Employee Support Subcommittee Proposal

I. **Subcommittee charge**
Identify gaps in CC's existing wellness resources for employees. Research and recommend processes for filling those gaps.

II. **Committee Process**
The group met three times – February 28, March 20, and April 12. The first meeting saw eight members of the group participate. The last two meetings only had four members participate. Finally, the group worked via email throughout the semester.

The group had access to the "Developing Our Mental Health Playbook. The Grit Podcast: with Dr. Ben Peery" This episode has a mental health "playbook" that summarizes at the end of the interview with Resa Hayes, one of our local, outstanding mental health professionals.

The Vice President of People and Workplace Culture, Ryan Simmons, invited the group to a meeting. Two committee members met with Simmons on March 27 to discuss some of the topics our working group was considering and what might be the optimal priorities for the Office of Human Resources.

III. **Proposal**
As employees support the student body at CC, we ask that the administration recognize that employees (faculty and staff) and students have changed during the last few years navigating the COVID-19 pandemic. Therefore, the over-arching question posed throughout our discussions was: What changes and additions to existing services will positively affect employee mental health and well-being? The four themes that dominated our conversations revolved around (1) requesting more clarification on priorities from the administration, (2) access to mental health, strengthening existing services, and developing proactive wellness plans, (3) ensuring living wages and benefits for all employees, and (4) focusing on the working environment for employees.

Some possible root causes of mental health difficulties –

i. Time - The campus culture is asking us to do more daily. How can we be reflective of that in streamlining what we're doing?
ii. Workloads differ between offices and divisions: some have less flexibility.
iii. Need for culture change: We need more expertise. Other causes include staff resources, not taking a vacation/no cross-training, faculty/staff divide, compensation, and the Block Plan. Work/flex time depends on your supervisor, which is a consistent theme across CC: Where you sit at the college has a significant impact on the quality of your mental health and well-being.
iv. The college has surveyed faculty and staff three times using the ModernThink instrument. Some of the same issues keep coming up. What is the Cabinet doing with its information from the December 2021 ModernThink survey results regarding well-being?

Recommendation #1: Increased & transparent communication from the administration on campus priorities:

We propose that CC leadership acknowledge and address the significant number of leadership changes and subsequent priority changes of the past few years. We propose leadership assesses how these changes impact our community. In particular, it is hard to keep up with which priorities are being maintained from prior administrations and which are being replaced with new priorities. Numerous significant changes without transparent communication contribute to employee stress and distrust.

We propose that new initiatives are carefully vetted for how they are implemented. We are overly committed, over-scheduled, and lack the time or adequate resources to do the work we were hired to do. How can we do less to do more? How can there be more oversight regarding whether multiple committees (areas, departments, etc.) work on the same issues?

Recommendation #2: Access to equitable and quality mental health care:
We request an increase in services for employees dealing with chronic stress, those experiencing secondary trauma from serving our students, and other sources. We want to emphasize an approach where we normalize discussing mental health and stress issues and normalize our access to mental health and wellness programs. There was overwhelming agreement that our current system, which relies on EAP, is not an adequate resource for employees. The EAP program was recently evaluated and identified as having weaknesses by the Cabinet.

(email communication to CC campus on 2/27/23; "Cabinet Mental Health & Wellness Commitments" via communications@coloradocollege.edu)

Therefore, we propose that CC provide an on-site mental health care provider for employees.
In the interim, we propose that the administration prioritize mental health care by providing paid time off for employees to access that care. We request that employees have access to two paid hours every two weeks to access mental health care (two hours are requested to include travel time for off-site appointments). As we pursue options for employee mental health care, we ask that confidentiality and privacy be included in these discussions, as stigma is still a genuine aspect of seeking such care. We propose:

a) that if EAP remains the only option for employees, then leadership allow employees to access on-campus student mental health counselors in emergency situations. In addition, we propose that someone be assigned to work directly with employees to access counselors through the EAP program, as it has a reputation for being difficult to navigate.
b) that CC provides more evidence-based proactive wellness plans for employees at CC. As a campus, we have been very reactionary to mental health issues and related emergencies, but we do not have effective employee wellness programs. In addition, we ask that these programs respect our time and our positions (can we access them regarding our work or teaching schedules, etc., while respecting our personal time).
c) that there are multiple avenues available for employees to access mental health care and to provide avenues for trusted employees to reach out on behalf of others. We recognize that not everyone is comfortable reaching out for help.

d) that CC creates a mental health playbook for self-care that employees can tap into for daily check-ins as part of a proactive plan.
e) having access to temporary emergency care to support family emergencies with childcare, elderly care, etc. As an idea, U. Michigan pays for a care.com membership fee for all employees and students to access providers, with the employee/student picking up the cost of care.
f) an internal evaluation to assess and determine equity regarding faculty and staff management, time commitments, and flexibility, which are significant sources of stress and poor mental health. If the college is committed to anti-racism, this requires equitably ensuring policies, practices, and resources that attend to the well-being of minoritized employees.

Recommendation #3: Ensuring living wages for all employees:
Improve wages for employees to meet an affordable living wage in Colorado Springs. This step would maximize position retention, thus minimizing employees' identified stress and burnout.

We propose CC evaluates compensation and benefits against our peer schools and the increasing cost of living in Colorado Springs.

Recommendation #4: Improve the working environment for employees on campus:
We request that the leadership focus on improving the working environment at CC for faculty and staff. Our specific request is to improve the relationship between faculty and staff, and between administration and faculty/staff, which can be tense, as affirmed in the ModernThink Climate Survey results:

1. Create a working environment that reflects the needs of faculty and staff in their workspaces and fosters a healthy work culture at CC. We propose:

a) hiring to fill open staff positions so that staff aren't continually stretched and burned out. We also suggest providing cross-training among positions to support work when staff are not in.
b) evaluating whether "practice follows actual policies" regarding working conditions in different offices on campus, especially concerning hybrid work with staff, and assessing whether practices are consistent across offices.
c) creating policies to address inconsistencies when they are found. We also encourage that policies be made proactively available to staff. We hope more staff will have a better work-life balance by creating equitable access to hybrid opportunities. We propose the college require training for all supervisors on implementing equitable policies and fostering a positive working environment for their teams.
d) creating space for faculty to have time to adapt courses to post-pandemic teaching, as it's clear that faculty and students have changed during the pandemic. We need to reflect this new "normal." This could be a new paid summer curriculum grant and/or a block off for course adaptations.

2. Create a bond of trust and respect between faculty and staff. Moreover, create a bond of trust between administration and faculty/staff. Create a campus culture that

fosters a respectful and collaborative environment, as staff and faculty need to work collaboratively and respectfully to provide their unique and valuable expertise that contributes to our student-based work. We propose:

a) CC leadership address faculty-staff relationships and trust-building between faculty and staff and between the administration and faculty/staff. Staff have relayed that there is a lack of trust in how faculty interact with them, and they often feel belittled in interactions with faculty. We need to address these issues to create a healthy working environment where staff feel valued. Our campus culture should foster a respectful and collaborative environment, as staff and faculty need to work collaboratively and respectfully to provide their unique and valuable expertise that contributes to our student-based work.

b) specifically creating physical spaces, and time, for marginalized communities (LGBTQ, BIPOC, etc.) to come together in a way that is supportive and rejuvenating and not oriented to service. Perhaps designated lunch spaces in Rastall or Benji's. Finally, consider supporting affinity groups for parenting and/or employees providing eldercare, etc.

3. Staff and faculty play a vital role in contributing to CC's mission. We need to create an environment that values the time taken from the personal lives of faculty and staff as they contribute to volunteer work at CC. We recognize the disparity in how service is recognized and rewarded between faculty and staff and encourage the college leadership to do so as well. We propose:

a) providing compensation or flex-time for staff that volunteer to support campus events and projects. For example, we propose that time spent contributing to this Employee Health and Wellness Task Force be recognized and compensated constructively.

Closing Thoughts
Other ideas that surfaced included:
  i.   Access to/coverage for "out-of-network" mental health providers:
    a. Question - can CC fund those costs or expand the providers that are "in-network"? Many providers do not take insurance and getting reimbursed through Cigna can be extremely challenging, which adds to employee stress.
  ii.   The college needs to be mindful of the "whiteness" of proposals and examine all policies from a lens of equity and inclusion before adoption.
  iii. There is a lack of conflict resolution and accountability practices at the college. Not addressing that conflict has an emotional labor/tax on its employees. In addition, reliving ongoing trauma, particularly with institutional discrimination and the lack of equity, has a lasting toll on the community. Employees need to be trained how to productively navigate conflict and supervisors need to be held accountable.
  iv.   There should be more proactive, evidence-based wellness plans, lifestyle awareness, and lifestyle coaching.
  v.   The college needs to adopt a community-based feedback loop to assess program effectiveness of any new and existing programs.

vi.   Ask the college leadership to acknowledge that the institution takes advantage of employees' time when asking employees to do "service" for the college that is outside the boundaries of job descriptions.

vii.   Whatever actions are taken – clearly communicate the timeline for steps to take place and update communications across campus often enough for community members to know progress is being made.

viii.   Establish and adhere to boundaries in terms of time; for example, do not have work expectations after 5 pm on weekdays or weekends.

Meeting over Zoom after 5 p.m. proved difficult after the first two meetings. The final session in April was over the lunch hour, but it also proved too difficult for the members to participate. The group's most significant barrier was the ability to participate in discussions and engage with each other.

Not having an assigned leader(s) of the group meant that planning meetings were not structured or timely, contributing to lower attendance for the second and third meetings.

Subcommittee Membership
Marlene Arnold, Assistant Director, International Student & Scholar Services
Jane Byrnes, Student Success Specialist, Pre-Health Professions
Peggy Daugherty, Associate Professor in Chemistry and Biochemistry
Chantal Figueroa, Assistant Professor in Sociology
Hana Low, CC alum, RN
Cassie Luna, Sexual Assault Response Coordinator
Emily Miller, Admission Coordinator
Ben Peery, CC alum, Emergency Room Physician
Deka Spears, Access & Equity Coordinator
Tina Valtierra, Associate Professor & Chair of Education
Lyrae Williams, Associate Vice President, Institutional Planning & Effectiveness

Self-Care Mechanisms for Staff, Faculty, and Students Proposal

I. **Introduction.** This subgroup was charged with identifying initiatives/efforts that will support CC students and employees engaging in wellness self-care.

II. **Our process.** We relied upon the expertise of our professional committee members, and the research skills of our CC members, to construct a playbook document that can be distributed by administration and used by the campus community.

   a. **Resources used:** Contributions to the playbook were made by subcommittee members Dr. Ben Peery, Caroline Myers, Matt Streich, Jessica Hunter, Lori Driscoll, and Knox Huang. Knox and Lori organized submissions and researched empirical evidence for the efficacy of individual items. References found by Knox and Lori are embedded in the document for each item.

   b. **Outreach and engagement:** Dr. Ben Peery has a podcast called "The Grit Podcast With Dr. Ben Peery." Episode 32 features an interview with mental health professional Resa Hayes, LPC of Hayes Counseling Collective. The self-care ideas provided by Hayes in this podcast interview formed the backbone of part of our playbook: https://podcasts.apple.com/us/podcast/the-grit-podcast-with-dr-ben-peery/id1627521605?i=1000594146332 We also consulted with Lauree Dash, Advanced Yoga Nidra Teacher and Mindfulness Meditation Practitioner at Meditation Rebound in Oklahoma City. Lauree provides a free, publicly available Nigra Yoga session via Zoom every week, and we have incorporated this information into the playbook.

   c. **Subcommittee meetings:** The subcommittee had one official meeting on March 9, 2023 for 1.5 hours. At this meeting we agreed that the campus needs a centralized "playbook" of self-care items from which individuals could pick self-care items that are best suited to them. Gathering these items subsequently took place over email, and Knox and Lori met in person twice to consolidate and edit the playbook.

III. **Conclusions and barriers.** The subgroup is pleased with the playbook we have created, and we hope that the administration will promote it to the campus community in some way. The barrier this effort faces now is whether or not it will be adopted and used. We originally wanted to form a group of dedicated students, faculty, and staff who would be given an incentive to promote the playbook and try to get others to use it. However, our enthusiasm for this approach has waned with the end of the school year.

IV. **Recommendations:** We recommend that our playbook be "made pretty" and published by the administration for community use. It could be put on the CC website; it could be printed and distributed to mailboxes; posters with a QR code pointing to the document could be put around campus.

   a. **Resource availability:** Our subcommittee product is the resource.

   b. **Financial constraints:** The cost to CC would be only the cost to post and publish the document. This could be done at any time unless others along the way wish to revise the document.

   c. **Staffing/labor requirements:** Some labor will be needed to reformat and print the document. If the document will be rolled out in the context of New Student Orientation or a group discussion, personnel will be needed to facilitate this.

   d. **Space requirements:** No space is needed.

   e. **Existing resources:** The document could be made available at the Counseling Center or other areas of campus for members of the community to take.

V. Timeline and closing thoughts: This playbook can be edited and deployed at any time. It is designed to be ready to use as is, or it can be improved upon by other members of the community. We believe that this centralized resource can, if it is deployed properly, serve as a quick reference tool for the entire community.

Subcommittee members:
- Lori Driscoll PhD, Professor, Psychology
- H. Knox Huang, CC Psychology major
- Jessica Hunter PhD, Associate Director, Creativity and Innovation
- Joan Ericson PhD, Professor, German/Russian/East Asian Languages, Asian Studies
- Matt Streich, Assistant Coach, CC Men's Basketball
- Jane Byrnes MA, Student Success Specialist, Pre-Health Professions Advising Manager
- Benjamin Peery MD, Valley View Hospital, Glenwood Springs, CO
- Caroline Myers LCSW, Private practice in Colorado and North Carolina

Fundraising and Campaign Subgroup Recommendations

I. **Introduction**

Among the students and staff of Colorado College, stigma around mental health is not as prevalent as it is on many other college campuses. Students especially are open about their mental health with each other. However, several problems remain. Firstly, not all mental illnesses are equally stigmatized; while many students appear comfortable talking about anxiety and depression, illnesses that are more serious and less common remain stigmatized. Even at CC, a student with a mental illness more complex than mild-to-moderate anxiety or depression still faces social risks should they choose to be more open about their mental health.

At the same time, mental health services provided by the college have evidently failed to address the needs of students. Students are demanding more mental health staff as well as an institutionalized peer support system, all of which carry additional costs.

The aim of this subgroup was to conceive a mental health campaign that would defeat stigma as well as fundraise for more student mental health services. While we have not thought of every detail of this potential campaign, we have outlined a general idea of what we want and what we would need to do next.

II. **Process**

Our process for developing these recommendations was fairly straightforward. It was already common knowledge among us that open conversations about mental health not only reduce stigma of mental illness but can also provoke people to put time and money towards the improvement of the mental healthcare system. We used the internet to consult student mental health organizations such as Active Minds and Project LETS. Both organizations use personal stories about mental health to advocate for high school and college students with mental illness. Natasha Vorley also pointed us to Cornell University's campaign to de-stigmatize mental health issues among students which also uses the stories of individuals to encourage conversation about mental health.

We formulated our proposal over the course of three meetings. Attendance was overall good. Since there aren't many people in this subgroup, it was fairly easy to find a time that worked with everyone's schedules.

III. **Recommendations**

We propose having a mental health campaign that is targeted towards two main audiences: students (as well as possibly faculty and staff also on campus) and alumni/parents/donors. The student campaign will be about destigmatizing mental health. This will be done through storytelling. We will have students and alumni share their mental health stories to help others feel heard and to build understanding throughout the community. The student campaign will not be focused on bringing in money - this aspect is saved for the second part of the campaign. For the alumni campaign we will be more focused on bringing in money.

One barrier we came across is the need to know more about what resources are available

or are going to be put in place before this campaign. We want the monetary aspect of this campaign to fund mental health resources on campus, but need to know more about what possibilities there are. Could we form student support groups? Bring in more licensed professionals? Will these aspects be covered by other parts of the task force/those focusing on mental health at CC? Additionally, we face the obstacle of incentivizing people to share vulnerable information about themselves with a wide audience. We think it will be necessary to financially compensate the students and alumni who share their stories with us.

Existing resources
We believe students and alumni will be willing to share their stories, thus this is a resource available to us. Warren Lloyd proposed relying on the Advancement Office to collect stories from alumni. We also still have access on GroupMe to hundreds of students who were interested in last semester's mental health protests, and whom we could recruit to oversee this project.

Financial constraints
Primary costs will include compensating students and alumni for sharing their stories, as well as costs of printing/distributing flyers. An ideal number of student stories would be 20 and an ideal number of alumni stories would be 10, at least to start. If we were to compensate each person $10, the total would then be $300. As for posters, the current price of 100 (a good number for us to aim for) 11x17 text posters is $68.40.

Staffing/labor requirements
We would need people to oversee the process of collecting and distributing stories both online and on paper. We would need people with advertising, writing, editing, and marketing skills. Ideally, these people would be students. Given the current tension between the students and the institution, and the fact that the students value their autonomy and independence, we believe a for-students by-students campaign would be best.

IV. **Timeline & next step**
Our next steps are:
1. Gathering a team of students and some staff to oversee the campaign.
2. Figuring out logistics and the process of payment to those who share their stories.
3. Using a variety of media to advertise to the student and alumni bodies that we are looking for personal stories about mental health.

List of subcommittee members: Mackenzie Boyd, Kat Falacienski, Warren Lloyd, Natasha Vorley

Peer Support Subgroup Recommendations

I. **Introduction**

There is not an established peer support system at CC. Peer support groups with specific themes like BIPOC exist in the Counseling Center, but they do not have good turnout. While there are current students who have received sparse training and tried to establish peer support in one-on-one and group formats, most of them were volunteers and experienced burnout. Due to a lack of personal and infrastructural support from CC, students who want to establish a peer support system have met the bottleneck that is hard to overcome without further support from the institution.

A system of peer support would improve student mental health in a way that the institution has failed to do. Although the Wellness Resource Center (WRC) and Counseling Center serve as the mental health representatives for the institution, there has been general suspicion from the student body about both departments. Under the leadership of the former Senior Director Dr. Heather Horton, the WRC did not have good reviews among students. The WRC had a developed diagram of student support to showcase for people outside of CC, but the diagram seems to be more conceptual than practical and not well-presented, leading to the student body doubting the function of the WRC. After Dr. Heather Horton took leave, the WRC has not been active on campus. The Counseling Center has been criticized by students as having good therapists who were always overscheduled and other therapists who were not fully qualified and did not have many clients. In short, students who want to establish a peer support system do not have support from either the WRC or the Counseling Center. Peer support in general could include academic, socio-cultural, spiritual, and more CC-specific, outdoors support. The Writing Center, Quantitative Reasoning Center (QRC), and Outdoor Education Center are relatively successful cases of peer support systems that share the aspects of supervision from professional staff, established operational systems, monetary compensation, and student passion. Our recommendations try to integrate what is lacking and what has been successful in the process of establishing a peer support system that has a specific mental health focus.

II. **Process & Recommendations**

The idea of peer support for CC students is not new. Over the past year, various students have attempted to set up peer support groups and/or one-on-one peer counseling, but they have received little support from the institution. In order to formulate this proposal, we looked to students (including ourselves) who have already been advocating for an institutionally sanctioned peer support system on campus.

III. **Recommendations**

Based on background information and our knowledge, we propose a peer support system to be established. The proposal includes everything from staffing/space requirements to existing resources. We use the word "steward" to describe the students who work as a peer advocate in the peer support system.

Overall Format

Mental Health and Wellness Task Force Recommendations

The mental health peer steward system will be a club or an organization that will mostly be run by the students but have at least one licensed therapist or clinical/counseling psychologist and one administrative assistant.

The peer steward will be a formal job position. Students will need to apply through Handshake and be interviewed by the professionals as well as 1-2 existing steward members to get the position. Lived experience with mental illness, trauma, or neurodivergence is not required, but students who have such experience will be strongly encouraged to apply. Once a student gets the position, they will need to receive training from the licensed professional(s) and/or the existing stewards in order to have the essential qualifications for one-on-one peer support or group peer support facilitation.

After students complete the training, they will do peer support work under supervision from the licensed professional(s) and the existing stewards for the first few sessions, and they can choose to work more independently or with other stewards as formal stewards advocating for students' mental health. The licensed professionals will provide feedback for the stewards, and the students who call for support will receive forms asking for evaluation of the stewards.

Structural Requirements

A website for students who need peer support to schedule one-on-one appointments needs to be created through the institution, similar to the Writing Center/QRC's appointment webpage. The group facilitation schedule, including time, space, and forms asking for students' specific request, will be posted on the same webpage. The description of the steward position will also be posted there. Both options for in-person and Zoom will be provided. If there are sufficient stewards interested in group facilitation, groups with specific themes (substance use, suicide prevention/postvention, BIPOC, LGBTQ, etc.) could be created depending on the interests of group facilitators as well as student need.

A warmline, preferably 24/7, needs to be set up with two phones and two phone numbers from the organization(s) that the peer support system operates under, similar to RAs' on-call phones under Housing. There will be at least two people for each shift (3-4 hours). If people need to wait on hold, an automatic voice message will offer the phone number of the Colorado Peer Support Line if the CC warmline is too busy. The phones will be located in the physical office of the mental health peer steward system, although stewards will potentially need to move based on the situation of the people who call. All stewards, whether one-on-one supporters or group facilitators, will have on-call shifts at the warmline and do documentation that includes the brief description of the call and whether/what kind of follow-up is needed. Follow-up is required with people who are most vulnerable (those who are having thoughts of hurting themselves or someone else) or those who ask for a follow up in the way that they prefer (phone, video call, or in-person). Follow-up will be an option offered to everyone who calls the warmline. Physical space for the existence of the mental health peer steward system will include the event space in Worner's basement, classrooms in Cornerstone, etc., depending on the preferences of the groups.

During 8am - 8pm, one phone number will be used. During 8pm - 8am, the other phone number will be used.

Staffing Requirements

As previously mentioned, in order to make the peer support system work, the existing and prospective stewards need to have professional support from the institution. The mental health peer steward system should operate under either the WRC or an external organization in collaboration with CC. The staff will include:
- peer-advocate stewards who are current CC students
- an administrative assistant
- licensed professional(s) who will provide training and supervision for the stewards

The administrative assistant and licensed professionals will come from the organization(s) that the peer support system operates under. For training cases, see ASIST (Applied Suicide Intervention Skill Training) training from PPSPP as well as [Colorado Mental Wellness Network](#) - Peer Support Training, which costs $450 per person.

Financial Constraints

We expect the CC students who are working as a peer-advocate steward to be paid hourly (at least $14.05) for both the training and working. In addition, building the infrastructure, developing training, and hiring professionals for supervision will carry additional costs, depending on the external support that we seek.

IV. **Timeline and next steps**

Tentative next steps would include:
1. recruiting professional staff to help train and supervise the students.
2. obtaining some sort of training for students who want to be peer stewards.
3. figuring out the logistics of compensation and set up the warmline phone numbers.
4. advertising the peer steward position to the student body.

List of subcommittee members: Kat Falacienski, H. Knox Huang, Natasha Vorley

Mental Health Resources — Empirical Evidence Subgroup Recommendations

I. Introduction, including subcommittee charge.
II. The subcommittee's process to develop its recommendations.
     a. Use of internal or external resources (websites, research, studies, surveys, etc.)
     b. Outreach and engagement with others internal and external to the college
     c. Subcommittee meetings (number of, member engagement, length, etc.)
III. Conclusions at the end of the process, including any barriers the group ran
     into and other developments not anticipated in the beginning.
IV. Recommendations to the college, in the context of:
     a. resource availability (e.g., the availability of licensed counselors/therapists)
     b. financial constraints (please include cost estimates with your recommendations)
     c. staffing/labor requirements
     d. space requirements
     e. existing resources
V. Timeline, closing thoughts, ideas for next steps, and list of subcommittee members.

The interpretation of the empirical evidence provided to us by Professor Kristi Erdal (CC Psych Dept), written by CC student Ceder Bennett using Critical Discourse Analysis (CDA), suggests that communication at CC oftentimes uses lexicon in mass communication emails that overemphasizes resources and structures such as "programs", "protocols", and "expertise", rather than genuinely caring wording such as "care" and "support". In other words, CC showed priority of protocols and the institution over the people in those emails.

The mass communication emails also indicated CC's capitalistic way of dealing with mental health issues through meeting the award standard, winning, and demonstrating the award rather than showing how meeting the standard could (or not) actually benefit the mental health of students, faculty, and staff.

Based on the interpretation provided, we recommend that CC staff who are in charge of editing mass communication emails be trained in CDA to examine the content of those emails, and enable the emails to show CC's commitment to caring for its people over its structures and resources that are more related to its reputation. We do not foresee any financial barriers toward implementing this solution, nor would there be any space requirements. This solution would not require the hiring of an additional copywriter; rather, we advise CC Communications to collaborate with CC Sociology Dept (esp. faculty who are familiar with CDA) to train the mass email editors to understand how to review emails in search of not only spelling and grammatical errors, but lexicon that supports students, faculty, and staff mental health. Training should happen during this upcoming summer before the beginning of the AY 23-24 if possible, and CDA-based evaluation and editing should be applied to the mass communication emails starting Block 1.

Current CC communication lacks the stable infrastructure of making students' voices heard. Although in the past year, CC administration has tried to show care through sending candies at Rastall and holding meeting hours to hear students' voices, those were occasional.

We recommend that CC creates a survey for students that could be potentially distributed by the faculty at the beginning of Blocks 1, 3, 5, and 7 right after the first day's class. The survey should take no longer than five minutes in general and include both quantitative and qualitative measures, asking students to identify their top stressors and assess their mental health situation. The data can then be categorized and analyzed so that existing gaps are addressed, and solutions can be implemented in the future. The organized data should be at least partially transparent to the CC community. We recommend the data be analyzed and managed by the Wellness Resource Center in collaboration with CC Psychology and Sociology departments (who will provide students with opportunities for research with that data) and posted on the WRC website with comments and solutions from WRC staff. In this way, WRC will be able to create programming that specifically addresses students' needs, and CC administration will be able to chime in with care based on the data.

We do not expect financial constraints, additional staff, or space requirement aside from current WRC staff and departmental faculty, but time is needed to build the aforementioned infrastructure (including creating and distributing the survey by AVP Wellness and WRC, establishing the procedure of collaboration between WRC and Psych/Socio departments, data analysis and management, etc.). We recommend it to begin during this upcoming summer and implemented at the beginning of the AY 23-24.

List of empirical evidence section members: H. Knox Huang, Jacob McDougall