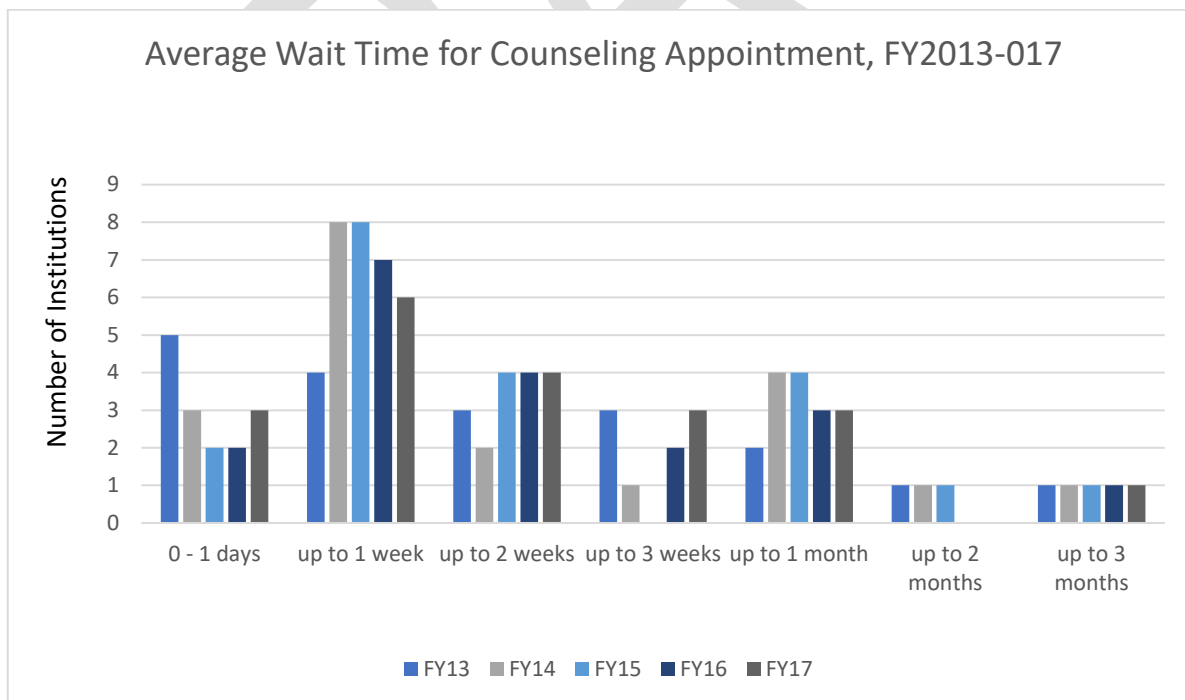
360 Among the 20 institutions that reported a decrease in wait time, the greatest reduction in average wait
361 time over the five-year reporting period was 120 days. This reduction is attributed to changing to same

362 day walk-in services as opposed to scheduled intakes, putting more emphasis on triage and referral,
363 doing less in-house therapy, and providing more group sessions. Additional strategies used by
364 institutions are described later in this section.
365
366 **Figure 6: Change in Appointment Wait Time, FY2013-FY2017**
367

Change in Appointment Wait Time, FY2013-FY2017
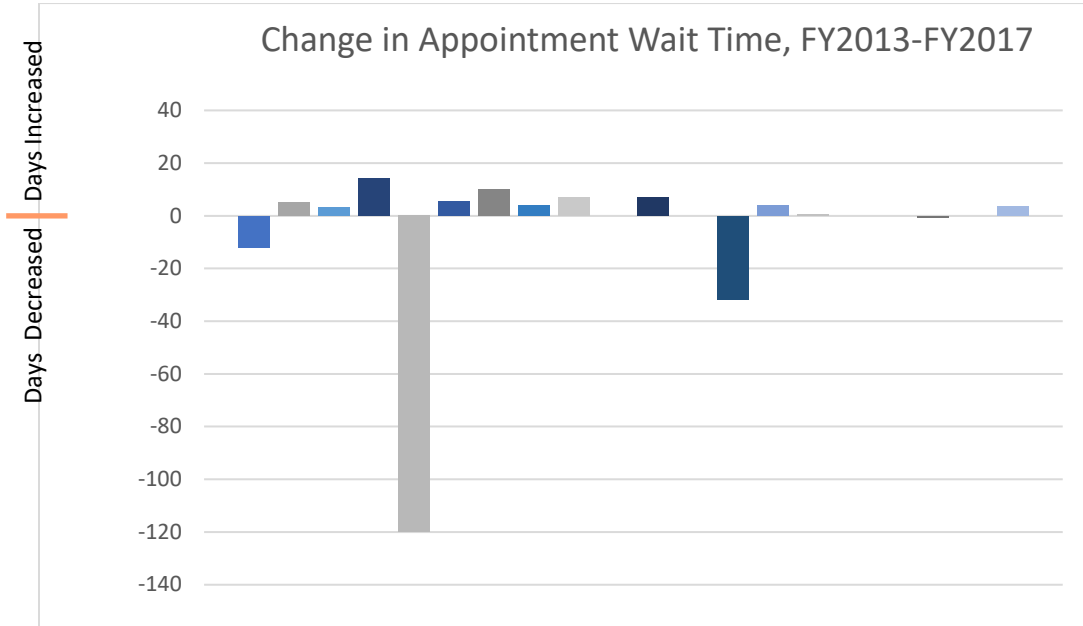
368
369 Each bar represents one of each of the 20 institutions that reported data for all five years
370
371

Counseling Appointment Policy Changes

373 A majority (21) of institutions have made policy and procedural changes over the past five years to meet
374 the increase in the number of students needing services and service types. Out of 24 institutions
375 reporting, only three had no policy changes (see Table 5 below).
376

Table 5: Policies And Procedures Changes In Response To Student Demand Over The Past Five Years, FY2013-FY2017*	
Number of Institutions with No Policy Changes	3
Number of Institutions with Policy Changes	21

377 *24 institutions reporting
378
379 The changes implemented by institutions in policies and procedures over the last five years in response
380 to increased student demand can be classified into seven major categories:
381
382 1. Triage
383 2. Reduce or limit session time
384 3. Assign case managers
385 4. Partnerships and contracts
386 5. Educational and online resources
387 6. Group Counseling
388 7. Staffing

389 **Triage.** Many institutions have instituted a procedure of triaging all students who come to the counseling
390 center. Campus leaders have found this to be a useful process because it allows students in crisis to be
391 seen the same day and students with less immediate needs to be scheduled based on staff availability.
392 Some institutions ask students to complete mental health forms before an appointment, and others ask
393 this of students when they arrive at the clinic. Institutions note some downsides to this approach
394 because it has the potential to create less availability for ongoing mental health treatment. Some
395 institutions are increasing the number of same-day scheduling sessions for intake appointments and
396 holding times for urgent appointments and walk-in consultation hours.
397
398 Two institutions reported moving away from the triage model. In one case, an institution had used the
399 triage/waitlist model five years ago but found it less efficient than its current model that offers a certain
400 number of intakes every week, with the addition of walk-in and same day/next day urgent counseling
401 appointments (single sessions). The second institution moved away from the triage model because
402 students were experiencing long wait times for just a 15-minute triage appointment and extremely long
403 wait times for an intake appointment after the triage appointment. This institution eliminated its triage
404 system in favor of providing crisis appointments every hour of the day, and also implemented a seven-
405 day limit to schedule intakes.
406
407 **Reduce or Limit the Number of Sessions.** Some institutions have reduced the number of counseling
408 sessions a student can have during the academic year (some as low as three, most with a limit of six-ten,
409 and one as high as 15), and/or shortened session times to prevent a small portion of students from
410 consuming a large portion of the resources. Institutions do not see this as ideal, but resources are not
411 growing commensurate with student demand and it is one of many strategies schools have tried. One
412 institution reported raising the number of minimum sessions based on numerous requests from
413 students as well as two resolutions from the student government requesting an increase.
414
415 **Assign Case Managers.** Institutions are relying more on having case managers provide crisis
416 intervention, short-term individual counseling, and referral services. This practice has helped some
417 institutions increase the number of student referrals for off-campus counseling, and also gets students
418 the help they need faster and frees up capacity in on-campus clinics.
419
420 **Partnerships/Contracts.** More institutions are looking and finding campus-wide partnerships to assist in
421 the demand to serve more students. Such partnerships include working with other student support
422 offices and with academic departments in the areas of communication science and cognitive disorders.
423 Local suicide prevention efforts/projects and veteran centers also were cited as effective partnerships. A
424 few institutions have brought contracted mental health services to the campus to help with the load and
425 to reduce wait time.
426
427 **Education/Online Resources**. Many institutions have added workshops and online, self-guided
428 resources. One institution reported the implementation of a Therapist Assisted Online (TAO) program
429 that provides online therapy for students with mild anxiety and/or depression. Others have developed
430 web-based resource lists and online educational modules.
431
432 **Group Counseling.** Institutions are initiating a greater number of group therapy sessions to serve more
433 students efficiently and quickly. The group sessions allow multiple students to see one counselor, who
434 spends just a little more time with the group than the amount of time it would take to see one student.
435 More students are utilizing these group sessions. Institutions recognize that the group paradigm does

436 not fit all students or all cases but it does work in many cases, and the ability to serve more students is a
437 huge benefit.
438
439 **Staffing.** Institutions have used some new staffing strategies to meet student demand. Changes range
440 from adding more staff to allowing therapists to work four-10-hour shifts, to vacation protocols for
441 counselors that ensure coverage during peak times, and utilizing student interns.
442

Reasons Students Seek Counseling

444 With rare exception, institutions reported similar trends and successful strategies to address the top five
445 reasons students sought counseling during the five-year period from FY13 – FY17 (survey questions 9
446 and 10).
447
448 The five most common trends are increases in:
449 • Demand for clinical service
450 • Awareness/sensitivity of mental health symptoms
451 • Student-to-staff ratio
452 • Students with attention deficit hyperactivity disorder (ADHD) or suicide ideation, self-harming
453   behaviors (cutting, burning), learning disability testing, anxiety and stress, autism (with anxiety
454   surpassing depression at some institutions)
455 • Complexity of issues—students having multiple issues.
456
457 Additional highly cited trends include:
458 • Urgency of services and the number of students requiring emergency mental health
459 • Demand for more clinical space
460 • Difficulty in filling vacant or new positions
461 • Lower levels of student resilience and ability to manage relationships
462 • More after hours needs/crises
463 • More referral to inpatient and hospitalization and treatment
464 • Decrease in referrals for alcohol and drug intervention.
465
466 Institutions are employing a variety of strategies to address the above trends. Many institutions reported
467 creating or expanding therapy group offerings, workshops for students, prevention training, and
468 meditation groups. Campuses have developed web-based resource lists, online educational materials,
469 and telemedicine sessions. Student CARE-type teams (Concern, Assessment, Referral, and Education) are
470 now common at many institutions, although they take slightly different forms and functions depending
471 on the institution. Establishing on-call crisis hours, a no-show policy and associated fees and contracting
472 out services were other highlighted strategies.
473
474 One institution described implementing a stepped-care model. Stepped care is an approach that
475 recognizes limited resources and assigns students to a level of care that is appropriate to the severity of
476 their presenting problems. For example, a student with mild anxiety would likely be assigned to an
477 online, less-intensive treatment that would consume fewer resources, which in turn, conserves
478 individual therapy appointments for those students who might be suicidal or more at-risk of dropping
479 out.
480
481 Institutions have found success in annual training for counseling staff and requiring online education
482 modules on alcohol and drug prevention for all students living in residence halls. A few institutions found

483   that the workshops they were offering were not as successful as they thought they would be because

484   attendance was not required, and discontinued them as a result.

485

Student Conduct Violations

Student codes of conduct differ depending on the institution, but they share the common characteristics of setting out the rights of students and the standards of conduct expected of them. Codes of conduct cover both academic behavior and behavior in general. Their purpose is to make sure individual students and groups of students (such as sports teams, sororities, clubs) are aware of the expectations of behavior and the subsequent imposition of sanctions as a consequence of actions that violate the code. The codes are predicated on wanting to help students achieve their educational goals. Violation of the code can range from cheating on an academic assignment, plagiarism, theft or damage, alteration of university documents, disturbances in the classroom to carrying a concealed weapon into the building, threatening someone's safety, or committing an act of violence. Sanctions vary depending on the violation and frequency and range from warnings to withdrawal of privileges to dismissal or revocation of a degree. Institutions publish student codes of conduct and make efforts to ensure that all students are fully informed.

The Forum Wellness Survey asked institutions two questions related to violations of the student code of conduct:

> *Question 11: How many students were reported for violations of the student code of conduct for disruptive behavior on campus during the last five years?*
>
> *Question 12: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.*

The majority (15) of institutions reported an increase in student code of conduct violations. One institution reported more cases referred to campus by local police, even though more students had not necessarily been interviewed. Nine institutions saw a decrease in the number of violations (see Table 6 below).

Table 6: Trends in Student Conduct Code Violations, FY 2013- FY2017*	
Number of Institutions with an Increase in Violations	15
Number of Institutions with a Decrease in Violations	9

*24 institutions reporting

On average, considering the aggregate for all responding institutions, violations of the student code of conduct increased over the five-year reporting period. Eighteen of the 25 institutions reported data for each of the five years, presented in Figure 7 and Tables 7-9 below. Violations of the student code of conduct increased by an average of 23.1 percent. The minimum number of violations increased by 33 percent and the maximum number increased by 29.4 percent. The multiple reasons for these changes are explained in more detail in this report.

Figure 7: Average Number of Violations of the Student Code of Conduct, FY2013-FY2017

Average Number of Violations, FY2013-FY2017
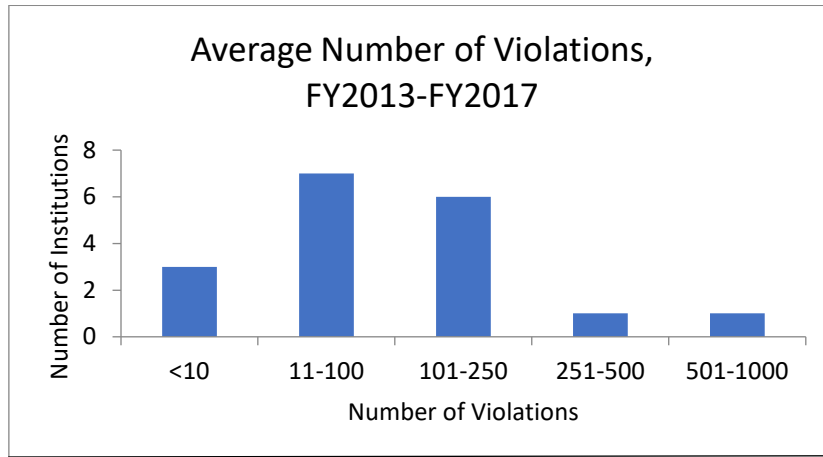
Table 7: Number of Violations of the Student Code of Conduct, FY2013-FY2017						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**Average**
AVERAGE	119	145	146	143	147	140
MINIMUM	3	4	5	2	2	4
MAXIMUM	828	1,061	888	788	1,029	919

Table 8: Percent Change in the Violations of the Student Code of Conduct, FY2013-FY2017						
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**	**% Change from FY13-17***
AVERAGE	26	1	-3	3	28	23.1%
MINIMUM	1	1	0	0	1	33.3%
MAXIMUM	233	149	81	241	243	29.4%

Note: Change is reported in the magnitude of change regardless of increase or decrease

Table 9: Maximum Decrease in the Number of Student Conduct Code Violations, FY2013- FY2017*				
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**
MAXIMUM DECREASE	-42	-173	-100	-125	-143

*Nine institutions reporting

Institutions reported a variety of trends in student code of conduct violations on campus from FY2013-FY2017. In general, institutions indicated a decline in violence, but increases in:

546   • Alcohol and endangering/threatening behavior (it should be noted that many institutions
547   reported a decrease in counseling appointments for alcohol, but data show this is still an issue
548   on campuses)
549   • Hate/bias incidents
550   • Students voicing their opinions
551   • Use of recreational marijuana
552   • Use of drugs for self-medicating
553   • Title IX misconduct violations.
554
555   Although the data show that the majority of institutions saw an increase in violations, some institutions
556   attribute the higher numbers to better reporting. It is reasonable to assume that the strategies in place
557   may be effective, even when an increase in violations is reported. Institutions shared multiple success
558   strategies for addressing violations of the student code of conduct, including:
559
560   • Conflict coaching
561   • Educational and prevention programs
562   • Required meeting with Dean of Students Office staff to discuss behavior
563   • Assigned sanctions potentially to prevent similar behavior
564   • Faculty reporting of disruptions
565   • Better and more effective reporting systems and referrals to behavioral intervention teams
566   • Early alert intervention programs
567   • Residence directors serving as conduct officers and meeting with students.
568
569

Accommodations for Students with Disabilities

Title II of the Americans with Disabilities Act covers state-funded schools such as universities, community colleges, and vocational schools. If an institution receives federal dollars, it is subject to the regulations of Section 504 of the Rehabilitation Act requiring schools to make their programs accessible to qualified students with disabilities. The U.S. Office of Civil Rights enforces the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (Title II), which prohibit discrimination on the basis of disability. Postsecondary institutions are required to provide appropriate academic adjustments as necessary to ensure that they do not violate these laws, and must ensure that all programs, including extracurricular activities, are accessible to students with disabilities. Postsecondary schools can do this in a number of ways, such as providing architectural access, aids and services necessary for effective communication, and by modifying policies, practices, and procedures.

The Forum Wellness Survey asked institutions three questions related to accommodations for students with disabilities:

> *Question 13: How many unique students on your campus sought accommodations for disabilities annually during the last five years?*
>
> *Question 14: How many unique students required multiple accommodations for each of those five years?*
>
> *Question 15: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.*

Unique Students Seeking Accommodations for Disabilities

On average, considering the aggregate for all responding institutions, the number of students seeking accommodations for disabilities increased over the five-year reporting period by 24.4 percent. (See Tables 10-13 below.) The variety of reasons for these changes is explained in more detail in this report

Table 10: Number of Students Seeking Accommodations, FY2013-FY2017					
	FY13	**FY14**	**FY15**	**FY16**	**FY17**
AVERAGE	743	812	823	855	926
MINIMUM	20	39	37	50	38
MAXIMUM	3,033	2,985	2,751	2,755	2,858

Table 11: Percent Change in Students Seeking Accommodations, FY2013-FY2017					
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**	**% Change from FY13-17***
AVERAGE	46	11	64	71	181	24.4%
MINIMUM	0	0	2	0	2	10.0%
MAXIMUM	310	323	290	643	905	29.8%

603

Table 12: Trends in Number of Unique Students Seeking Accommodations, FY 2013- FY2017*	
Number of Institutions with an Increase in Unique Students Requiring Accommodations	16
Number of Institutions with a Decrease in Unique Students Requiring Accommodations	6

604 * 22 institutions reporting
605
606

Table 13: Maximum Decrease in the Number of Students Seeking Accommodations, FY2013-FY2017					
	FY13-14	FY14-15	FY15-16	FY16-17	Change from FY13-17
MAXIMUM DECREASE	-48	-720	-148	-282	-684

607
608

Unique Students Requiring Multiple Accommodations

610 On average, considering the aggregate for all responding institutions, the number of unique students
611 seeking multiple accommodations for disabilities increased over the five-year reporting period by 22.5
612 percent. Three institutions did not provide any data, but their reported trends and strategies are
613 reflected in this report. (See Tables 14 and 15 below.)
614
615

Table 14: Number of Unique Students Requiring Multiple Accommodations, FY2013-FY2017					
	FY13	FY14	FY15	FY16	FY17
AVERAGE	492	554	550	581	639
MINIMUM	20	30	20	30	37
MAXIMUM	2,100	2,410	2,100	2,410	1,690

616
617

Table 15: Percent Change in the Number of Unique Students Requiring Multiple Accommodations, FY2013-FY2017						
	FY13-14	FY14-15	FY15-16	FY16-17	Change from FY13-17	% Change from FY13-17*
AVERAGE	36	7	31	59	111	22.5%
MINIMUM	5	0	0	0	0	0.0%
MAXIMUM	310	260	217	405	625	29.8%

618
619

Table 16: Unique Students Requiring Multiple Accommodations	
Number of Institutions with an Increase in Number of Unique Students Requiring Multiple Accommodations	19
Number of Institutions with a Decrease Number of Unique Students Requiring Multiple Accommodations	6

620
621

Table 17: Trends in Maximum Decrease in the Number of Unique Students Requiring Multiple Accommodations, FY2013-FY2017					
	FY13-14	FY14-15	FY15-16	FY16-17	Change from FY13-17
MAXIMUM DECREASE	-37	-720	-81	-282	-994

With rare exception, institutions reported similar trends for the top five reasons students sought disability accommodations during the five-year period from FY13 – FY17.

Among the common trends are:
- More testing accommodations and alternative testing
- Time extensions for assignments
- Attendance accommodations
- Emotional support animals
- Requests for single room housing
- Increase in the number of deaf and hard of hearing students
- Increase in the number of low vision or blind students
- Less stigma around disabilities
- Increase in students with multiple disabilities.

Institutions employed a variety of strategies to address the increasing needs of students seeking accommodations. These include advocacy with faculty members so that they are more prepared to refer and assist students; adoption of universal design practices; expanding space to accommodate additional testing; partnering with other units on campus for assigning emotional support and housing accommodations; implementing online systems for students to access their accommodations; adding staff; and implementing software updates and systems for capturing media.

One institution provided specific information on how it refined the note-taking process in response to an increase in the number of students needing note-takers as an accommodation. Instead of automatically approving a note-taker as an accommodation, the school created two informative workshops—one about technology that can assist disabled students in note-taking, and a second to build students' understanding of common note-taking techniques and strategies. Students are referred to these workshops, and those that attend both are loaned note-taking technology.

Food Insecurity

The United States Food and Drug Administration defines food insecurity as ranging from reports of reduced quality, variety, or desirability of diet to multiple indications of disrupted eating patterns and reduced food intake.

The Forum Wellness Survey asked institutions four questions related to food insecurity:

Question 16: Do you have a food pantry for students on your campus?

Question 17: If so, how many unique students have been served by the pantry annually each year?

Question 18: What is the average number of visits per unique student each year?

Question 19: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

It is difficult to give numeric trends about food insecurity in this report because so many institutions did not provide data, did not report for all five years, or reported with estimates only. Of those institutions that did report data, all but one saw an increase in the number of students experiencing food insecurity.

The trends reported include:
- The need for food increasing each year
- An increase in staff and faculty accessing pantries
- Increased demand at the end of the month
- Need for more space for food storage and/or distribution
- Increased challenges in supporting differences in food culture as students in need become more diverse
- Needed efforts to provide healthy options such as fresh produce and protein.

Institutions speculate that the increase and surge in visits to pantries are due to not only a greater number of students facing food insecurity but also greater awareness of the pantries through word-of-mouth and programming.

Strategies used by institutions to address this issue include various kinds of educational/informational outreach efforts and materials to raise awareness among students, including developing publicity materials and outreach methods to educate more of the campus community and reduce stigma. Faculty members were found to be a great resource for sharing information with students. One institution reported setting up information tables about food pantries and other food assistance options at faculty events and on-campus advisor conferences. One school established a Twitter account for posting all events on campus that offer free food (which also has the effect of minimizing catering related food waste).

699

700   It was common for institutions to partner with student government, state and local food banks, and local
701   agencies for food drives, and to be able to purchase more nutritious foods at a low-cost. As the need has
702   grown, institutions have expanded the size, footprint, and satellite locations of their pantries, which
703   includes mobile food pantries, re-branding the food pantry, and setting up the pantry in a more visible
704   location. Some schools have also changed their distribution model such that students are issued swipe
705   cards that can be used like a meal program on campus (a no-shame approach).
706

707   Due to the increased demand, some institutions have asked students to fill out a "food assistance
708   application" to help assess a student's needs. Increasingly institutions are trying to connect eligible
709   students with Supplemental Nutrition Assistant Program (SNAP) benefits. One institution reported
710   having a representative from the county Department of Human Services on campus four hours per
711   month to help remove barriers to successful enrollment, but even that is proving to be insufficient to
712   address the problems.
713

714   Other strategies include annual fund raisers (in some cases setting up a foundation account on campus)
715   to allow the purchase of food to supplement food donations; classes taking on projects as part of a
716   service-learning requirement; student volunteers at the campus pantries; creating a campus-wide
717   committee to improve student food insecurity; gardening to provide additional fresh produce; and
718   education on nutrition and cooking.
719
720
721
722
723

Student Homelessness

According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who "lacks a fixed, regular, and adequate night-time residence; and... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." The term "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law." 42 U.S.C. § 11302(c).

When students complete the Free Application for Federal Student Aid (FAFSA®), they are asked whether they are homeless or at risk of becoming homeless and "unaccompanied" (meaning not with their parents). However, we do not know how many students report this information and what happens when a student's circumstances change. Efforts are being made provide assistance by identifying homeless students through Financial Aid/ Free Application for Federal Student Aid (FAFSA). One institution reported including housing security and homelessness questions on their campus food assistance application.

The Forum Wellness Survey asked institutions four questions related to student homelessness:

Question 20: Does your campus identify homeless students?

Question 21: If yes, how does your campus identify homeless students?

Question 22: How many unique students did you identify as homeless in each of the following years?

Question 23: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

A total of 17 institutions reported no data for the number of homeless students. Eight institutions reported some data, not necessarily for the five-year period, and these data were estimates only. Institutions noted that it is difficult to track or identify homeless students (see Table 18).

Table 18: Student Homeless Reporting	
Number of institutions that reported some data on homelessness*	8
Number of institutions that had no data to report on homelessness	17

*Even in cases where institutions reported, they often did not report for each of the five years

The maximum number of reported homeless students for any one year by an institution was 187. The average over the five-year period of those institutions reporting was 34.4 students.

766 Although institutions were not able to provide an accurate sense of the number of students that
767 experience homelessness, they indicated an increase evidenced over the past several years by more and
768 more students self-identifying and letting others know that they are without housing or sleeping in their
769 car or a tent. In some cases, students have shared this information with the Office of the Dean of
770 Students/Student Life, faculty, advisors, ombudspersons, and other students, who in turn refer the
771 student to campus resources. Referrals also come from campus safety or housing staff who come across
772 homeless students sleeping in cars in the parking lots or the lobbies.
773
774 Institutions did not provide any long-term strategies or solutions for ameliorating issues of
775 homelessness. We know that obtaining a higher education degree creates the likelihood of greater
776 income and job security. To that end, institutions are working on short-term solutions to improve
777 retention and help students avoid stopping out or dropping out. These short-term strategies include
778 creating spaces on campus with access to showers, laundry, lockers, couches for naps, refrigerators, and
779 kitchens available for student use. Institutions also are partnering with residence life staff to set aside
780 rooms in residence halls for students with short-term, emergency housing needs; implementing hotel
781 voucher programs; making referrals to local homeless shelters; and seeking donor support to create
782 emergency housing assistance funds. One institution reported that student affairs partnered with the
783 university's social work department to create a position for an intern from the master's program in social
784 work to help connect current students with salient community and public resources, including those
785 focused on housing and food insecurity.
786
787

Responding Institutions

Twenty-five of the 52 institutions invited to respond to the Forum Wellness Survey submitted responses.

- Cal Poly San Luis Obispo
- California State University Long Beach
- Colorado State University
- Eastern Oregon University
- Idaho State University
- Metropolitan State University of Denver
- Montana State University Billings
- Montana State University Bozeman
- Montana Tech
- Nevada State College
- New Mexico State University
- Oregon Institute of Technology
- Oregon State University
- Portland State University
- South Dakota State University
- Southern Oregon University
- University of Nevada Las Vegas
- University of Arizona
- University of Hawaii at Hilo
- University of Idaho
- University of Montana
- University of Montana Western
- University of Nevada, Reno
- Utah Valley University
- Washington State University

The institutions that responded to the survey represent every state in the WICHE region except North Dakota.

Table 19: States Reporting	
State	Number of Institutions Responding to the Survey
Arizona	1
California	2
Colorado	2
Hawaii	1
Idaho	2
Montana	5
Nevada	3
New Mexico	1
Oregon	5
South Dakota	1
Utah	1
Washington	1

The FY2017 student headcount of institutions responding to the survey ranged from 1,444 to 41,959, with an average headcount of 16,517. Institutions experienced different enrollment changes from FY2013 to FY2017, with the largest percentage increase of 30.8 percent. The largest decrease was 19.6 percent. The largest numerical increase during the five-year period 3,961 students, and the largest student headcount decrease was 4,182 (See Tables 20 and 21 below.)

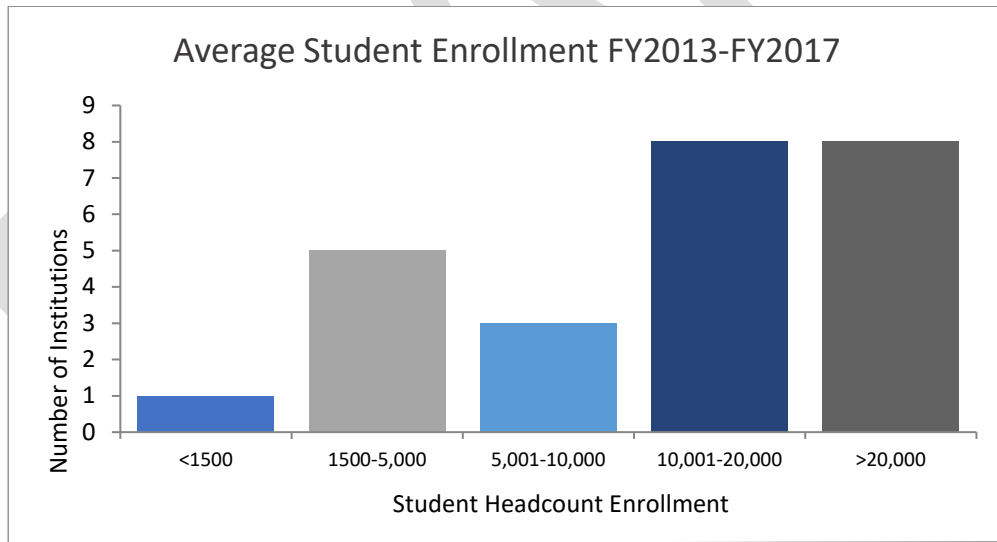| Table 20: Student Headcount, FY2013-FY2017						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**Average 5-Year Enrollment**
AVERAGE	16,415	16,402	16,473	16,586	16,712	16,517
MINIMUM	1,483	1,455	1,375	1,403	1,505	1,444
MAXIMUM	40,223	40,621	42,236	43,088	43,625	41,959

Table 21: Percent Change in Student Headcount, FY2013-FY2017						
	FY13-FY14	**FY14-FY15**	**FY15-FY16**	**FY16-FY17**	**Change from FY13-FY17**	**% Change FY13-FY17**
AVERAGE	-13	71	113	126	296	0.01
MINIMUM	-1,549	-1,380	-1,166	-918	-4,182	-19.6%
MAXIMUM	1,532	1,615	1,335	965	3,961	30.8%

The majority of institutions had an average FY2013 – FY2017 headcount of over 10,000. Eight institutions had headcounts of greater than 20,000 students.

Figure 8: Average Student Enrollment

| Table 22: Enrollment Trends, FY 2013- FY2017	
Number of Institutions with Headcount Increase	14
Number of Institutions with Headcount Decrease	11

Over half (14) of the institutions saw an increase in student headcount, with the biggest changes taking place at larger institutions (see Table 22 and Figure 9 below).

853
854
855
856 **Figure 9: Change in Student Enrollment, FY2013-FY2017**
857

Change in Student Enrollment FY2013-FY2017
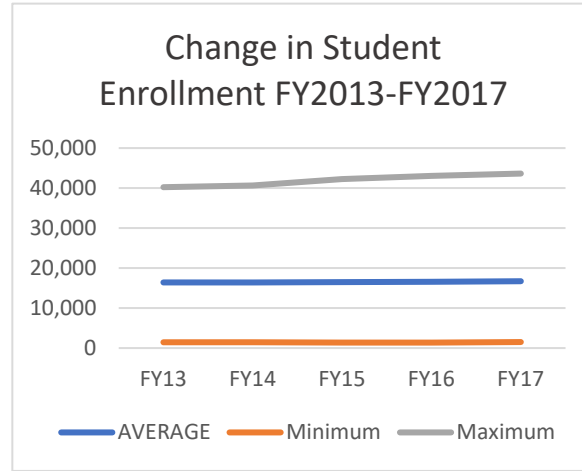
858
859
860
861 Since the data requested in the survey were most likely available in different places on campus,
862 institutions were encouraged to break apart the questions and distribute them to the appropriate
863 administrators on their campus. Each institution submitted one compiled response via the electronic
864 survey instrument. The surveys were submitted by titles listed in Table 23 below.
865

Table 23: Title of Survey Respondents	Frequency
Provost/Vice President for Academic	7
Vice Provost/Associate Vice President (Student Affairs or Academic Affairs) or Dean of Students	7
Director of Campus Health Center or Counseling Division or Program Coordinator	7
Vice President/Vice Chancellor for Student Affairs	3
Administrative Assistant	1

866
867

Appendix: Solicitation Letter and Survey

Western Academic Leadership Forum

3035 Center Green Drive, Suite 200 • Boulder, CO 80301-2204
T 303.541.0302 • F 303.541.0227 • www.wiche.edu/forum

869

870   October 2, 2017

871

872   Dear Colleagues,

873

874   I am contacting you as the Chair of the WICHE Academic Forum Student Wellness Committee.
875   This group formed after an Academic Forum meeting at which we discussed the need for the
876   Forum to evaluate options for programs that could assist member institutions with the
877   wellness challenges facing our students. To that end, we ask that you participate in the
878   Forum's wellness survey.

879

880   For most students the college experience is the gateway to achieving dreams and a path to
881   career and life success. For some, however, it has also become a real struggle to navigate the
882   demands of college with the demands of life. As access to college has increased, the
883   complexity of dealing with the ever-increasing diversity of our students' life experiences has
884   become more of a focus on our campuses in achieving our desire to provide rich educational
885   opportunities for all students. Recent data indicate that "at any given time, 32% of college
886   and university students are dealing with a mental illness with 5% screening positive of panic
887   disorders, 6% for anxiety disorders, 9% for major depression, and 15% self-injuring without
888   thoughts of suicide"[1]. As state and federal subsidies for education have shifted, we are seeing
889   more and more students who are facing difficulties providing for basic needs such as food
890   and shelter security. Our goals for student success become more challenging as we discover
891   students whose only official residence is a car parked on campus.

892

893   The intent of this survey is to provide the Forum membership with some basic information and
894   guidance as we plan for programs over the next year to assist institutions in meeting the needs
895   of all students. This survey's intent is not to provide precise data. We are looking for a sense of
896   the scope of the student wellness challenge at member institutions, and whether these
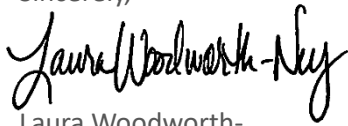897   problems are on the rise.

898

899   Since the data is most likely available in different places on your campus, I am attaching a
900   Word version of the survey which you can break apart and distribute to the appropriate
901   administrators on your campus. We ask that you collect all of the data and provide a compiled
902   response on the electronic survey instrument (https://www.surveymonkey.com/r/CZ9LVVS) by
903   **October 31, 2017, so we have one response per member institution.**
904
905   The aggregated results of the survey will be shared at the Plenary Session (first session on
906   Thursday morning) at the April 25-27, 2018 Western Academic Leadership Forum Annual
907   Meeting in Vancouver, Washington.
908
909   Please do not hesitate to contact Kay Hulstrom (khulstrom@wiche.edu) with questions,
910   and thank you for your time contribution to this important effort.

Sincerely,

Laura Woodworth-

911
912
913   1. From White Paper March 2017 entitled Increasing Student Retention through Improved Mental Health released by Kognito.com
914   citing data from Gruttadar, Darcy, Dana Crudo, and NAMI. College Students Speak: A Survey Report on Mental Health. Rep.
915   Arlington, V: NAMi. 2012.
916
917

| 918 | | **Western Academic Leadership Forum** |

918   **Western Academic Leadership Forum**
919   **Student Wellness Survey**
920
921   1. Contact Information

922   Name of Institution: _____
923   State: _____
924   Contact Name: _____
925   Title: _____
926   Email: _____
927   2. Enrollment (Headcount):
928   AY2012-13 _____
929   AY2013-14 _____
930   AY2014-15 _____
931   AY2015-16 _____
932   AY2016-17 _____
933
934   **Mental Health-Related Counseling**
935
936   3. How many counseling appointments were scheduled annually for the last five years?
937   AY2012-13 _____
938   AY2013-14 _____
939   AY2014-15 _____
940   AY2015-16 _____
941   AY2016-17 _____
942
943   4. During the five-year period above, did you have to turn away students from your counseling centers?
944   Yes/No
945
946   5. If yes, how many times did you turn students away each year?
947   AY2012-13 _____
948   AY2013-14 _____
949   AY2014-15 _____
950   AY2015-16 _____
951   AY2016-17 _____
952
953   6. On average, how long did a student wait for an appointment at your center?
954   AY2012-13 _____
955   AY2013-14 _____
956   AY2014-15 _____
957   AY2015-16 _____
958   AY2016-17 _____
959
960   7. Have you changed your policies and procedures in response to changes in student demand over the
961   last five years?
962   Yes/No

963

964 *8.* If so, how? (i.e. limiting appointments, triage appointments, etc.)

965

966 *9.* What were the top five reasons for students seeking counseling during this five-year period (with
967 number 1 being the most common)?
968   1 _____
969   2 _____
970   3 _____
971   4 _____
972   5 _____

973

974 *10.* Please describe any trends you've observed during this five-year period and/or successful strategies
975 you have implemented to address these issues.

976

977 **Student Conduct Violations**
978 11. How many students were reported for violations of the student code of conduct for disruptive
979   behavior on campus during the last five years?
980   AY2012-13 _____
981   AY2013-14 _____
982   AY2014-15 _____
983   AY2015-16 _____
984   AY2016-17 _____

985

986 12. Please describe any trends you've observed during this five-year period and/or successful strategies
987   you have implemented to address these issues.

988 **Accommodations for Students with Disabilities**
989 13. How many unique students on your campus sought accommodations for disabilities annually during
990   the last five years?
991   AY2012-13 _____
992   AY2013-14 _____
993   AY2014-15 _____
994   AY2015-16 _____
995   AY2016-17 _____

996

997 14. How many unique students required multiple accommodations for each of those five years?
998   AY2012-13 _____
999   AY2013-14 _____
1000   AY2014-15 _____
1001   AY2015-16 _____
1002   AY2016-17 _____

1003

1004 15. Please describe any trends you've observed during this five-year period and/or successful strategies
1005   you have implemented to address these issues.

1006
1007 **Food Insecurity**
1008
1009 16. Do you have a food pantry for students on your campus?
1010   Yes/No
1011
1012 17. If so, how many unique students have been served by the pantry annually each year?
1013   AY2012-13 _____
1014   AY2013-14 _____
1015   AY2014-15 _____
1016   AY2015-16 _____
1017   AY2016-17 _____
1018
1019 18. What is the average number of visits per unique student each year?
1020   AY2012-13 _____
1021   AY2013-14 _____
1022   AY2014-15 _____
1023   AY2015-16 _____
1024   AY2016-17 _____
1025
1026 19. Please describe any trends you've observed during this five-year period and/or successful strategies
1027   you have implemented to address these issues.
1028 **Student Homelessness**
1029 20. Does your campus identify homeless students?
1030   Yes/No
1031
1032 21. If yes, how does your campus identify homeless students?
1033
1034 22. How many unique students did you identify as homeless in each of the following years?
1035   AY2012-13 _____
1036   AY2013-14 _____
1037   AY2014-15 _____
1038   AY2015-16 _____
1039   AY2016-17 _____
1040
1041 23. Please describe any trends you've observed during this five-year period and/or successful strategies
1042   you have implemented to address these issues.

1043

Forum Wellness Survey Committee Members

1044

1045
1046 John Cech
1047 Deputy Commissioner, Academic & Student Affairs
1048 Montana University System

1049
1050   Sandra Haynes
1051   Chancellor
1052   Washington State University Tri-Cities
1053
1054   Dan Howard
1055   Provost
1056   New Mexico State University
1057
1058   James Moran
1059   Provost and Vice President for Academic Affairs
1060   University of South Dakota
1061
1062   Laura Woodworth-Ney
1063   Executive Vice President and Provost
1064   Idaho State University
1065
1066
1067

1068   ## Report and data compilation:

1069   Sona Karentz Andrews
1070   Provost Emerita
1071   Portland State University
1072
1073