



## Faculty Assembly

UNIVERSITY OF COLORADO **DENVER**

October 17, 2023

To: Constancio Nakuma, Provost

From: Sasha Breger Bush, Chair of Faculty Assembly

CC: Michelle Marks, Chancellor

Re: Notice of Initiation of Censure Proceedings and Request for Response

Dear Provost Nakuma,

This letter is to notify you that the CU Denver Faculty Assembly (hereafter, “FA”) has initiated the process toward a vote of censure in regard to your leadership of the university. FA Procedures for Votes of Confidence, Censure, and No Confidence require FA to undertake a multi-step process before voting on censure (hereafter, “the Procedure”; available [here](#)).

First, following a motion to censure and deliberations on the motion, the membership shall vote on whether or not to “continue proceedings” on a vote of censure. Today, a majority of FA members voted by a large margin to continue the proceedings.

Then, the Procedure stipulates that the FA chair shall notify you in writing of the issues and grievances that gave rise to the motion to censure. This letter provides the required, written notification. The grievances and issues that gave rise to the motion to censure, in draft resolution form, are appended to this letter.

At this stage in the process, the Procedure affords you 7 days, inclusive of weekend days, to respond to the issues and grievances raised in the draft resolution. If you choose to respond, your written response is expected on or before Tuesday October 24, 2023, at 5:00pm, and will be shared with all vote-eligible FA members.

Between 3-7 days after the expiration of this deadline, inclusive of weekend days, I will call a subsequent weekday meeting of the FA membership, at which time FA will proceed with a secret-ballot vote on the motion to censure.

Thank you for your attention to this urgent matter. We hope to work together closely moving forward to ensure the future welfare of the university. We further thank you in advance for refraining from retaliation against the FA or its members as the censure process proceeds. Any questions or concerns you may have about these proceedings should be addressed to me, the FA chairperson.

Sincerely,

Sasha Breger Bush, Ph.D.

Associate Professor, Department of Political Science

Chair, CU Denver Faculty Assembly

**University of Colorado Denver Faculty Assembly Resolution  
Censure of Provost Constancio Nakuma**

**October 17, 2023**

Whereas, universities across the country, including CU Denver, are facing extraordinary challenges in relation to enrollment and funding necessitating significant budget reductions and program realignment;

Whereas, successfully navigating these challenges requires a high level of trust and cooperation between faculty, staff, and administration to maintain the quality of education as well as the morale, financial security, and mental health of faculty, staff, and students;

Whereas Article 5 of the Laws of the Regents of the University of Colorado provide for collaboration between the faculty and the administration “in major decisions affecting the academic welfare of the university”;

Whereas CU Denver advertises itself as an “equity-serving” institution that endeavors to create an inclusive and welcoming environment for a diverse student population, including students from traditionally marginalized communities, and low-income and first-generation students;

Whereas the Provost of CU Denver is the Executive Vice Chancellor for Academic and Student Affairs responsible for oversight of the offices and services included in the organizational chart appended to this document;

Whereas, three years into his tenure Provost Constancio Nakuma has repeatedly taken actions that have diminished the University’s reputation and financial position, the wellbeing of faculty, staff, and students, the role of the faculty as collaborators in major decisions affecting the university, and the trust and cooperation necessary during a period of crisis and transition, including:

- Failure to effectively prevent and manage serious problems with understaffing and training in the Office of Financial Aid, problems that have been repeatedly flagged by faculty and staff for more than a year. Students' financial aid packages are not being distributed before the start of the semester and students are not receiving answers from financial aid when they need help with their financial aid package. This is directly causing student distress and hardship, and student attrition at a university that is experiencing a budget deficit and for which revenue is driven by tuition dollars.\*
- Failure to address repeated staff and faculty concerns raised about the state of mental health services on our campus leading to a CORA request by staff of the external review by Keeling and Associates (attached) which confirmed the concerns and further found that the “University administration has not recognized the urgency of responding to critical gaps in resources” leading to great risk both for students and the institution as a whole.

- Making major decisions that impact the academic welfare of the university —such as decisions regarding how to move forward after the dissolution of the Graduate School in 2022—without consultation with faculty and the advanced planning required to minimize the predictably large disruptions stemming from these major changes.
- Sanctioning the use of university funds to pay outside consultants in the range of \$175 per hour (totaling \$25,000 in the College of Architecture and Planning alone) for culture studies in schools and colleges that are then kept secret, denying those under study the opportunity to read, respond to, and learn from the study. This has caused widespread fear and distrust, especially given the demonstrably low quality of the study that was released through a CORA request (both the study and a formal rebuttal of the study including a disavowal of statements attributed to faculty are attached).\*\*
- Issuing public, community-wide statements about the removal of the Dean of the College of Architecture and Planning that implied wrong-doing and harmed the reputation of the entire college, even as he claimed, “the Dean’s done nothing wrong.” These communications stand in stark contrast to those concerning former Dean Larry Kaptain.
- Announcing in a public message of July 26, 2023, that he was assuming leadership of one of our colleges, violating Article IV of the Laws of the Regents.
- Upon learning that a Faculty Assembly Representative brought forward a motion for discussion concerning alleged violations of shared governance by the Provost, calling a meeting of Faculty Assembly leadership. At this meeting he shared personnel information about Dean Ellin that he “hoped we would keep confidential.” During this meeting he stated that he was sharing this personnel information to counter other narratives that are circulating, thus actively attempting to unduly influence Faculty Assembly and violating ethics of personnel management, and Regent Policy 8.A.7 and 8.A.8.
- Despite repeated requests last Spring by Faculty Assembly to address the dramatic equity issues caused by the new IRC promotion raises, failing to do so and thus further disenfranchising members of our community already experiencing disenfranchisement resulting in the need for them to begin filing independent equity violation appeals before action was taken.

**Therefore,** be it resolved, the Faculty Assembly of the University of Colorado Denver hereby formally censures Provost Constancio Nakuma, citing a profound erosion of trust in his capacity to effectively navigate us through these tumultuous times. This censure stands as a measure to articulate our collective apprehensions and safeguard the academic fortitude and future of our institution.

Be it further resolved, that:

- Faculty Assembly calls for guidelines concerning the appropriate and effective use of third-party reviews to include provisions for transparency, dissemination, and action.
- Faculty Assembly calls for the immediate release to shared governance leaders of any and all studies or reports compiled by third-party consultancies regarding problems at the Office of Financial Aid.

- Faculty Assembly requires that sustained and concerted efforts be made to mitigate and repair problems in the Office of Financial Aid and with campus mental health services, including an action plan and accompanying report to be developed by the administration and distributed to shared governance leaders detailing its approach to managing these serious problems. FA will work with the administration to develop a reasonable timeline for the report's delivery.
- Faculty Assembly insists upon the allocation of resources by the Provost's Office for the completion of the long-overdue State of Shared Governance Report, as pledged for Spring 2023. This report must be accompanied by a comprehensive action plan, mutually agreed upon by both administration and Faculty Assembly, signifying an initial step toward addressing these critical concerns.
- Faculty Assembly calls for annual review of all Provosts going forward following the [Academic Leaders Institute Competency](#) model developed at CU Boulder with adjustments made that better serve our campus and mutually agreed upon by Administration and Faculty Assembly.
- Faculty Assembly requires monthly updates at regularly held FA meetings from the Provost and/or his team on the status of the response to each of the above resolutions.

\*For example, this summer faculty researchers documented that 31 students left the Business School because other universities have functioning financial aid offices.

\*\* The Provost admitted during the FA meeting on September 5, 2023, that he had not even read the study in SPA, once again calling into question his leadership skills and potentially in direct violation of Regent Policy 8.A.5, as a failure to appropriately account for and monitor university resources.

#### List of Attachments for reference

Provost's Office Organizational Chart

CORA'd report from CAP

CORA'd report from Mental Health Services

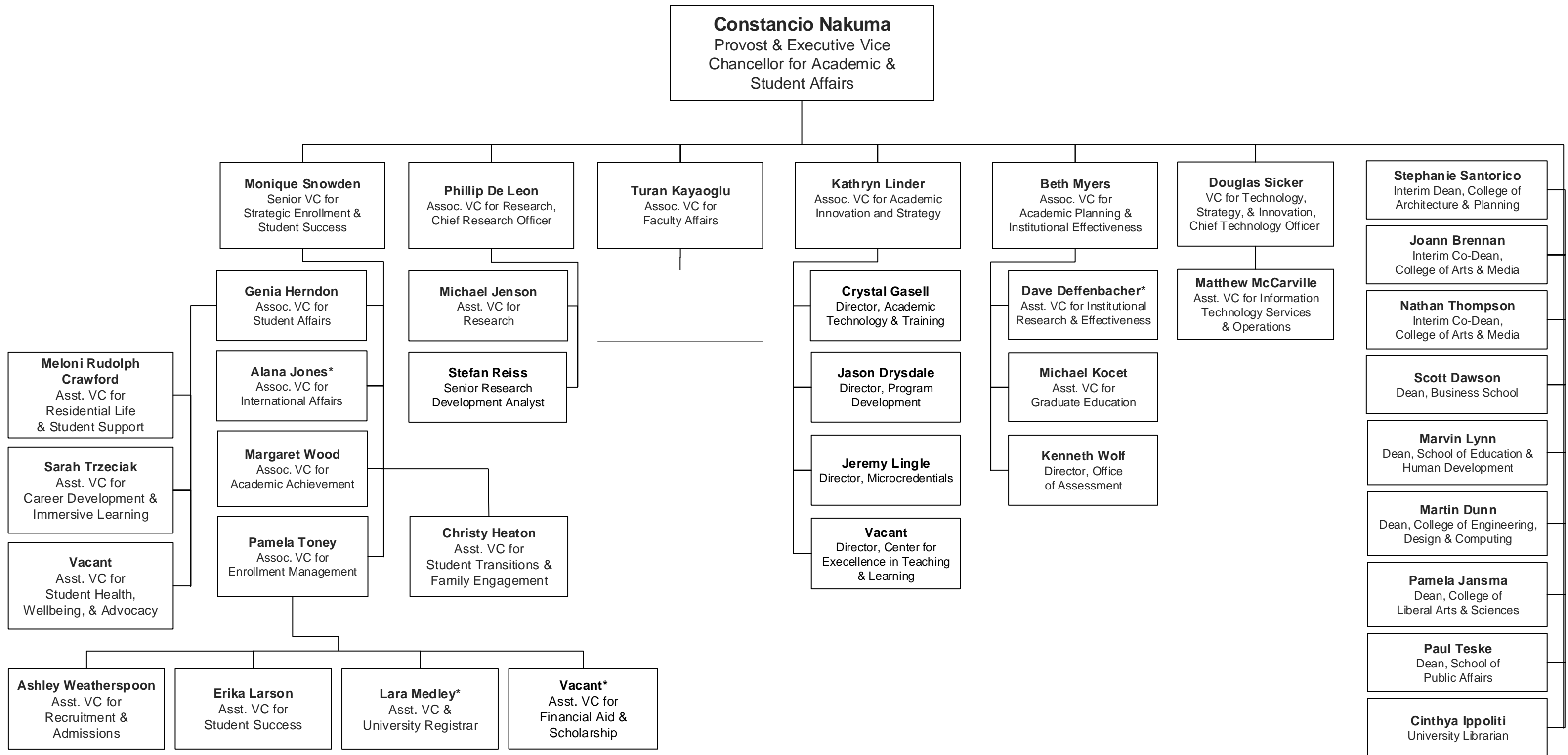
Public Communication from Nakuma 7.26.23

Public Communication from Nakuma to CAP 7.31.23



# University of Colorado Denver

## Organizational Chart | Office of the Provost



[ucdenver.edu/offices/provost](https://ucdenver.edu/offices/provost)

VC: Vice Chancellor | Assoc.: Associate | Asst.: Assistant | \*Serves both Denver and Anschutz Campuses

Additional organizational details and reporting lines available in Microsoft Outlook and Teams. **Outlook:** Double-click contact's photo, click Organization tab in pop-up window. **Teams:** Find contact in search bar, click Organization at top of window.



## Project Report

University of Colorado Denver

*Review of Mental Health Services*

1-COD-202201

March 1, 2023

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## Introduction

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Keeling & Associates (K&A; the consultants) worked with the University of Colorado Denver (CU Denver; the University) to review current structures and operations of student mental health and well-being programs and services, assess the readiness of those units for forthcoming transitions in organization and leadership, and make recommendations regarding preparations needed for those transitions. The results of this review will inform CU Denver's thinking and decisions regarding the ongoing search for a Director of Student and Community Counseling Center (SCCC; the Center) as well as a pending search for a new Assistant Vice Chancellor for Health, Wellbeing, and Advocacy within the Strategic Enrollment and Student Success (SESS) portfolio (to whom the Director of SCCC would report).

The core purpose of this review was to ensure that CU Denver delivers mental health services in a way that meets the needs of its students and community members across all the providers of those services, including, most significantly, the SCCC, the University's primary student mental health and counseling service, as well as the CU Denver Psychology Clinic (HPC), and the Health Center at Auraria (HCA), which provides psychiatric evaluation, consultation, and limited psychiatric treatment.

Specifically, the review included an assessment of the operations of the SCCC, with particular consideration given to sustaining both its core clinical and training functions, the balance of those clinical and training activities, and the clinical service model; sources and expectations of funding and support; the relationships between SCCC, the Division of SESS, and the School of Education and Human Development (SEHD); staffing levels and leadership, categories, and organization; current structures, policies, practices, workflows, attitudes, or cultural characteristics of SCCC; and the strengths and challenges of additional services provided by HPC and HCA.

CU Denver is an urban, commuter, increasingly minority-serving institution. Students at CU Denver, like their peers in most other institutions, have increasing mental health needs. Transitions in three leadership roles—the Director of SCCC, a new Dean of SEHD, and a potential new AVC—have occurred recently and in rapid succession. The roles share responsibility for services that support CU Denver students' mental health and wellbeing, provide training experiences for emerging mental health professionals, and offer counseling to certain groups of citizens of Denver. These transitions provide an opportunity to reconsider relationships and responsibilities among those entities and clarify the expectations, authority, and accountability of the two important positions for which CU Denver has searches in place or planned.



## Scope of Work

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To accomplish the goals of this project, K&A worked closely with the SVC and the AVC for Student and Community Engagement to complete the scope of work and accomplish the goals of the project. Specific activities included the following:

1. **Foundation and Framework for the Project:** Initial steps to organize, launch, and create a core knowledge base for the work.
  - ▶ **Project Launch:** K&A conducted a web conference with the SVC and her designees to introduce K&A's consultants and staff, review project goals and timelines, establish communications channels, discuss context and principles for the work, and organize plans for initial steps.
  - ▶ **Data and Document Review:** K&A inventoried, reviewed, and analyzed documents and data, including service and training program descriptions, financial and human resources data, utilization and service provision data, clinical and training policies and procedures, and other resources, including pertinent websites, as needed to develop a comprehensive base of qualitative and quantitative knowledge regarding the organization, operations, priorities, training activities, and clinical mental health services in place at CU Denver. K&A also obtained and reviewed current, anticipated, and past position descriptions for the director of SCCC.
  - ▶ **Project Brief:** K&A prepared a short summary document explaining the project's purposes, methods, milestones, and timeline that the University distributed to anyone who was asked to participate in the project to prevent confusion, support transparency, and provide consistent messaging about the project and its purposes.
2. **Core Information Gathering:** K&A used these methods to collect information, data, and perspectives to inform the analysis, conclusions, and recommendations for the project:
  - ▶ **Primary Interviews:** K&A conducted in-depth primary individual interviews with the SVC, the Dean of SEHD, the Associate Vice Chancellor for Student and Community Engagement (AVC), the Assistant Vice Chancellor of Health, Wellness, Advocacy, and Support,<sup>1</sup> the Director of HPC, the Director of HCA, and other Assistant Vice Chancellors in the SESS portfolio.

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<sup>1</sup> This AVC has since left the institution; K&A's interview was conducted during her last weeks.

- ▶ **Individual and small group structured interviews:** K&A conducted structured interviews with small groups of (a) SCCC professional staff, (b) SESS directors and staff who are collaborative colleagues with the SCCC, (c) leaders and faculty in the SEHD, (d) students,<sup>2</sup> and (e) the Provost.
  - ▶ **Comparative institutional research:** K&A studied the characteristics, structures, functions, and relationships of student mental health services and related training programs in peer institutions to identify trends, leading practices, innovations, and challenges that may influence the firm's analysis, conclusions, and recommendations for CU Denver. K&A's consultants identified the institutions for study in collaboration with the AVC.<sup>3</sup>
3. **Analysis and Report:** K&A collated and analyzed the observations, data, and information collected from all sources and through all methods to articulate findings, conclusions, and tentative recommendations from the review.
- ▶ **Preliminary discussion of project findings:** K&A reviewed and discussed preliminary findings with the SVC and AVC.
  - ▶ **Components of this report include:**
    - Analysis and recommendations regarding the operations of the SCCC, with particular consideration given to sustaining both its core clinical and training functions, the balance of those clinical and training activities, appropriate staffing levels and categories, the clinical service model, sources and expectations of funding and support, and the relationships, obligations, and accountability related to SCCC between SESS and SEHD.
    - Assessments and recommendations regarding any changes needed in current assumptions, structures, policies, practices, workflows, attitudes, or cultural characteristics in order to enhance the probability of success for incumbents hired into either or both of those two positions.
  - ▶ **Project report review:** K&A will be available to present and review the findings, conclusions, and recommendations in the report to the SVC, the Provost, and additional staff as designated by the SVC.

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<sup>2</sup> After repeated attempts to recruit students to meetings, K&A was only able to meet with a total of 3 students, only 2 of whom were undergraduates.

<sup>3</sup> A report on the comparative research study is included as an appendix to this report.

## Findings and Analysis

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### Introduction

The following sections summarize K&A's findings, observations, and analysis from documents, data, interviews, and comparative research conducted as previously described. K&A has organized the findings and analysis in categories, or themes, that address the major elements of mental health services CU Denver provides to students.

Quotations included are unedited, verbatim comments—in an individual's own words—that exemplify a particular perspective discussed during the meetings and interviews. These quotations or descriptions represent or sum up the comments of a number of interview or survey participants, and/or describe an issue that emerged across several data collection methods, in a unique or particularly illustrative way. Although each quotation conveys the words of one speaker or writer, none of the quotations used is a “one off” comment unless specifically identified as such. The consultants have intentionally and painstakingly anonymized the content of observations and quotations in this report to protect the confidentiality of those with whom they spoke.

### Overview

The SVC initiated this review to assess the quality, scope, and accessibility of mental health services offered at CU Denver and ensure that they are aligned with best practices and with the specific needs of the student body. The University has increasingly enrolled students who may have more and higher acuity mental health concerns; at the same time, CU Denver has experienced significant turnover among leadership in areas that support students' wellbeing and there have been significant reductions to the operating budget. In that context, it is important to determine how services are structured, delivered, and resourced to help students succeed at CU Denver.

K&A sought to assess the service models in place at SCCC, HCA, PSC, and other sources of mental health care for students; identify gaps in services; determine students' needs, awareness of, utilization of, and satisfaction with services; analyze how well services meet the needs of the changing student demographic; evaluate the staffing numbers and mix of disciplines within SCCC; and study the organizational structure and leadership within which services operate.

The most significant findings of this review included the following:

- ▶ CU Denver serves a growing population of students who have greater needs for support.

- ▶ There is a substantial gap between CU Denver's stated intentions to prioritize student mental health and the scope and accessibility of the services the University currently provides.
- ▶ CU Denver, like many other colleges and universities in North America, is experiencing increased demand for mental health services and higher levels of acuity and complexity in students' mental health challenges.
- ▶ Existing services designed to support students' mental health and wellbeing are not sufficiently staffed or resourced; an institutional mental health strategic plan continues to await implementation.
- ▶ The SCCC is struggling to meet that demand with depleted human and other resources under the current service and budgetary models.
- ▶ SEHD and SCCC have a collaborative relationship with great potential to benefit students, clinicians, and faculty, but persistent tensions over funding structures for the clinic undermine progress.
- ▶ Alternative mental health resources at HCA and PSC are limited in scope or access and cannot close gaps in student mental health services.
- ▶ University leadership seems not to have recognized and responded to mental health as the concern—or crisis—that it is, or to have prioritized mental health among campus challenges.

## Perspective and Context

K&A has considered critical contextual factors in this project, including the following:

- ▶ CU Denver is an urban institution with a large, increasingly diverse student body. The institution has historically enrolled, and continues to serve, a majority commuter student population, though the residential population is growing.<sup>4</sup> The University is enrolling more students from minoritized communities and lower socioeconomic backgrounds; with that shift in enrollment demographics, the University has seen an increase in needs for a large range of support services, including those related to mental health. Institutional data show that minoritized students are increasingly using support services.
- ▶ CU Denver is experiencing the mental health crisis among college and university students that is well documented throughout American higher education. Students are entering with more, and more acute, mental health needs and require more assistance

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<sup>4</sup> It is currently at 19% and Housing staff anticipate it will continue to increase in coming years.

and care. CU Denver staff providing mental health support describe an overwhelming flow of crisis and walk-in clients that has broken traditional structures and service models; with limited on-campus services and insufficient access to off-campus resources, a significant gap in essential services has emerged.

- ▶ According to the most recent administration of the NCHA-ACHA<sup>5</sup> study at CU Denver in Spring 2022, 38% of respondents had used mental health services in the previous year<sup>6</sup> and 29% had used services from SCCC<sup>7</sup> — while 38% is only slightly higher than the national average, 29% is substantially lower. Fifty-six percent of respondents reported that their anxiety or depression impedes their academic performance<sup>8</sup>; 61% reported experiencing chronic anxiety or depression,<sup>9</sup> and another 10% reported PTSD<sup>10</sup>; 23% reported serious psychological distress,<sup>11</sup> 49% scored positive for loneliness,<sup>12</sup> and 28% scored positive on a suicidality screening.<sup>13</sup>
- ▶ The Healthy Minds Study administered at CU Denver in 2021 reported similar findings to the NCHA-ACHA study. The findings also closely resemble national averages: 21% of respondents reported major depression, another 20% reported moderate depression, 36% reported anxiety, 12% were suicidal, and 11% reported an eating disorder. In the year prior to survey administration, 35% of respondents had mental health therapy/counseling,<sup>14</sup> 26% took psychiatric medication,<sup>15</sup> and only 24% had positive mental health on the flourishing scale.<sup>16</sup> Only 40% of students agreed or strongly agreed that they know where to seek help<sup>17</sup>; 51% of respondents agreed or strongly agreed they needed help at the time of the study administration.

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<sup>5</sup> National College Health Assessment, a program of the American College Health Association.

<sup>6</sup> Slightly higher than the national reference group at 36%.

<sup>7</sup> Lower than the 41% of the national reference group who used their campus health and/or counseling center.

<sup>8</sup> Slightly lower than the national reference group at 61%.

<sup>9</sup> The same as the national reference group (62%).

<sup>10</sup> Higher than the national reference group at 8%.

<sup>11</sup> The same as the national reference group.

<sup>12</sup> Slightly lower than the national reference group at 52%; not as surprising given the large commuter population.

<sup>13</sup> The same as the national reference group.

<sup>14</sup> Slightly higher than 30% in the national reference group.

<sup>15</sup> The same as the national reference group (25%).

<sup>16</sup> This is significantly lower than the 38% nationally.

<sup>17</sup> This is lower than the 50% nationally.

## Prioritization of Mental Health

**Overview:** CU Denver articulates a commitment to prioritizing students' mental health, but K&A found evidence of a large gap between that commitment and what the University has been able to provide for students. Staff were quick to point out these “gaps between the promise we make and what is in place.”

- ▶ **The campus has a Mental Health Strategic Plan<sup>18</sup> that was developed in 2020 and “has been sitting for a while” with little investment in or implementation of its key initiatives.**
  - Staff within SESS attribute the inactivity to constant leadership transitions; there have been six chancellors in 10 years, and with each change in leadership, staff have experienced, and now expect, a lengthy learning curve and a pause on previous priorities. The campus Mental Health Strategic Plan was a priority of a previous chancellor, but now “is not a very important issue on the agendas of leadership.” Staff with whom K&A spoke believe the strategy never had the buy-in it needs to be pushed forward and now is outdated; several interviewees suggested it requires a review and re-examination through an “equity lens.”
  - Participants in K&A's interviews observed that current leadership has prioritized enrollment, specifically increasing the enrollment of students from historically underrepresented and minoritized backgrounds—which is closely aligned with the mission, vision, and values of the University.<sup>19</sup> But the consultants heard that administrators lack an understanding or appreciation of the connection between support and retention of those students once they are enrolled. Staff say this is particularly true regarding the critical link between mental health support and student success. One faculty member criticized the institution for claiming they want to be “equity-serving but not providing support services to enroll and retain students...there is a lot of lip service paid, but not a lot of on the ground work.”
- ▶ **The campus has not structured or resourced student support—including mental health services—in ways that adequately and effectively serve students.** SESS as a whole was described as substantially under-resourced, understaffed, and siloed, attenuating the Division's ability to meet the intersecting and increasingly complex needs of its students.

<sup>18</sup> <https://www.ucdenver.edu/docs/librariesprovider122/health-and-wellness/strategic-plan.pdf>

<sup>19</sup> <https://www.ucdenver.edu/2030/purpose-vision-values>

- According to staff within SESS, student support entities work in isolation. The AVCs and Directors within the Division have collegial relationships and attempt to support their staff in connecting students to the array of support services they need, but face limits to what they are capable of providing given high levels of demand and low levels of resources. Staff within SCCC described “little time for team building” and a disconnection from the rest of SESS, “though we share many of the same pain points.”
- Demand for case management and disability services has also increased. Students experience long waits for services—as much as six weeks at mid-semester. At least 39% of the students seeking disability services have intersecting mental health and other needs and have to find care off-campus if they do not want to wait for services. Case management reports a similar increase in demand.
- Housing staff reported rising need for support services among the growing residential population; staff expressed serious concern about continuing to increase the numbers of students living on campus with “no cushion and no support.” They reported a dramatic increase in mental health needs and fear they “are not prepared to handle crises.”
- Faculty and staff outside of SESS are not receiving the training or support they need to support students in distress. These non-clinical personnel can play an important role in identifying students in need and directing them to support services or responding directly to students who come to them in distress. Faculty report being overwhelmed by “student challenges that are so far and above from anything seen in the past.”
- ▶ **Staff within SESS believe university administration does not recognize the urgency of responding to critical gaps in resources and services; they emphasize that leadership has not responded to staff calls for resources that are desperately needed to support students.**
  - According to interviewees, requests to senior leadership in and beyond SESS to “expand staff to cover the need” are met with silence; they are “not getting the messages that we are in crisis across the board.” Staff reported that they “have never seen things this bad at any institution,” that they “can’t figure out how to get people to care,” and that “leadership doesn’t listen.” One staff member stated and others agreed that “only a tragic incident will get their attention.” Others spoke of “mixed messages from leadership” in which the SVC has “anxiety about something horrible happening but is not moving quicker on vacancies and resources.”

- K&A repeatedly heard that reports and requests outlining urgent needs and risks to address have been ignored by senior administrators—even those that the same senior administrators have themselves solicited. The lack of response has translated into sustained gaps in staffing and resources for essential student support services.
- Many participants in K&A's interviews believe that the SVC has “no voice with executive leadership” and does not advocate for the needs of the units with the Chancellor. Some staff expressed concern that the SVC “doesn’t understand or value the work” of supporting students’ mental health and well-being. Many staff members emphasized that critical gaps in human and financial resources, and the lack of formal structures to connect services into a web of support for students, go unaddressed by administrators who establish priorities, control resources, and dictate policies and procedures.
- ▶ **As mental health concerns among students remain inadequately met, risks to both students and the University increase.**
  - Members of the CARE team shared that numbers of students referred to that team have gone up 25-40% every year in recent memory.<sup>20</sup> The team reports that they were unable to review anything but the highest severity cases each week<sup>21</sup>; “we don’t even look at the low and medium now.”
  - A group of faculty from SEHD and SCCC staff<sup>22</sup> (the Counseling Center-Counseling Program Group) met throughout Spring 2022 to develop joint proposals<sup>23</sup> after identifying areas needing significant “improvement and funding to execute the mission and vision of the Center and programs in delivering quality care and training.” The group identified several “high risk issues” including the lack of adequate technology infrastructure for services and training, the absence of

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<sup>20</sup> According to interviewees, the team received reports on 1200 students last academic year.

<sup>21</sup> Reported in the middle of Fall semester 2022.

<sup>22</sup> The Counseling Center-Counseling Program Group was composed of Diane Estrada, Melody Brown, Scott Schaeffle, Kristin Kushmider, Frank Kim, Troyann Gentile, Katelyn Hinshaw, Teresa Ralicki, and Melissa Connel.

<sup>23</sup> The joint proposed requests addressed “the charge set forth by the Deans of SEHD and Senior VC for Strategic Enrollment & Student Success. The charge included the (1) examination of resources contributed by the Center and Programs and need to achieve the goals and objectives of the Center and Program with recommendations needed to provide services; (2) Revisit and refine operating and governance process and procedures needed for this collaboration with consideration of the shared and unique goals of the Center and the Program; (3) Create a proposal for organizing and resourcing the Center and Counseling and CFT programs with specific focus on the training function at the Center for for consideration by the SVC and SEHD Deans. The group prioritized charge #1 & #3, and spent approximately 20 hours collaborating and assessing the shared needs of the Center and the Programs, the individual needs of the Center, and the individual needs of the Programs with a central focus of providing quality services to clients, trainees, and staff.”



accreditor-required supervision training, and a need for increased resources for counseling to support students.

- In addition, the group identified several “liability issues,” including a lack of consistent front desk coverage at SCCC, the absence of a secure and confidential tele-health delivery platform, the need for more bilingual providers, and higher salaries to improve recruitment and retention of clinicians.<sup>24</sup> These requests were delivered to the SVC in mid-2022 as per her charge; as of late Fall, SCCC interim leadership had not received any response to those requests.<sup>25</sup>
- ▶ **The SCCC interim leadership and AVC have reported the urgency of the current campus mental health crisis and their inability to manage students’ needs effectively, but have received no meaningful response.** While the AVC and SCCC staff have clearly indicated that their biggest priority is to fill current vacancies, the SVC has not acknowledged, responded to, or met any requests to attend to urgent needs in staffing and resources. Urgent needs include not only adequate staffing, but also administrative leaders to oversee clinical and training components of SCCC; dedicated crisis personnel; consistent front desk coverage; more diverse staff and bilingual service providers; and training for supervisors. Many of these items and more were included in the joint proposed requests document submitted to the SVC by the Counseling Center-Counseling Program Group, as noted above. SCCC staff and SEHD faculty are concerned that with “increased violence, increased substance use, and increased utilization and acuity” eventually “someone or something will slip through the cracks.” These concerns are deepened by clinicians skipping breaks and staying late—increasing the chance that “something dire will be missed.”
- ▶ **Several AVCs questioned whether CU Denver is “agile enough to support students the way they need” or is contributing to students’ stress and difficulties by sticking to out-dated, overly complicated processes.** Staff worried: “Is the institution contributing to students being overwhelmed?” Most administrators in K&A’s interviews agreed that CU Denver needs more streamlined processes—“students can’t chase down signatures anymore”—so as not to add unnecessary stress to their already complex lives. As one staff member shared, “The institution has to evolve to support students in getting what they need; we keep asking students to carry the load for themselves and that should be changing.” One Director posited that “students with

<sup>24</sup> Some of these items represent both “high risk” and “liability” issues.

<sup>25</sup> In a meeting in December 2022, the SVC stated that she did not remember receiving the requests from the group.

different cultural backgrounds may or may not lend themselves to systemic solutions but we have a greater responsibility to assist them through the system.”

- Staff also described layers of bureaucracy and administration that have further stymied change and the ability to deliver adequate support to students. This includes the addition of “high level” administrators when units providing direct services to students—SCCC, Housing, Case Management, DRS, Dean of Students office—lack personnel to meet demand.

## SCCC Services and Operations

**Overview:** SCCC provides counseling services to CU Denver Students and to community members and Denver Public Schools (DPS) students and their families<sup>26</sup>; students are a much larger percentage of clients than community members. SCCC is experiencing increased demand for services from students and greater acuity and complexity of their mental health concerns. SCCC has lost both leadership and staff over the past several years, so is attempting to meet students’ needs with depleted human resources. Staff called this situation a “crisis” because there are “no adequate preventative or responsive services for students.”

- ▶ **SCCC operates with a traditional service model largely dominated by individual therapy.** SCCC advertises a normative mix of services on their website—intakes, individual counseling, couples counseling, work with children and adolescents, families counseling, groups and workshops, and crisis sessions. SCCC offers a “flexible, brief therapy model” in which students are allowed a total of 10 individual therapy sessions per calendar year.
  - SCCC service hours are also normative,<sup>27</sup> with one exception: walk-in crisis services are limited to Monday through Thursday 11AM to 4PM, and are advertised as only for CU Denver students. Students who have after-hours emergencies are told to call HCA’s 24/7 crisis line. While CU Denver recently contracted with a tele-health provider for virtual mental health services, this information is not readily available on the SCCC website.

<sup>26</sup> <https://www.ucdenver.edu/counseling-center/about>

<sup>27</sup> In-person appointments from Monday through Thursday 9 AM–7PM and on Fridays from 9AM–5PM. This information is not clearly available on the SCCC website.

- Over the past four academic years (see Table 1 below), more than 96% of appointments were for individual counseling.<sup>28</sup> Most campus counseling centers have set up demand management protocols through which students may be offered other modalities of care, such as groups, peer assistance, and web-based “apps” in order to control wait times for first or follow-up appointments and direct limited resources toward students with greater needs; none of that is in place at SCCC. Staff within SCCC said that groups “don’t work at CU Denver”; “We have tried so often to do stepped care, just doesn’t work. We have very resistant students.” SCCC trains students to be mental health practitioners; since much of that work will be based in individual counseling, it is not surprising to find that stepped care and related approaches to diversifying treatment modalities have not found a footing in SCCC.
- The percentage of visits categorized as crisis appointments has not yet rebounded to a pre-pandemic high, though anecdotal data from staff indicates that the number of students who are in crisis has increased. There is no one currently serving to manage a crisis team; staff take rotating responsibility for seeing students in crisis.
- SCCC does not offer psychiatric services. Students needing psychiatric care on campus must go to HCA, but need appropriate insurance or must pay a premium to use those services. Psychiatric services for medication evaluation and management are directly available to students at most of CU Denver’s comparator institutions.<sup>29</sup>

**Table 1. Utilization—Appointment types at SCCC**

	Unique clients	Appts - attended	% individual cnsing	Appts - scheduled	Avg # appts per client	Crisis appts	% clients - suicidal - homicidal
<b>2018-19</b>	1127	6234	97%	8286	5.53	8% (129% increase)	42% 9.5%
<b>2019-20</b>	1035	4992	96%	6802	4.82	7%	46.5% 9.6%

<sup>28</sup> 98% of visits were for individual counseling in 2021-2022.

<sup>29</sup> CSU LA, Portland State, UC Riverside, U Illinois Chicago offer psychiatric services; Virginia Commonwealth refers students to the community; GSU refers students to another healthy entity on campus, similar to how SCCC refers students to HCA.

	Unique clients	Appts - attended	% individual cnsing	Appts - scheduled	Avg # appts per client	Crisis appts	% clients - suicidal - homicidal
2020-21	760	4951	96%	6430	6.51	1.9%	40.9% 7.4%
2021-2022	863	5230	98%	7019	6.06	6%	N/A

- **Utilization of SCCC is low.** As shown in Table 2, approximately 4% of eligible students used SCCC pre-pandemic; that fraction dropped during the pandemic but has returned to pre-pandemic levels. Undergraduate utilization followed that pattern, but has not yet rebounded fully to pre-pandemic levels. These levels of utilization are distinctly unusual; on most public university campuses, 10-12% of students use counseling centers, and as many as 30-35% do so in some elite private institutions. Utilization rates at CU Denver are also lower than would be expected for a campus that enrolls a significant proportion of students from minoritized and socioeconomically disadvantaged communities.

**Table 2. SCCC Utilization and enrollment data**

	Undergraduate Enrollment	Undergraduate only utilization	Graduate Enrollment	Total Enrollment	Utilization all students
2018-19	16,385	7%	9,160	25,545	4%
2019-20	15,818	7%	9,092	24,910	4%
2020-21	14,995	5%	9,729	24,724	3%
2021-2022	14,289	6%	9,978	24,267	4%

- Many SCCC clients are students and community members who have limited financial resources, do not have insurance, and have no alternative source of support. SCCC staff shared that “serving the underserved” is an important part of their mission. The student health fee has been kept exceedingly low (only \$12 per term) to avoid raising the cost of enrollment and increasing the indebtedness of graduates; similarly, community members are charged only “a nominal fee”<sup>30</sup> for services. According to staff, raising the fee is “a non-starter” with the SVC, despite repeated calls by SESS staff and administrators to do so.

<sup>30</sup> “Community Client payments are based on income or affiliation. Our sliding scale and ranges from \$10 - \$50 a session.” <https://www.ucdenver.edu/counseling-center/faq#ac-how-much-does-it-cost-3>

- Users of SCCC complete an average of 6 sessions each—more than the national average, which is 5 sessions per user. SCCC staff report that many students stay with them more than the average or allotted number of sessions “because they have nowhere else to go.” Therefore, new students may not be able to access services because SCCC is providing ongoing care for students who have no other viable alternatives. Here the lack of sufficient resources highlights the dilemma facing SCCC staff: CU Denver’s students are *more likely* to need mental health services, and are *more likely* to need extended care, and are *less likely* to have resources for longer-term care—so meeting students’ needs in one of those areas reduces SCCC’s capacity to do so in the other areas. The fact that much of the care provided at SCCC is delivered by trainees, who cannot serve the highest acuity clients, adds another dimension to that problem. The result is that SCCC has a long waitlist from which the most serious cases are prioritized. Students on the waitlist go to an emergency room if they can’t get into individual counseling quickly.
- **SCCC cannot meet student demand with the current number of staff.** SCCC operates with 9.5 FTE. At the time of this review, permanent staff included 6 clinical counselors, 3 multicultural specialists, the Clinical Director who also is currently serving as the Interim Assistant Director (and the Director), and a .5 FTE trauma specialist; four counselor positions were vacant in Fall 2022. Staff believe this is far too few to meet current demand; “everyone is working at 150%, but there is no sense of urgency in the division to fill vacancies.” Staff spoke of being stretched beyond their limits; many serve in multiple roles, including administrative (temporary) and supervising of trainees (permanent), while vacant positions remain unfilled. SCCC has approximately 20 trainees from SEHD rotating through the clinic at any given time; staff estimate that trainees see up to 50% of unique clients in SCCC, and SEHD suggested that trainees provide the services of 3 FTE. Because trainees see only lower acuity cases, SCCC staff are counseling a greater proportion of higher acuity cases: “Many very intense walk-ins and actively psychotic individuals”; “we are not prepared to work with them.” Table 3 presents staffing data in relation to nationally accepted measures.

Table 3. SCCC Staffing Data

	Undergraduate Enrollment	Unique student users	CLI	IACS ratio
2018-19	16,385	1127	119	1:1725 (9.5 FTE)
2019-20	15,818	1035	109	1:1665 (9.5 FTE)

	Undergraduate Enrollment	Unique student users	CLI	IACS ratio
2020-21	14,995	760	80	1:1578 (9.5 FTE)
2021-2022	14,289	863	91	1:1504 (9.5 FTE)

- The International Association of Counseling Services (IACS) ratio—a limited and less utilized standard<sup>31</sup>—at SCCC is 1:1504, which is lower than the national average for all institutions at 1:1,775 but slightly above the top end of the recommended range, from 1:1,500 to 1:1,000. This implies that current staffing numbers are not meaningfully below what is necessary to meet demand, especially since there are others sources of mental health care at CU Denver. On the other hand, the IACS ratio is simple numerical “standard,” while the Clinical Load Index is a functional indicator.
- *Clinical Load Index (CLI)*: According to the Center for Collegiate Mental Health (CCMH), the CLI<sup>32</sup> score can be thought of as “clients per standardized counselor (per year)” or the “standardized caseload” for a full-time counselor; it incorporates institutional enrollment, utilization, and clinical capacity. Before the pandemic the CLI at CU Denver was 119. It declined to 80 in 2020-2021 and increased to 91 in 2021-2022. In isolation from other factors, caseloads below 100 for full-time counselors are generally not especially demanding—but this number must be understood in context. Given the high acuity and limited access to viable resources in the community, it is difficult to imagine how clinical staff could reasonably be expected to have higher caseloads without additional resources and more effective support and collaboration. In some university settings, a lower CLI is desirable, since it reflects more sessions and availability per student, as is true at CU Denver. But lower CLI is a positive outcome only if utilization is appropriate given high awareness of services—which allows students to stay in the Center longer without having to be referred out. Alternatively, a low CLI could also be a result of low

<sup>31</sup> The validity of the IACS ratio as a measure of sufficiency in staffing mental health services on campuses is in serious question because (1) IACS excludes trainees, psychiatrists (even if they work in a counseling center), case managers who do not have clinical responsibilities, and physicians or other clinicians who provide mental health services in student health centers; (2) many students who experience psychological distress receive care from those other sources, not just from counsellors in a counseling center; and (3) no research has shown any difference in outcomes related to whether an institution achieves the IACS ratio in counsellor staffing. The IACS ratio does not account for any differences in student demographics, counseling utilization patterns, or campus culture.

<sup>32</sup> Developed by the Center for Collegiate Mental Health (CCMH), with support from the International Accreditation of Counseling Services, Inc. (IACS) and the Association for University and College Counseling Center Directors (AUCCCD), the CLI represents a reliable, comparable, and intuitive distribution of staffing levels that can be used to inform decisions about the resourcing of mental health services in colleges and universities. In brief, the CLI describes the relationship between the demand for and supply of mental health services in college and university counseling centers. <https://ccmh.shinyapps.io/CLI-app/>

utilization given a lack of awareness or low staffing that does not support increased utilization; both of these are true at SCCC, as evidenced by the long waits students experience to get into services.

- ▶ **Provider productivity, as measured by the percentage of work hours spent in direct clinical service, is lower than expected because of providers' multiple responsibilities.** Calculations are based on (1) 40 hours per work week over 49 weeks, (2) 9.5 FTE, and (3) a standard of 65% of work hours in direct clinical service. See Table 4 for productivity data.

Table 4: Provider Productivity

FTE	Providers	Total Direct Clinical Service Hours	Number of Direct Clinical Service Hours/FTE Provider	Number of Available Direct Clinical Service Hours per FTE Provider (at 65%)	Percentage of Total FTE Available	Percentage of Direct Service Time Spent on Direct Service per FTE Provider
2018-2019	9.5	8568	902	1274	46%	71%
2019-2020	9.5	7053	742	1274	38%	58%
2020-2021	9.5	6444	678	1274	34%	53%
2021-2022	9.5	7014	738	1274	38%	58%

- There are 18,620 total available work hours for the 9.5 FTE staff, or 1,960 per FTE. At 65% of work hours in direct service, SCCC clinicians could provide 1,274 direct service hours per FTE<sup>33</sup>; with 9.5 FTE in 2021-2022, SCCC could have provided 12,103 direct service hours that year.<sup>34</sup> In 2021-2022, SCCC provided 7,014 sessions, averaging about 738 per provider—providers therefore spent on average only about 38% of their available work hours in direct service to clients,<sup>35</sup> which falls short of the normative standard of 65%.
- With 738 direct service hours in 2021-2022, SCCC providers delivered about 58% of SCCC's total capacity.<sup>36</sup> At an average of five visits/unique user (normative and customary in other universities), SCCC could have served approximately 2,420

<sup>33</sup> 40 hrs/week x 49 weeks x .65 = 1274.

<sup>34</sup> 1274 x 9.5 FTE

<sup>35</sup> 7014 direct service hours/18,620 total available work hours.

<sup>36</sup> 738 direct service hours per FTE/1274 suggested.



individual students, representing 17% of CU Denver’s student population, during that year. SCCC was actually utilized by only 6% of the undergraduate student body.

- The primary reasons for the lower-than-expected imputed productivity of the providers at SCCC are (1) that they are also responsible for supervising trainees—and trainees see about 50% of clients, and (2) vacant positions see no clients. In addition, (3) some staff are serving in interim or permanent administrative roles to fill gaps in critical areas, and (4) providers share responsibility for crisis services; counselors will often spend significant time on each crisis case to help clients navigate to necessary follow-up services and complete administrative tasks related to those visits.
- ▶ **SCCC has had difficulty both attracting and retaining staff.** This has been true despite the attractiveness of the model in which staff balance clinical time with supervision of trainees, which staff unanimously described as one of the things they appreciate most about their jobs. Staff described a “great team environment, and good variety of work” in which they carry caseloads which are largely made up of acute cases, but are also on call, do supervision, have administrative tasks, and provide consultation to others across the portfolio and campus. “Most agree the set up is good.” But according to staff and leadership across SESS, the low level of salaries for clinicians in SCCC makes it extremely difficult to recruit and retain staff; even with a recent increase salaries remain uncompetitive, especially in the Denver area.<sup>37</sup>
  - Staff feel less able to appreciate the benefits of their positions not only because of low compensation, but also the reality of delivering care at SCCC. The current situation, in which students comprise a much larger proportion of patients than community members,<sup>38</sup> “feels like community mental health” where “everyone is booked every minute.” Staff shared that they are overwhelmed by the acuity of the cases and the follow up required with many of them; they believe their mental health is suffering as they are “drowning in caseloads, multiple crises all the time”; “we can’t find time to take care of ourselves” and that “trickles down” to their work with students. One staff member shared, “Its a struggle to feel like you want to keep being here,” and “the altruistic motivation to work here is being chipped away.” Staff

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<sup>37</sup> One member of the staff shared that the starting rate for clinicians is between \$55-60,000/year—“not enough for an expensive living environment like Denver.”

<sup>38</sup> According to the SCCC’s 2020-21 Annual Report, only 7.7% of all clients were non-students.



complained that neither SCCC nor SESS are adequately “supporting students and staff who do very emotional work.”

- Currently, some SEHD faculty must dedicate time to supervision at SCCC to fill the gap between what is needed by counseling students and what SCCC staff are able to provide given their clinical responsibilities.
- ▶ **SCCC lacks the infrastructure and resources needed to support its work.** In addition to needing more staff, SCCC needs updated and appropriate technology for tele-health,<sup>39</sup> documentation, training and supervision<sup>40</sup>; technology support; better and most accessible space and furnishings; and resources for education, outreach, and prevention. 70% of SCCC’s budget is funded by the student health fee which lags behind all other CU schools, which, like CU Denver’s peers, have all increased health fees in recent years; 90% of SCCC’s budget goes to staff salaries. Colorado has created a “resource scarce scenario” budget model; staff indicate that their budget structure has not “been revisited since around 2008.”
- ▶ **SCCC operates under an Interim Assistant Director who is also acting as her own Director.** Emergencies and the immediate needs of students and staff consume all of her bandwidth, leaving important leadership responsibilities unaddressed. A national search for a new Director is underway. When asked about the qualities they would like to see in the next Director, staff listed several key characteristics including attention to detail; ability to help people grow and facilitate their growth in their positions; willingness and ability to advocate for staff; transparency; and a strong clinical background to help manage crises.
- ▶ **Survey data show that students who use SCCC are largely satisfied with their experience.** CU Denver shared satisfaction data from 348 students in 2018 and 171 students in 2019 (total n=548). More than 70% of respondents thought counseling helped them feel better, more than 90% thought their counselor was respectful and acknowledged their multicultural/diversity needs, about 90% would recommend the clinic, and more than 80% would come back to the clinic. Students ratings were less strong for whether they learned how to better manage their stress, identify and manage difficult emotions, or whether counseling has contributed to their overall academic success. There was no significant difference in ratings between licensed clinicians, interns, and practicum students.

<sup>39</sup> Telehealth has become a critical part of SCCC’s services, but they lack an appropriate tele-health delivery model. Staff currently use Zoom which they describe as “fine but cumbersome” and may have privacy risks.

<sup>40</sup> Supervision of trainees requires a “behind the glass system” yet there are no resources to invest in or upgrade the necessary equipment.

## The SCCC and SEHD Partnership

**Overview:** SEHD and SCCC have a unique relationship with great potential to benefit students, clinicians, and faculty, but there are persistent and unresolved tensions over resourcing the clinic. SCCC staff value supervising trainees, learning through that process, and the variety it infuses into their work. SEHD faculty with whom K&A spoke find the relationship burdensome but worthwhile. Trainees recognize the critical nature of their contribution to the work and value their regular engagement with supervisors and clinicians. While all agree the partnership “should be a source of pride,” it has not always been seen as an asset by all parties.

- ▶ **SCCC relies on trainees from SEHD to carry a significant caseload—as many as half the clients.** Most interviewees believe SCCC could not operate the clinic without trainees; “CU Denver cannot meet growing MH needs without this partnership.” Some staff and trainees suggested that SCCC develop and implement a model that “eliminates that reliance on students...who are filling an unsustainable gap in the clinic” but require supervision. SCCC “needs a model that works better for growth.”
- ▶ **SCCC staff appreciate the balance of direct clinical work and supervision at SCCC.** Many of the clinicians on staff at SCCC were recruited from the SEHD program and have been past trainees themselves; they want to give back to the training process and contribute to the pipeline of future clinicians. Their direct connection with the program enables them to provide a richer, more tailored learning experience for trainees.
- ▶ **Trainees whom K&A interviewed shared their appreciation** for the “structured collaboration and connected environment” that includes varied work, exposure to different types of clinicians and SCCC’s mission to “train culturally responsive clinicians” with a social justice lens. They acknowledged, however, that they are currently unpaid, that their work is made more difficult by technological shortcomings or issues, and that there are “processes that need streamlining.”
- ▶ **Tensions exist between SCCC and SEHD over human and financial resources.** SEHD faculty and leadership agree that the program is a “drain on resources” and “something else we have to deal with”; leadership changes in recent years have augmented ambiguity about whether the burden is worthwhile. The new dean of SEHD, who was characterized by others as “hostile to the partnership,” told K&A that he does not want to continue the relationship in its current form and would rather open a second clinic as a practicum site and/or expand training opportunities outside of CU Denver. He believes that trainees need more varied training opportunities and finds it is “difficult [for SCCC] to accomplish multiple goals at the same time—meeting both

students' and trainees' needs." Similarly, the former SCCC Director did not support the partnership as he "thought the dual functions detracted from student support." SEHD faculty, on the other hand, recognize that SCCC provides an important resource to students and acknowledged that if they were to open their own clinic, they would need space and additional clinicians to supervise trainees. Most faculty with whom K&A spoke preferred to "alleviate the pressure that makes the partnership feel heavy."

- SCCC staff and interim leadership believe SEHD should provide both financial and human resources to assist in their supervision of trainees—filling gaps in supervision and funding technology improvements essential to training (i.e., equipment for observation).
- Changes in leadership at both SCCC and SEHD have alternately fueled and eased tensions, but "are eroding the trust" of faculty and clinicians. Scarcity of resources at both SCCC and SEHD and the overwhelming mental health needs of students exacerbate tensions. SESS senior administrators, including the SVC, have indicated that "there are no financial resources" available to meet the clinic's needs; some staff in the portfolio believe the University is failing in its obligation to manage and reconcile these financial issues.

## Other Sources of Mental Health Support for Students

**Overview:** The HCA and HPC each offer certain mental health resources to CU Denver students. Each service has limitations that prevent it from filling the growing gaps in mental health care.

- ▶ **HCA offers both in-person and virtual psychological services to students within the tri-campus model.** Services, including psychiatry (for which HCA is the only campus provider) are free only for students with insurance that covers those services. CU Denver is not aligned with its peers in having such limited access to psychiatry. Although "access to medications would change the lives of some of our students," as one HCA administrator said, many students find it cost-prohibitive to seek psychiatric services at HCA. Still, there is a long waitlist for psychiatric services. Like SCCC, HCA has witnessed an increased volume and severity of cases among students and community members and an increase in need for case management as more students struggle with basic needs, including housing and food insecurity.
- ▶ **HPC offers counseling and psychological testing at reduced costs compared to the community, but is a small and poorly known service.** The clinic is part of the Health Psychology program and offers both clinical services (individual and group therapy as

well as testing) and training for students in the program; six doctoral students per year currently cycle through the clinic as providers.<sup>41</sup> These numbers and the training requirements limit the overall capacity of HPC; it can serve only a minimal number of students, and actually provides care for more community members than students.<sup>42</sup> HPC lacks basic technological resources; trainees are doing tele-therapy with limited and variable internet connectivity, and a lack of adequate space is also a concern.

- Faculty want to grow the program and serve as a pipeline for practitioners at CU Denver and in the local community. As a member of the faculty affiliated with HPC said, “On paper it feels like students have a lot of places to go for support, but there are not enough given actual number of cases and counselors.” HPC leadership seeks more opportunities to collaborate with other support services on campus, including increased collaboration with SCCC to gain a better understanding of how they serve students and “discover gaps together.”

## Organization and Leadership within SESS

**Overview:** The SVC has not elevated mental health as a priority at CU Denver. Staff believe that the SVC and senior leadership at the University have not responded to or demonstrated concern for student wellness and have shown a similar disregard for the health and wellbeing of staff. Staff who met with K&A repeatedly called the inability to meet these students’ needs a “crisis” and were distressed that senior administrators at the University have not recognized or responded to it. Directors across SESS shared that they need more help but keep losing people due to “a very toxic work environment”; “almost everyone is looking for jobs.”

- ▶ **SESS staff described a lack of transparency, communication, and overall support from the SVC.** While interviewees described their direct supervisors and all of the AVCs as “fantastic,” they said “above that things get less clear.” AVCs shared that they feel powerless and unheard in advocating for their areas to the SVC and senior university leadership. They cited the lack of transparency and communication from the SVC as a hindrance to meeting students’ needs; directors reported being informed of changes in policies or processes with no explanation and finding that decisions were made for unclear reasons that they could not explain to their staff. Members of the SESS staff said they “get in trouble when we seek resources or reach out to other parts of

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<sup>41</sup> <https://clas.ucdenver.edu/psychologyclinic/>

<sup>42</sup> Unlike other mental health services on campus, HPC has seen a lower demand for services this academic year, probably resulting from little awareness or understanding that “we are an option” across campus.

campus,” and “there are limitations on who we can talk to and what we are allowed to say.”

- ▶ **Infrastructure and staffing models within SESS are outdated and undermine the ability of staff to meet the needs of the students they serve.** Directors and staff within SESS shared that they rely upon technology, systems, and processes that were “created for another time and place, when we were smaller and did things more manually.” Directors, staff, and trainees in SCCC, HCA, and HPC emphasized the problems they face in providing mental health services to students because of “archaic” technology and low-speed or unstable internet connectivity. Staff described the overall staffing framework as “a relic.” Directors indicated that “things are decentralized that truly don’t need to be” and that the Division lacks “cohesive structures” and “a sense of stability.” AVCs and directors told K&A that there have been three reorganizations of the Division since 2018, but they have not seen updated organizational charts and have “no sense of vision” from the SVC.

## Recommendations

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The recommendations fall into several key areas to enhance support for students’ growing mental health needs at CU Denver: (1) improving access to and utilization of mental health services, (2) establishing priorities of functions within SCCC to align with its mission, (3) improving communication, collaboration, and responsiveness within and outside of SESS, and (4) increasing campus investment in students’ mental health and wellbeing.

### Area 1: Improve mental health support and services for all students.

CU Denver should increase its focus on and resources invested in mental health support and services for all students. This includes increasing students’ awareness of available services and enhancing their ability to access those services. In order for services to welcome *all* students, SCCC must further strengthen its efforts to provide fully inclusive care based on a social justice model .

- ▶ **Raise the service capacity of SCCC by increasing staffing and diversifying the service model.** As demand increases and more students require a broad range of supports beyond individual therapy, the staffing and service models at SCCC must adapt to meet those needs.
  - Fill key vacancies and add critical positions in SCCC, including:

- Director and Assistant Director of SCCC: The Clinical Coordinator is now serving in both of these roles; SCCC cannot meet its mission and achieve its goals without these leadership roles filled.
- Crisis Coordinator and dedicated Crisis Team: SCCC must ensure rapid access to crisis services for students, including a streamlined process for students who come to the Center without an appointment when in crisis without diminishing the capacity of the Center to serve other students in regular visits. Additional resources—especially a Crisis Coordinator—and/or re-structuring of clinical time of a cadre of current counselors, will be needed to ensure consistent access.
- Psychiatry: SCCC should provide psychiatry services since psychiatry resources at HCA are not accessible for students who are uninsured or under-insured.<sup>43</sup>
- Triage/Client Coordinator: SCCC needs a position that can direct students to appropriate services based on need and timeliness of access, especially if SCCC increases the range of services beyond the current portfolio, in which almost all clients receive individual therapy.
- Group Therapy Coordinator: SCCC should enhance group therapy offerings, train clinicians in this necessary and empirically-supported practice, and create a coordinator role to provide a comprehensive and culturally responsive program (see Recommendation Area 2).
- Case Managers/Care Navigators: CU Denver should place case managers or care navigators in SCCC to direct students to resources and coordinate services across and beyond campus.
- Improve recruitment and retention of staff by increasing salaries to a competitive level. Staff should not feel as if their work is “altruistic” and should be appropriately compensated for their labor.
- ▶ **Increase the student health fee to provide more resources to SCCC.**
  - Doubling the fee would still leave it below normative levels and would add only a minimal financial burden to students, but would allow SCCC to serve more students in a shorter timeframe and with expanded access to resources like group therapy and psychiatry services.

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<sup>43</sup> K&A's 2014 report advocated for greater access to psychiatry services to meet growing demand almost 10 years ago.

- ▶ **Resolve the chronic conflict and tension between SCCC/SESS and SEHD over human, supervisory, technological, and financial resources for the clinic.** Without this, SCCC will continue to operate in an unsustainable manner that undermines the benefit it can provide to students, staff, and SEHD faculty. Leaving the required negotiations to leadership in SCCC and SEHD is not an acceptable solution because of the obvious power differentials involved; instead, SESS leadership must work with the Dean of SEHD and his senior faculty to map a realistic pathway forward that avoids ongoing dysfunction. CU Denver, through its Provost and Chancellor, should take responsibility for ensuring that this work is engaged and completed in a timely and authentic manner and that the parties involved are held accountable for accomplishing a mutually acceptable outcome. Once this is done, they should commission an ongoing bilateral working group to manage the partnership into the future.
- ▶ **Improve students' individual and collective well-being and academic success by increasing their utilization of mental health services.** Only a small proportion of the student body regularly utilizes SCCC, which attenuates the positive influence SCCC could have on students' collective wellbeing. CU Denver should remove all barriers that might prevent students from accessing available resources, especially given the limited availability of affordable and accessible off-campus alternatives.
  - Establish a mental health and wellness outreach function in SCCC. Staff serving in this capacity would work with students to determine areas of need and collaborate with clinicians to design culturally compelling messaging.
  - Better educate students about services available at SCCC, including recently-added virtual services. Well-designed outreach, curated for the many populations on campus, would improve awareness, challenge the stigma attached to accessing mental health services, and provide support through campus-wide wellness campaigns and engagement.
- ▶ **Increase outreach to faculty and staff to raise awareness of students' growing and changing mental health needs and the services that are available to meet those needs.** Faculty and staff expressed their need to be better prepared to support students, including how to recognize and respond helpfully to students in distress.
- ▶ **Establish expectations and infuse accountability regarding data collection, analysis, and utilization in SCCC.** Under new leadership, SCCC should regularly collect, aggregate, and share needs assessment and satisfaction data to prioritize high-impact changes in services. Continuous monitoring of utilization data will enable SCCC to



better focus outreach efforts, and routine assessments of all programming will help SCCC and SESS leaders evaluate progress on campus-wide wellness goals.

- ▶ **Over the long term, increase and diversify students' options for meeting their health and mental health needs.** CU Denver should consider mandating student health insurance coverage to give more students access to HCA and off-campus services.<sup>44</sup>
- ▶ **Establish a Student Advisory Board to inform services and their delivery.**<sup>45</sup>

## **Area 2: Prioritize functions within SCCC to better meet students' needs.**

SCCC has been operating in a reactive mode without time or attention to thinking about how operations should shift to meet students' evolving needs. With leadership and staff positions filled, SCCC must establish priorities among its service, training, and outreach responsibilities and align its human and financial resources accordingly. The current emphases on individual therapy and training undermine the ability of SCCC to meet *all* students' needs in a timely manner and in varied ways. A revised and more adaptive service model would accommodate growth in ways that the current model cannot.

- ▶ **Establish functional priorities and goals based on the mission of SCCC, needs assessment and utilization data, and available resources.** SCCC leadership should consult with partners within SESS, at SEHD,<sup>46</sup> and across campus to inform and affirm these priorities and goals.
- ▶ **Determine the appropriate balance of clinical work, supervision of trainees, and outreach for clinicians at SCCC.** SCCC should then allocate resources—human, financial, infrastructure—based on the expectations inherent in that balance, including decisions about how many trainees SCCC can manage in a given academic year.<sup>47</sup> Priorities, goals, and the balance of functions should also determine investments in infrastructure for both tele-therapy and supervision, as well as space improvements.

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<sup>44</sup> This was Recommendation #2 from K&A's 2014 report: "CU Denver should require all students to have health insurance that provides coverage comparable to that included in the University-sponsored health insurance plan. This will enable more, if not all, Downtown Denver students to have full access to medical and mental health services at the Health Center and to follow-up, specialty, or hospital care off campus."

<sup>45</sup> This is similar to Recommendation #3 from K&A's 2014 report: "CU Denver should appoint, charge, and convene a Downtown Denver Student Health Advisory Committee to serve as a consistent source of information, suggestions, and advice to University administrators and the directors of all health-related programs and services for Downtown Denver students. 3.1. The Advisory Committee should be co-chaired by a student leader and a senior Student Affairs staff member to be appointed by the Associate Vice Chancellor for Student Affairs."

<sup>46</sup> See Area 4 for additional recommendations related to SEHD.

<sup>47</sup> Recommendation #5 from K&A's 2014 report indicated a need to rebalance staff hours spent on service versus training: "The primary mission of SCCC should be to provide excellent counseling services for CU Denver Downtown Campus students; SCCC's role as a training site for Master's students in Clinical Mental Health Counseling should be secondary in all respects." Recommendation #6 suggested limits on the number of trainees at any one time to no more than 6:1 trainees to clinicians.



- ▶ **Implement a more flexible service model to better manage demand and provide a range of supports tailored to students' needs.** A spectrum of resources (not just individual therapy visits) should be available to respond to students' varying needs; SCCC should consider several options, such as expanded and diversified forms of group therapy, peer assistance, and referral to other on-campus resources (e.g., recreation) to add to the portfolio based on the needs of both users and non-users. Over reliance on individual therapy neither is nor will be sustainable in the long term given the trajectory of mental health needs among students.
  - As is common at other counseling centers, generalist counselors should be expected to provide both individual and group counseling (see earlier recommendation about a group coordinator). SCCC should enhance group therapy offerings and improve communication to students about access to and the benefits of group work. Several types of groups are common, including (a) interpersonal process groups for relational, adjustment, and personal growth, (b) identity based groups such as those for international students, graduate students, BIPOC and LGBTQ+ students, and (c) psycho-educational workshops and mini-clinics to help provide coping skills around social anxiety, depression, resilience, and healthy practices such as sleep, nutrition, and exercise. SCCC should consult with its Student Advisory Board (see above under **Recommendation Area 1**) about the types of groups that may engage CU Denver students.

### **Area 3: Improve responsiveness to students' mental health needs.**

AVCs and Directors throughout the portfolio expressed frustration with the lack of response from senior leadership to concerns related to students' mental health and wellbeing, including urgent requests for resources. SESS Directors also described a siloed approach to student support within the Division; facilitated and structured collaboration among the services is essential to support students' success.

- ▶ **Establish Division-wide priorities related to implementation of the Mental Health Strategic Plan.** SESS directors, AVCs, and the SVC should convene to reassess the Mental Health Strategic Plan and propose updated priorities, activities, timelines, resources needed, and assessment metrics for implementation. Once these revisions are reviewed and accepted by the Chancellor and CU Denver senior leadership, SCCC and SESS should regularly assess progress on the plan and communicate that progress across the institution.
- ▶ **Improve communication and transparency within SESS.** The SVC should reform communication within the Division and between the Division and institutional

leadership, including by increasing opportunities for regular meetings among AVCs, Directors, and senior administrators. The AVCs need greater input into decision making within the Division, and it is essential for SESS leadership to establish and be accountable for reasonable expectations and timelines for responses to requests and concerns.

- ▶ **Create formal structures for regular communication and collaboration within SESS.** Case conferences can support and elevate health, mental health, case management, and DOS staff providing direct services to students. Professional development programs and priority-related working groups are other important opportunities for representatives from areas across SESS to collaborate and learn together.
- ▶ **Improve staff knowledge and awareness of services and resources available to students throughout SESS.** All SESS staff must be familiar with the full array of mental health and wellness services and supports available to students to help students navigate to the form of assistance that is most appropriate for their needs.

#### **Area 4: Increase investments in students' mental health and wellbeing.**

CU Denver should increase the attention it provides and the resources it dedicates to students' mental health, beginning with a reassessment and renewal of the Mental Health Strategic Plan (see **Recommendation Area 2** above) and including a substantial new investment of resources in support services. Without a change at the institutional level, services will continue to struggle under the "do more with less" philosophy that is eroding staff morale and leaving students underserved.

- ▶ **Improve campus appreciation for, ownership of, and resources dedicated to students' mental health and wellbeing.** The systems and services of the University must be aligned with those of a *health-promoting university*<sup>48</sup> in which *all* students can take full advantage of the institution's extraordinary educational and developmental opportunities. SESS should lead CU Denver in reviewing policies, procedures, and processes to ensure that systems facilitate students' success rather than stymie it; reducing administrative hurdles for students and staff by streamlining or automating processes so students can more efficiently get what they need within reasonable resource parameters; increasing support and resources for students' mental health across campus; communicating about the roles of various constituencies in providing that support; and advocating for mental health services as critical to students' success.

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<sup>48</sup> See: <http://ushpcn.org/>

- ▶ Identify and fill critical gaps in staffing across SESS in areas that work closely with SCCC to support students' mental health, including, but not limited to, DRS, DOS, and Housing.
- ▶ Ensure that the organizational structure within SESS provides appropriate and necessary levels of leadership within each area of the Division. CU Denver should urgently fill current gaps at the Director and AVC levels, but carefully assess the relative value of using limited resources to create and hire additional administrative positions versus filling essential, critically needed student-facing positions.

## Appendix: Comparative Research

### Comparator List

<b>California State University, Los Angeles</b>
<b>Georgia State University</b>
<b>Portland State University</b>
<b>University of California, Riverside</b>
<b>University of Illinois at Chicago</b>
<b>Virginia Commonwealth University</b>

**Table 1. Institutional Data**

Institution	Undergraduate Enrollment	Graduate Enrollment	Residential Student Percentage*
<b>CU Denver</b>	<u>14,289</u>	<u>9,978</u>	<u>19%</u>
<b>California State University, Los Angeles</b>	<u>23,536</u>	<u>3,977</u>	<u>.03%</u>
<b>Georgia State University</b>	<u>28,985</u>	<u>7,988</u>	<u>18%</u>
<b>Portland State University</b>	<u>17,753</u>	<u>5,105</u>	<u>9%</u>
<b>University of California, Riverside</b>	<u>22,868</u>	<u>3,979</u>	<u>34%</u>
<b>University of Illinois at Chicago</b>	<u>22,279</u>	<u>11,920</u>	<u>12%</u>
<b>Virginia Commonwealth University</b>	<u>21,394</u>	<u>7,200</u>	<u>N/A</u>

\*Data represented in the institution's most recent publication of the Common Data Set, question F1

**Table 2. Mental Health Services**

Institution	Counseling Services	Psychiatric Services	Service Eligibility	Fees for Mental Health Care
<b>CU Denver</b>	<ul style="list-style-type: none"> <li>• Individual Counseling</li> <li>• Couples Counseling</li> <li>• Family counseling</li> <li>• Groups &amp; workshops</li> <li>• Crisis sessions</li> <li>• Complete list <a href="#">available here</a></li> </ul>	“Psychological and psychoeducational testing and assessments are provided by the CU Denver School of Psychology Program in the School of Education and Human Development. “ <a href="#">Link</a>	SCCC serves all <a href="#">enrolled students</a>	<p>Services are free for students, <a href="#">sliding scale for community clients</a></p> <p>Students pay a mandatory \$114.92 consolidated AHEC fee, which includes a <a href="#">\$24 student health center fee</a></p>
<b>California State University, Los Angeles</b>	<ul style="list-style-type: none"> <li>• Individual psychotherapy</li> <li>• Support groups</li> <li>• Couple’s counseling</li> <li>• Triage</li> <li>• Complete list <a href="#">available here</a></li> </ul>	“One-on-one appointment with our psychiatrist, a medical doctor who specializes in psychiatric care and can prescribe medication for psychiatric needs.” <a href="#">Link</a>	CAPS serves all students who are <a href="#">enrolled in state-funded courses</a> .	<p><a href="#">No fees for CAPS services</a></p> <p>Students pay a mandatory <a href="#">\$149.18 student health services fee</a> semesterly</p>
<b>Georgia State University</b>	<ul style="list-style-type: none"> <li>• 24/7 crisis consultation</li> <li>• Individual sessions</li> <li>• Group sessions</li> <li>• Collegiate Recovery Community</li> <li>• Wellness programming &amp; publications</li> <li>• Client Advocacy</li> <li>• Complete list <a href="#">available here</a></li> </ul>	<p>Psychiatric services are available at The Psychology Clinic (training site) which is open to the wider community.</p> <p>“Psychoeducational testing, behavioral analysis, neuropsychological evaluations, and other types of assessment are provided by the Psychology Clinic.”</p>	<p>The Counseling Center <a href="#">only serves students</a>.</p> <p><a href="#">The Psychology Clinic</a> offers services to faculty, staff, students, alumni, and community members</p>	<p>No fees for the Counseling Center’s services</p> <p>Students pay a mandatory <a href="#">\$40 health fee semesterly</a></p> <p>Students, faculty, staff, and alumni are eligible for <a href="#">special fees</a> at the Psychology Clinic</p>

Institution	Counseling Services	Psychiatric Services	Service Eligibility	Fees for Mental Health Care
<b>Portland State University</b>	<ul style="list-style-type: none"> <li>Individual counseling</li> <li>Group Counseling</li> <li>Emergency/Crisis Services</li> <li>Wellness Education &amp; Workshops</li> <li>Medication Management</li> <li>Complete list <a href="#">available here</a></li> </ul>	<p>“Medication Evaluation &amp; Management: Psychiatric services are available to students engaged in therapy with a counselor in Counseling Services.” <a href="#">Link</a></p>	<p><u>Counseling Services only serves students</u></p> <p><u>The Community Counseling Clinic</u> serves students and community members</p>	<p>Counseling Services visits are covered by the <u>Student Health Fee</u>, which is \$190 a term</p> <p>\$15 per session at the <u>Community Counseling Clinic</u>, with negotiations available for financial hardship</p>
<b>University of California, Riverside</b>	<ul style="list-style-type: none"> <li>Individual counseling</li> <li>Psychotherapy</li> <li>Group therapy</li> <li>Couples counseling</li> <li>Referrals for psychiatric evaluation and treatment</li> <li>Crisis consultation/emergency intervention</li> <li>Complete list <a href="#">available here</a></li> </ul>	<p>“When an individual counselor determines that medication may be helpful in addition to counseling and psychotherapy, the student can be referred on campus to a Student Health Services Staff Psychiatrist or Psychiatric Nurse Practitioner who will provide consultation regarding potentially useful medications and appropriate follow-up treatment.” <a href="#">Link</a></p>	<p>All registered students can <a href="#">access CAPS</a></p>	<p><u>No fees for CAPS services</u></p>
<b>University of Illinois at Chicago</b>	<ul style="list-style-type: none"> <li>Crisis Services</li> <li>Virtual Drop-Ins</li> <li>Psychiatry</li> <li>Relationship Therapy</li> <li>Case Management</li> <li>Brief Individual Sessions</li> <li>Complete list <a href="#">available here</a></li> </ul>	<p>“The Counseling Center's psychiatry services offer students the opportunity to explore medication options for their mental health concerns.” <a href="#">Link</a></p>	<p>All enrolled or continuing status students can access the <a href="#">Counseling Center</a></p>	<p>All services are available at <u>no additional cost to students</u></p> <p>Students pay a <u>\$94 mandatory health service fee</u> semesterly</p>

Institution	Counseling Services	Psychiatric Services	Service Eligibility	Fees for Mental Health Care
<b>Virginia Commonwealth University</b>	<ul style="list-style-type: none"> <li>• Individual therapy</li> <li>• Group therapy</li> <li>• Skills groups</li> <li>• Support groups</li> <li>• Case management &amp; referral</li> <li>• Crisis Services</li> <li>• Complete list <a href="#">available here</a></li> </ul>	Case Management and Referral Services can connect students to psychiatric services in the community. <a href="#">Link</a>	UCS provides services for all enrolled students, working to “transition care to community providers” <a href="#">when necessary</a>	<p>UCS services are <a href="#">free to students</a></p> <p>Students pay a <a href="#">\$120 mandatory health fee</a> semesterly</p>

\*Data obtained from the institution’s website

### **Analysis:**

- Across comparators, Counseling & Psychological Services (CAPS) are standard — individual/group therapy, crisis support, case management, and support group, being the most common. The University of Illinois at Chicago additionally offers a drop-in virtual option.
- Some level of access to psychiatric services are directly available to students at comparator institutions, most commonly medication evaluation and management. Exceptions exist at both GSU and VCU. GSU students may access The Psychology Clinic, a training site accessible to the wider community, at a reduced cost. While VCU students may be referred to psychiatric services in the community.
- All comparators give access to all enrolled students. At the University of Illinois at Chicago, “continuing student status” are also eligible to receive services. Additionally, Portland State University has a Community Counseling Clinic which provides low to no cost services to students and the wider Portland community.
- There are no additional fees to access CAPS services at any comparator. The student health fee covers the cost of care.

**Table 3. Staffing, Leadership, and Vision**

Institution	Staffing/ Disciplines	Reporting Structure	Mental Health Strategic Plan	Training Site[s]
<b>CU Denver</b>	4 LPC 1 PhD 2 LPC 1 LMFT	The Counseling Center is led by a Director, who reports to the <u>Assistant Vice Chancellor for Health, Wellness, Advocacy, and Support</u>	<u>Yes</u>	Students from the School of Education & Human Development complete their practicum experiences at the SCCC ( <u>MA in Counseling, Clinical Mental Health and MA in Counseling, School Counseling</u> )
<b>California State University, Los Angeles</b>	1 Director 1 Associate Director 7 Counseling Trainees  ( <i>Disciplines not available</i> )  3 LCSWs 4 LMFTS 1 RN	CAPS is led by a Director, who appears to report to the VP for Student Success	No. The University rolled out an <u>institution-wide strategic plan</u> in 2015.	<i>Information unavailable</i>
<b>Georgia State University</b>	6 PhDs 3 PsyDs 1 MS 1 MA 3 LCSWs 1 MS 2 LPCs	The Counseling Center is led by a Director, who reports to the <u>Associate Vice President for Student Health and Wellbeing</u>	No. The University just completed a general 1-year <u>strategic plan</u> .	The Counseling Center is home to both doctoral and post-doctoral <u>training programs</u> in Psychology  <u>The Psychology Clinic</u> is a training site for doctoral students in Clinical Psychology



Institution	Staffing/ Disciplines	Reporting Structure	Mental Health Strategic Plan	Training Site[s]
<b>Portland State University</b>	3 PhDs 2 PsyDs 5 LCSWs 2 MDs 1 Psychology Resident 1 LMFT 1 LPC	Counseling Services is led by a Director, who reports to the <u>Associate Vice Provost for Student Health &amp; Wellbeing</u>	No. The University completed a <u>general strategic plan</u> in 2020.	<u>The Community Counseling Clinic</u> , serving students and community members, is a training clinic for students in the College of Education
<b>University of California, Riverside</b>	7 Psy.Ds 4 PhDs 1 LMFT 1 MSW 2 MSs 4 MAs 1 MPA 1 DSW  <u>Source</u>	CAPS is led by a Director, who reports to the Assistant Vice Chancellor for Health, Counselling, and Wellness	No. The Division of Student Affairs has a <u>2025 strategic plan</u> , and the University is "currently engaged" in a strategic planning process.	CAPS houses an Internship in <u>Health Service Psychology</u>
<b>University of Illinois at Chicago</b>	6 Psy. Ds 4 PhDs LCPC 2 LCSWs 1 MD 8 MAs 1 Advanced Pyschotherapy Extern  <u>Source</u>	Counseling Center is led by an Interim Director, who reports to the <u>Vice Chancellor for Student Affairs</u>	No. The University completed a " <u>refresh</u> " of <u>strategic priorities</u> in 2021.	The Counseling Center houses a Doctoral Internship in <u>Health Service Psychology</u> , an <u>Advanced Psychotherapy Externship</u> , and a <u>Post-Doctoral Fellowship</u>
<b>Virginia Commonwealth University</b>	7 PhDs 3 LCSWs 5 PsyDs 2 MSWs  <u>Source</u>	CAPS is led by a Director who reports to the <u>AVP for Student Affairs</u>	Yes. VCU is a <u>JED campus</u> , and started a <u>strategic planning process</u> in 2018.	UCS offers <u>multiple training programs</u> and partnerships

\*Data obtained from the institution's website

**Analysis:**

- CAPS, at comparator institutions, fall under the purview of either Student Health or Student Affairs. At Cal State LA, it appears that CAPS reports to the VP of Student Success.
- The disciplines of staff typically include PhDs, PsyDs, MDs, LCSWs, MSWs, and MAs. The only comparator institution with a mental health strategic plan currently in place is VCU. The remaining have a school wide strategic plan or are actively engaged in creating a new one.
- There are training programs/sites offered at each comparator. Training program/site information for Cal State LA is unavailable.

**Table 4. Health Fees Across the CU System**

Institution	Health Fee	Mental Health Resource Fee	Semester Total
<b>CU Denver</b>	<b>\$24 per term*</b>  <u>Source</u>	<b>N/A</b>	<b>\$114.92</b>  <b>*Health fee is consolidated into AHEC fee totaling \$114.92</b>
CU Boulder	\$97.09 per semester  <u>Source</u>	\$77.40 per semester  <u>Source</u>	\$174.49
CU Colorado Springs	Wellness Center Fee — \$63.72 per semester  <u>Source</u>	N/A	\$63.72



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Sept 1, 2022

Jennifer Sobanet  
Executive VC of Administration and Strategy  
University of Colorado Denver  
1380 Lawrence Street, Suite 1400  
Denver, CO 80204

Dear Jennifer,

I am pleased to submit this letter of engagement to the University of Colorado (CU). I am providing this letter to reiterate and clarify our mutual expectations in this process.

In order to assist specific strategic objectives within the organization, CU is engaging J. Joransen Consulting, LLC (Joransen) to support various initiatives related to strategic goals, workplace culture initiatives and address campus culture concerns across all areas of the institution. This work will include meetings, consultation, listening tours and act as a broad resource to leadership, schools, colleges and units; and work with various strategic goals projects. The objective is primarily focused on cultural transformation, change management throughout the institution. Internal processes and procedures may be reviewed and designed appropriately to address on-going change and potentially uncertain elements. Though not all inclusive, Joransen's objectives could also potentially include leadership observations, organization insight, positive cultural transformation and internal efficiencies.

While this work is currently loosely defined, the following is what is anticipated:

- Project is for an indeterminant period of time. Beginning September 1, 2022 and term defined by Jennifer Sobanet, Teri Engelke, and/or appropriate parties.
- Regular communications as appropriate with Sobanet/Engelke will be ongoing throughout the project.
- Serve as a consultant to schools, colleges and units as requested
- Regular meetings with various projects/initiatives, follow-up discussions, planning sessions, etc. Frequency and time commitment is uncertain.

## CONFIDENTIALITY POLICY AND PLEDGE

Any information that an employee, contractor, or board member learns about University of Colorado (CU), its clients, members, or donors, as a result of working for CU that is not otherwise publicly available constitutes confidential information. Employees, contractors, or board members may not disclose confidential information to anyone who is not employed by CU or to other persons employed by CU who do not need to know such information to assist in rendering services.



The disclosure, distribution, electronic transmission, or copying of CU's confidential information is strictly prohibited except on a need to know basis. Any employee, contractor, or board member who discloses confidential CU information will be subject to disciplinary action (including possible termination of employment or removal from board), even if he or she does not actually benefit from the disclosure of such information.

I understand that confidentiality of all information related to CU's work is of the utmost importance. I understand the above policy and pledge not to disclose confidential information.

The hourly rate for this project including travel, reviewing processes/procedures is one hundred seventy-five dollars (\$175) per hour, billed and paid monthly. Invoices to be sent to Sobanet/engelke.

Please do not hesitate to contact me with any questions or concerns regarding this process.

Thank you and warm regards,

A handwritten signature in black ink, appearing to be 'JJ' followed by a long horizontal line.

Joyce G. Joransen, Member  
J. Joransen Consulting, LLC.



TO: Constancio Nakuma, Provost and Executive Vice Chancellor for Academic & Student Affairs

CC: Turan Kayaoglu, Associate Vice Chancellor for Faculty Affairs  
teri engelke, Assistant Vice Chancellor for Human Resources  
Chris Puckett, Managing Associate University Counsel & Special Asst. to the Chancellor

FROM: Joyce Joransen dba J. Joransen Consulting, LLC.

DATE: June 21, 2023

SUBJECT: Report of Independent CAP Culture Review

***REPORT OF COLLEGE OF ARCHITECTURE & PLANNING (CAP) CULTURE REVIEW. PLEASE CONSIDER HIGHLY CONFIDENTIAL. DISSEMINATE ONLY TO THOSE WITH A NEED TO KNOW.***

### **I. EXECUTIVE SUMMARY**

Concerns regarding behaviors and interpersonal dynamics with certain Architecture Faculty and Leadership concerns defined in-part as a power imbalance with the Architecture Chair prompted t. engelke and Nan Ellin, Dean to reach out to J Joransen Consulting, LLC. It was determined that Joransen would conduct a confidential culture review of the College. With the goal of improving culture and building trust, Ellin distributed an invitation for Architecture faculty and the Executive Committee to anonymously reach out to meet with Joransen to share frustrations, confusions, disappointments etc. While Joransen immediately heard from some, there were concerns expressed by a faction of Architecture faculty questioning the inclusion of the Executive Committee and requesting assurances of confidentiality. Joransen scheduled a meeting with the Architecture faculty for a “meet & greet” to provide an opportunity for the Faculty to gain comfort with her and to ultimately support the process. Immediately following the meeting, attendees scheduled time with Joransen. The Arch Fac also requested input from the Provost regarding “the charge” for this work and the purpose of including the Executive Committee. The Provost responded by holding a 90-minute meeting to address questions and provide his perspective. He acknowledged there is tension with the Dean and concerns with the Architecture accreditation process. He emphasized participating in the culture review process to air hurt feelings and to utilize this review process so CAP can move forward and deal with lingering issues and set aside individual differences. The Provost ultimately expanded Joransen’s work to include faculty across CAP versus limiting it to Architecture. (Note: The Arch Fac concerns with including the Dean’s Executive Committee were due to perceived bias because those individuals were selected by the Dean, some are not tenured and there was a belief that they would say whatever supports the Dean to retain their jobs.)

Beginning April 25, 2023, Joransen had conducted 48 meetings with 5 individuals meeting with Joransen more than once. Each meeting on-average lasted 1 ½ hours with the longest meetings running 2 ½ hours. People expressed they “felt better” after sharing their views as this was a cathartic relief for many. However, many expressed concerns of retaliation for fear what they shared could somehow be attributed back to them. A complete list of individuals interviewed is retained by Joransen. However, the

list is maintained separately to preserve confidentiality. Joransen utilized 5 consistent questions plus an additional question probing on any accreditation related knowledge. Joransen emphasized confidentiality with all and requested that the content not be shared until Joransen had completed her report to avoid “group think”. Joransen wanted individual’s impressions and opinions versus parroting what others have said which dilutes the feedback, minimizes the value of the feedback and generally becomes a waste of time for all.

While this is a culture review, there are some allegations that may need to be formally investigated. Specifically, regarding discriminatory allegations/inferences related to race and gender bias. To Joransen’s knowledge, these allegations have not been brought forward to the appropriate parties. After one allegation of sexual misconduct, Joransen referred the individual to the Office of Equity for their handling. Without detail, these items are listed on Attachment D page 17.

The results of these meetings are summarized in this report. In summary, CAP is fiercely, noticeably and emotionally divided. The use of the word “fiercely” is intentional because there are very strong emotions on both “sides”. Lack of trust is certainly evident however, people refer to some colleagues as liars and there are multiple people who want their colleagues punished and made an example of. Feelings run deep and there is a righteousness where individuals feel 100% justified in their beliefs. To say some individuals are hated would not be an understatement. Initially described to Joransen as a power imbalance with the Chair and behavioral Faculty concerns, this situation quickly became apparent as a much more layered and complex scenario. There is much more to the story.

Much of the feedback was specifically regarding Dean Ellin. The level of distrust is tangible and the lack of respect is directly stated by many. There is a belief that she tried to undermine the Architecture school accreditation process and until that is proven one way or the other, this specific open issue will continue to linger for many. However, there is no definitive way to prove what was said unless the accreditation team is directly contacted. Statements regarding Dean Ellin’s strong degree of control, interference, micro-managing and playing favorites are just a few of the comments. Joransen asked many if they would “give her a chance” if the Dean was given feedback and support to work thru the stated concerns. All but one said ‘no’. Many do not believe that what she says is genuine and that her personal agenda, vindictiveness and divisiveness would certainly prevail.

There are also a number of faculty & staff who speak very highly of Dean Ellin. Her vision, collaboration, inclusion, sensitive and thoughtful manner are some of the comment’s others shared. However, regardless of which “side” people are on, the common messages are that Dean Ellin is “never in the office”, “haven’t seen her in many months or years” and that she does not seek or even desire input from faculty. There is a pattern of her presenting a program or initiative and pretending to want input but really does not. It is clear to many that she has made up her mind and doesn’t care or want opinions as these are one-way conversations. Some have described her as the consummate politician.

While most of the meetings were people sharing negative stories and asking for help there are positives as well. Pride in the school programs, collegiality within departments, excitement about CU in general. Some people feel supported while others expressed PTSD (their words) by resurrecting painful memories, specifically with the Dean. Nearly all agreed that issues within Architecture have been very long-standing however the issues with the current Dean started shortly after she took post. Some expressed persistent hurt and anger (with no intent to forgive) over leadership decisions Dean Ellin made. The manner in which those changes were communicated to many remains a pain point and not

something folks are willing to put aside. While making organizational changes requires tremendous tact and the ability to carefully work thru nuances, apparently the Dean started off on the wrong foot by making multiple impactful organizational changes that she may not have handled in a respectful manner. Meaning, with the right degree of empathy and context. One individual described those interactions as mean-spirited. So while individuals were losing their responsibilities without understood logical context, they were treated poorly in the process. This added insult to injury for these people. There is an organizational toll that is also paid that goes beyond the impacted individual. Organizations/schools are watching how graciously Leader's address such personally & negatively impacting change. When an individual is perceived to not be treated respectfully by the Leader, that pain and anger is often felt and remembered by all who have histories with the impacted individual. As a result, many are defending and protecting their colleagues to this day (many years later).

Feedback was also received regarding concerns that the Provost would take no action at the conclusion of this review. Joransen included this in the report because many expressed this concern but also to emphasize that everyone is watching. Joransen shared with some that no matter what the Provost chooses to do, his action(s) will not please everyone. Some may be pleased while others will not be. Joransen emphasized that we are adults and don't always get our way but agreed that it is important to be heard/listened to and that actions required context so people understand the "why".

While the meetings with Joransen were under-way, other actions started occurring. Specifically, unsolicited letters of support for the Dean were being submitted to the Provost. Presumably those letters of recommendation were written to counter a lack of confidence communication to the Provost from some Arch Faculty stating that the Dean had attempted to undermine the Architecture accreditation in the exit meeting with NAAB. The Provost did not request these letters of support and there are many who believe Dean Ellin orchestrated these letters of endorsement and others stated it as fact to Joransen. While Joransen was told Dean Ellin initiated the letters the Dean repeatedly denied it. Joransen does know that the Dean was forwarding endorsement letters to others because one individual sent it to Joransen for her awareness failing to notice that the text of Dean Ellin forwarding it to a subordinate was included stating that she is humbled by the kind letters.

These reviews are taken very seriously by those who seek out Joransen for a confidential conversation to share whatever is on their mind. Joransen and the CU leadership also take these initiatives seriously and require no interference in the process. In this situation, after many interviews had concluded, it came to Joransen's attention that Dean Ellin had been coaching people and guiding what to share. One individual was very nervous and concerned regarding how to answer Ellin when the Dean probed what was discussed. As a result, Joransen helped this individual with wording so they could get out of an anticipated uncomfortable situation with the Dean. Actions to interfere and influence what individual's share is inappropriate to say the very least. Interfering actions such as this, takes away people's voice and erodes the quality of this report. Joransen was not only seriously dismayed but also, assuming this is true, it validated many, many of the statements made by Faculty regarding Dean Ellin's manner of work: meddling and manipulation.

Based upon a volume of feedback, apparently Architecture faculty are viewed to have a high degree of ego and arrogance and this is endemic to the field. There is a perception that is something that is modeled for students and specifically part of the relationships between senior and more junior faculty. There is the belief that the protection of tenure allows bad behavior to continue. Faculty at all levels in

Architecture candidly and privately shared that some of the behaviors exhibited by their peers is inappropriate and excessive. Many believe that these behaviors are limited to a few faculty. Some expressed belief that if these faculty left these behaviors will be diluted and minimized however, Joransen is not confident this will be the desired effect. Strong, experienced and compassionate leadership coupled with defined policies & clear personal accountability could make an impact over time.

Well over 250 pages of handwritten notes plus many pages of documentation and emails have been reviewed. Many recurring themes were identified based on statements made during the interviews. Below summarizes some of those themes. A more comprehensive list of verbatim detail (separated by faculty and staff and with no “markers” which could attribute statements to individuals) is attached. Joransen strongly suggests reading that included detail as it provides a much more personal and clearer picture of where people’s minds and hearts are at. Please refer to Attachment A, Pages 1-6.

## **II. THEMES**

### **CULTURE/ENVIRONMENT DESCRIBED BY FACULTY & STAFF**

*\*Please refer to the detailed list of statements describing the culture. Attachment A, Pages 1-6.*

#### **Positives:**

- CAP Staff are wonderful and supportive.
- Amazing people. Best culture it’s ever been.
- Generally positive.
- Programs are respected. Design-Build highly regarded.
- Collegial.
- Dean is a visionary.
- Chair Swackhamer is exceptional.

#### **Areas of Concern:**

- Arch faculty (the 5 or 7) are disrespectful and combative. Difficult to work with.
- Worst culture I’ve ever seen.
- Personal animosities.
- Arch is under-resourced
- Arch gets all the resources
- Dysfunctional & toxic.
- Trust issues with Dean Ellin. Badmouths Architecture inside & outside. Imposes her plans on CAP. Vindictive. Interferes.
- Architecture bylaws never implemented. Faculty governance has been missing.
- Arch Chair Swackhamer is being manipulated by his faculty.
- Hostile environment.
- Faculty work within privilege.



- Staff treated like 2<sup>nd</sup> class citizens or worse.
- Once a person crosses or falls out of favor with Dean Ellin, there are no 2<sup>nd</sup> chances.

### **III. JORANSEN OBSERVATIONS**

The individuals who met with Joransen were forthright and genuine. Everyone has bias' and personal motives however whatever their motivations are or how their impressions came to be, the feedback appeared real to that person. She spent significant time with everyone and saw well-intended individuals for the most part. People have been agonizing over internal situations for a long time. The strife is not new however, most have found alliances and focus on their work to avoid the politics. There is a hopeful but guarded desire that behavioral change will occur with some faculty.

The conflict between Dean Ellin and Arch Chair Swackhamer is evident to nearly all who spoke with Joransen. Either they personally observe it or they have been told about it. The Dean clearly shares her perceptions about the Arch Chair with others as many people are repeating what the Dean told Joransen verbatim, or nearly verbatim. As the supervisor, the Dean should be addressing her concerns with the employee, not airing any issues/concerns with others. While relationships take two people, in this circumstance, Joransen believes that the conflict is primarily driven by Ellin. Ellin is relentless and Joransen is doubtful there is a win-win here for the Chair. Ellin is the boss and needs to be facilitating a stronger relationship. A subordinate (Swackhamer) is always more limited than the one in charge. They both would benefit from strong coaching, conflict resolution and ongoing support. After 6 years, the perception by many is that Ellin is not capable of unifying her college. To say it is divided is not nearly a strong enough description and Joransen is not confident this situation is reparable. Ellin is actively politicking and is clear about her viewpoint of Swackhamer. As the Dean, she has the authority to remove him as Chair. Instead, as reported, she openly denigrates his performance as the chair. Swackhamer has the support of the majority of the Arch faculty and it is viewed that removing him would stop the positive momentum in the department.

Ellin has worked hard to influence this report. In addition to coaching others (based on the feedback), Joransen has received over 50 emails from Ellin and one of them instructs Joransen what to write in her report, what the findings should be and also wrote the elements of the letter the Dean wants the Provost to send. With her degree of interference, Joransen is not confident that this report reflects a true picture, specifically Joransen questions the positive comments. There is apparently more regarding Ellin that is being hidden. This came up during interviews however individuals were too afraid to share, rather individuals believe that Joransen understood the gist of the concerns without needing more details. Joransen did not press further due to the degree of their discomfort.

In one meeting with Ellin, Joransen mentioned the need to build trust. Ellin's response was shock asking "don't people trust me?". There could be significant blind spots however Joransen believes she is well aware of all the details however either disregards or she cannot accept criticism. Not certain of the motivation however, the result is damaging to the CAP school. Ellin repeatedly asks for feedback from the Provost and Joransen. It is to be noted that certain specific feedback will identify an individual who came forward and based upon many people's feedback, Ellin cannot be trusted to manage without retaliating in some form.

The characterization of Chair Swackhamer as described to Joransen by Ellin and a few others (manipulated by Faculty, not strong enough to hear negative feedback, mis-representing facts), is not who Joransen has observed nor has been reported by many. He seems to have a finger on the pulse and understands the challenges and readily admits there are areas for him to work on. Swackhamer seems open to feedback. He gives the Dean space and understanding and the benefit of the doubt. However, his actions may not always be supportive of Ellin and which she considers him insubordinate, ex: he cancelled a meeting the Dean scheduled. His actions could be better understood if they had open dialogue. He is in a challenging position trying to find balance between a largely disenfranchised Architecture faculty and a Dean who is not respected. Multiple have said they will leave if she stays however there are perhaps others who would leave if Ellin leaves.

#### **IV. ACCREDITATION**

*Note: Joransen is not an accreditation expert. She is relaying what was shared to her. The below accreditation statements were presented by individuals and Joransen has tried to identify the threads of truth and consistency.*

Regarding the accreditation issue, it appears there were mis-steps. Whether intentional to rush through curricular changes or faculty truly felt they were within their rights is not clear. It appears that the standard curricular review process was not followed to add the new History 3 class. This is the class that some stated the NAAB was now required to provide global historical learnings to students. This third course was proposed to support those new guidelines. Whether the requirement could have been accomplished in the two history classes that are already available or not is a question of multiple opinions. Some believe the course will operate to provide enrollment for courses offered by Amir Ameri since they may be under enrolled. Others also believe it will negatively impact electives.

However, the real issue is whether Dean Ellin intentionally shared that the new History 3 course was not approved during the accreditation team exit meeting. The course was approved by the faculty but was not yet in the catalog. Some say the faculty vote was quickly done and perhaps dissenters not present. Joransen understands that the Accreditation Exit Meeting is highly structured. Dean Ellin has stated that she answered a direct question about the course from the accreditation team. Some Faculty stated that this was a perfunctory meeting and the Accreditation team had plenty of prior opportunity to question the course, which they did not, because the Exit Meeting is so structured and is strictly prescribed it would not allow for such a question to be asked. Dean Ellin provided her side of the story which most do not believe. Unless we contact the Accreditation team (and they may not even remember), we will never know with certainty what occurred. (Note: Some have stated that Ellin also attempted to undermine the Architecture accreditation at her prior role at the University of Texas.)

#### **V. RECOMMENDATIONS**

##### **A, Recommendations to Enhance the Culture by Faculty & Staff – Summarized:**

*\*Please refer to the detailed list of recommendations in Attachment B, pages 7-11.*

- Dean Ellin and Chair Swackhamer need to talk. No functional relationship currently exists. Establish a foundation of how they can work together.
- Architecture bylaws need to be finalized and policies need to be updated. All bylaws and policies need to be adhered to.

- Some senior Architecture faculty need to be more collaborative and respectful.
- Dean Ellin needs to be visible on campus.
- [REDACTED]
- Breakout Architecture into its own school or combine it with another part of the campus, ex. College of Arts & Media.
- Allocate resources appropriately across CAP. Explain the decisions with data to back it up.
- Need more diversity in our Faculty.
- Need answers from Accreditation team to validate what was said in the exit meeting with Dean Ellin. Either the Dean or the Accreditation team violated the process.
- Architecture needs to stop undermining the Dean.
- The Dean needs to stop undermining Architecture and Chair Swackhamer.
- Need anti-bullying training.
- Hold faculty accountable, including Dean Ellin.
- Dean Ellin needs to stop meddling and micro-managing.
- Dean Ellin needs to be transparent and learn how to communicate and listen vs talking “at” people.
- Insist the History 3 course go thru curricular review and re-vote by Arch Faculty.

#### **B. Joransen recommendations:**

Tangible, positive and sustainable cultural change nearly always starts with effective leadership. A strong element of the success of any improvements will rely upon trust. Trust is fragile. Once it’s broken, it is very difficult if not nearly impossible to fully re-gain it. Based upon the conversations with Joransen, Dean Ellin is simply not trusted by the majority of CAP. For the Dean to lead this school to a better place it will require humility and consistent observable practices. Dean Ellis is under a microscope now and the intensity of scrutiny will only be enhanced after this review. Some suggestions for your consideration are below:

- Provost hosts a meeting to share his takeaways from this review with CAP (Faculty and Staff) and his plans to move forward. Draft invitation attached.
- Dean Ellin needs to hear direct feedback. After hearing the themes of what many within CAP have shared, she needs to prepare a plan for how she intends to turn around the negative perception of her and build trust. She also needs to unify the College. She is viewed as a disingenuous politician, amongst the other feedback stated in this document so this will be a challenging task.
- The Dean and Chair Swackhamer need to be held accountable for their behaviors. Accountability is not always about what they are doing but also what they are not doing. Not working together is not an option. Joransen knows that the Chair desires face to face discussion however the Dean has not consistently been willing. Professional conflict resolution intervention and/or mediation is needed. Consider utilizing Collaborative Decision Resources. They are mediators and conflict resolution experts. Cdrassociates.org is based in Boulder and they provide expert dispute resolution. The relationship between Ellin and Swackhamer may not be salvageable however. Trust is broken and psychological safety is essentially absent.

- Dean Ellin needs to immediately stop bad-mouthing Chair Swackhamer and Architecture faculty. Too many people outside of those with a need-to-know are aware of details and impressions that are nearly verbatim to what the Dean shared with Joransen. Plus, people outside of CU are also aware.
- Dean Ellin may benefit from very strong coaching and regular oversight. She would need to be open to direct feedback and be held accountable to make necessary changes. Needed and sustained behavioral changes include: to limit and/or stop meddling, unnecessary interference, favoritism, manipulation, and vindictiveness, to name a few.
- Many suggested an organizational restructure. Perhaps this could be considered. Architecture could move to a different college. However, Landscape & Planning are too tiny to likely warrant their own Dean. Those two departments could perhaps be absorbed somewhere else. Dean Ellin's role would be eliminated. If this is a serious consideration, the new Dean must be an effective Leader. Many of the Architecture department have already dismissed Ellin and after this review and the accreditation issue, this chasm is deeper. The differences are profound, predicated on a lack of trust and respect of the Dean. Credibility is mostly non-existent based upon Joransen's interviews.
- Faculty need to be held accountable for their behavior. Consequences for tenured faculty are a challenge as mentioned earlier. However, perhaps this includes defining a professional conduct policy, enforcing a no-bullying policy, giving direct feedback to specific faculty, incorporating behaviors into the review process and impact compensation accordingly.
- Consider offering retirement incentives to senior faculty who are deemed to be disruptive. Based on feedback, people feel bullied and intimidated by a small number of Arch faculty. This is not new and has been ignored or enabled for many years.
- A thorough analysis to be shared with CAP employees reviewing the faculty ratios for each of the departments within CAP. Data needs to be shared and any corrections need to be implemented.
- Chair Swackhamer could benefit from strong coaching. [REDACTED]  
[REDACTED] s [REDACTED]  
[REDACTED]
- Settle the accreditation exit meeting issue one way or the other. Either reach out to the accreditation team to confirm conversations or decide to believe Dean Ellin without verifying her statement. The Provost will need to send an email out to CAP with his determination. Note: If the Provost decides to believe Ellin without validating, he will lose credibility with many. Another alternative is simply to say we will never know with certainty what happened in that meeting and we need to move on, however, this will not be well received and will be viewed as a cop-out.
- Drive a culture of accountability and respect. Encourage people to work out their differences directly with one another and leaders need to role model this behavior versus feeding into drama. Define professional conduct and leaders, again, must role model.
- Establish disciplined processes for performance evaluations and one on one meetings so all individuals, regardless of level, are receiving regular feedback which may strengthen relationships having these conversations.
- Implement the Architecture bylaws (perhaps bylaws are also needed across CAP).

In summary, CAP is a deeply divided college. At the center of it and based upon feedback and her own observations, Joransen believes Dean Ellin is driving a wedge. The outcome of this is now visible with

individuals openly taking sides. Ellin is not viewed by many as credible nor capable of being transparent. This lack of unity and dissention is one extreme set of opinions while there are others on the opposite extreme applauding Ellin's leadership and expressing bitterness toward the Architecture department. Changing culture can happen however, it cannot be a slogan or a program. It can't be a "check the box", simply going thru the motions and following a list of do's and don'ts. Sustainable change must be genuinely embraced and every decision will either reinforce a strong culture or tear it down. For example: The CAP IgnitEvolution slogan that Ellin rolled out is viewed as a joke by many of the Architecture faculty who are embarrassed by this gimmicky slogan. This was a significant missed opportunity by the Dean to build alignment. A positive path forward and articulating a commitment for positive change will be embraced by nearly all if an effective leader is at the helm.

Thank you for this opportunity. I will assist in any way that you would like my additional support.





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Dear Faculty and Staff,

I'm reaching out to share some news. I have made the decision to change leadership in the College of Architecture and Planning, effective immediately. Dr. Nan Ellin will no longer lead the college. I am exploring succession options and will be in touch soon.

Until then, I will assume leadership for the college and will be working with the college's leadership to ensure program continuity. My expectation is to have a new dean in place as soon as possible.

I want to thank Dr. Ellin for serving as the college's dean since 2017 and her work with the Denver community on behalf of the college and CU Denver. I look forward to working with you to serve our students and move the great activities of the college forward.

Together, we will be ready for a successful fall semester.

Constancio Nakuma  
Provost



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1380 Lawrence Street | Denver, CO 80204

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# College of Architecture and Planning

UNIVERSITY OF COLORADO **DENVER**

## *A Message on Behalf of Provost Constancio Nakuma*

Dear CAP students, faculty, and staff,

Last week I informed you that I had made a change in your college leadership. I should clarify that while Nan Ellin will no longer serve as your dean, she remains a tenured full professor and is expected to return to the faculty as a contributing member of CAP. I can imagine the timing of this announcement – just weeks before the start of the fall semester – may have taken you by surprise. But I made this decision after careful consideration because I became increasingly concerned about the culture within CAP. Earlier today, I met with many of you to introduce Statistics Professor Stephanie Santorico as the new interim dean. She begins her appointment tomorrow. I will be sharing the news with the campus community later today.

Professor Santorico, who has been at CU Denver since 2008, has agreed to serve in this role for the next two academic years to work with you to improve the college's culture and work environment. I will share more details over time about other planned supporting actions designed to stimulate and facilitate internal conversations among members of the CAP community with the goal of rebuilding trust.

Some may ask why I appointed someone outside of CAP to lead the college. Simply put, we need external leadership – someone who comes without bias or past conflicts – to help rebuild a community of trust. I have full confidence that Dr. Santorico will work with CAP's students, faculty, staff, and our engaged planning and architectural community to lead through this transition.

Dr. Santorico is well prepared for this assignment and her proven leadership ability will be essential through this transition. She has been an associate dean with the College of Liberal Arts and Sciences and earned awards for faculty and student mentoring. This past year, she served as an American Council on Education Fellow, where she received extensive higher education leadership training, including critical conversations, institutional change, financial management, and authentic leadership. Dr. Santorico also has the trust and respect of the faculty, as evidenced by her recent election as the incoming Faculty Assembly chair. She will step down from that position and the Faculty Assembly leadership is working on the process for a new chair. Dr. Santorico has also relinquished prior CLAS commitments to fully focus on CAP.

Please know that I am fully committed to the college's academic programs, student success, and improving the culture. I expect you to work alongside Dr. Santorico to build that community



for yourselves. I know, as we work together, that CAP's best days are ahead.

Constancio Nakuma  
Provost



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Your CU ID:

August 3, 2023

Dear Chancellor Marks,

We, the undersigned 8 of the total 17 tenured faculty in the College of Architecture in Planning (other than Dean Nan Ellin), have deep concerns about the culture study provided to Provost Nakuma by Joyce Joransen. It is biased in multiple ways and filled with inaccurate statements, unsupported claims, contradictions, and numerous characterizations that are at odds with our experiences. It consistently uses terminology that suggests a broad coalescence of opinion (e.g., “majority,” “most”), without providing supporting data or methods used, and it silences the voices of many faculty and staff whose opinions she dismissed.

Seven of us met with Joyce Joransen while she was performing a culture study of the college and do not feel that the report submitted to Provost Nakuma accurately or sufficiently articulated the perspectives we shared with her about the culture of the college, our appreciation for Dr. Ellin as Dean, or the concerns that we expressed about the behavior of some members of our community. We feel that this report is highly biased in favor of those faculty who initiated the complaints against Dr. Ellin and dismisses as fact, without proof or due process, the input of those of us who support her. Not only did it systematically dismiss most expressions of support for the Dean, but we also question whether an equitable process was used to sample faculty and staff opinions; for instance, we know of at least one faculty member in support of Dr. Ellin who reached out to Joyce for an interview but did not receive a response from her to set up a meeting.

We are particularly dismayed that the letters of support for Dr. Ellin that we each signed in the past have been characterized as potentially being coerced or “coached” by her in the report (page 3: “it came to Joransen’s attention that Dean Ellin had been coaching people and guiding what to share...assuming this is true, it validated many, many of the statements made by Faculty regarding Dean Ellin’s manner of work: meddling and manipulation”; she also writes on page 5 that she “questions the positive comments,” made about the Dean). All of us categorically deny that we experienced any such coaching or coercion, and if there is any question as to whether those letters are genuine, and of our own volition, the fact that we hereby strongly reiterate our support at this point should clearly resolve that question. Additionally, our conversations with other staff and faculty in the college who do not feel comfortable signing their names but who also strongly support Dr. Ellin further undermines the theory of coercion. This highly biased derogation of some faculty voices and elevation of others is unacceptable.

We also found the report to be riddled with instances of hearsay stated as fact which, in many cases, we can disprove from firsthand experience. For instance, the report states “the common messages are that Dean Ellin is ‘never in the office’, ‘haven’t seen her in many months or years’ and that she does not seek or even desire input from faculty (page 2).” These are demonstrably false based on our personal experience and could easily be disproven by sharing her calendar as well as numerous communications in which she solicits feedback from faculty and staff for new ideas, programs, and initiatives. If either of those data sources have been analyzed in the report, they are not mentioned as corroboration. The report also contains numerous strongly opinionated statements that are inherently unprovable, such as “there is a pattern of her presenting a program or initiative and pretending to want input but really does not.” How could any respondent claim to truly know that Dean Ellin’s intent is to “pretend” when asking for feedback?

There are also several important mischaracterizations. The report states, for instance, that “Ellin has worked hard to influence this report. In addition to coaching others (based on the feedback), Joransen has received over 50 emails from Ellin and one of them instructs Joransen what to write her report....” (page 5). The suggestion that Dean Ellin orchestrated a 50-email lobbying campaign is at odds with our understanding that

almost all these 50 emails represent initial scope setting for the contract and subsequent responses to specific information requests made by Joransen to Dean Ellin. And if there is an email from the Dean that specifically instructs Ms. Joransen what to write, this e-mail should be evaluated to see if it was in fact in response to a question that Ms. Joransen asked at least some of the other interviewees about what they would recommend in order to resolve the conflict within CAP.

We have not asked people without the security of tenure to give us their thoughts on this report, but we are aware of many staff and untenured faculty in the college who strongly support her. Consequent to the summary removal of Dr. Ellin from her position as Dean, none feel safe enough to speak to this process or their concerns. We are in the firm belief that if we were able to take those voices into account, the representative majority of faculty and staff at CAP would express their support for her.

As researchers and analysts who regularly work with survey or interview data, we are concerned by Ms. Joransen's methods. We identified several issues which indicate a strong possibility that the Report is built on non-representative evidence and cannot therefore be the basis for such a strong reaction.

Are responses representative? Since data is central for meaningful analysis, it is key that Ms. Joransen share information about the sample. This sample information does not need to include self-identifiers, however, distributions by group identifiers (age, non-/tenure/CTT, staff/faculty, programs/departments, etc.) would give the reader a sense of how representative the interviewee group is relative to CAP as a whole. The report also fails to discuss how interviewees were determined to be sampled. Were some faculty reached out to directly while others had to request a meeting? Further, as discussed above, Ms. Joransen did not respond to all requests to meet. This suggests that the interview pool for this report is likely made up disproportionately of self-selected individuals, which itself casts significant doubt on the validity of the Report's findings. Further, if Ms. Joransen is discounting those responses that are positive toward Dean Ellin as being "coerced," something that is suggested by her narrative, this would lead to an even greater bias in the interpretation of results.

Are findings substantiated? With 48 interviews and a 250-page corpus of evidence, we were surprised that the Report fails to substantiate the prevalence of opinions or level of agreement/disagreement in perceptions with anything other than highly subjective and non-quantitative generalizations, a problem that is compounded by potentially unrepresentative sampling mentioned above. Major conclusions tend to be supported not by data, but rather by sweeping statements of what she perceives to be general sentiment: e.g., "there are many who believe..." , "the common messages are..." , "stated by many..." , "as reported...". When it comes to actual data, there is simply no way to tell what proportion of the CAP population believes what. For instance, where it says: "Statements regarding Dean Ellin's strong degree of control, interference, micro-managing and playing favorites are *just a few* of the comments (page 2) ..." what percentage of the sample made these comments? She also writes "While most of the meetings were people sharing negative stories and asking for help there are positives as well (page 2)." How many people and percentages made positive and negative comments? What percentage of the total contents can be classified under these constructs (positive and negative)? How are value-based terms such as "positive" and "negative" defined for the sake of this report? And how many people feeling positive towards the Dean were not sampled? And finally, it says "Based upon the conversations with Joransen, Dean Ellin is simply not trusted by the majority of CAP." What constitutes a "majority" of CAP in this context and relative to what sample of the population? Since we do not know who was and was not sampled, it is impossible to conclude that any opinion was subscribed to by an actual majority of faculty and staff. Further, it appears that questions were not asked consistently across respondents, something that could result in misleading conclusions. For instance, she

writes "Joransen asked *many* if they would "give her a chance (page 2)..." This suggests that Ms. Joransen did not necessarily ask the same questions of every respondent.

This interpretation of results leads to strongly worded conclusions from Ms. Joransen. For instance, she writes "Joransen was not only seriously dismayed but also, *assuming this is true*, it validated *many, many* of the statements made by Faculty regarding Dean Ellin's manner of work: meddling and manipulation (page 3)." As a group of faculty that has never observed these negative characteristics that are attributed to Dr. Ellin, we feel strongly that, at a minimum, our voices have gone unrepresented in this report and, more likely, our perspective represents the opinion of the majority in CAP.

Given what we now know about the culture study conducted by Joyce Joransen, we, the undersigned respectfully request that all actions taken based on this report be reversed until its allegations can be corroborated and verified in a more transparent and rigorous manner with shared governance. We thank you for your prompt attention to this extremely important matter.

Sincerely,