November 19, 2019

BY CERTIFIED MAIL

Dr. Raymond Burns, President
Leech Lake Tribal College
6945 Little Wolf Road NW
Cass Lake, MN 56633

Dear President Burns:

This letter is formal notification of action taken by the Higher Learning Commission (HLC) Board of Trustees ("the Board") concerning Leech Lake Tribal College ("the Institution"). This action is effective as of the date the Board acted, November 7, 2019. In taking this action, the Board considered materials from the most recent comprehensive evaluation, including, but not limited to: the Assurance Filing the institution submitted, the report from the comprehensive evaluation team, the report of the Institutional Actions Council (IAC) Hearing Committee, and the institutional responses to these reports.

Summary of the Action: The Board extended Probation because the Institution remains out of compliance with the Criteria for Accreditation and meets the conditions for the extension of Probation set forth in HLC policy. The Institution meets Core Components 3.C, 4.A, and 4.C with concerns. The Institution does not meet Core Components 2.C, 4.B, 5.B, 5.C, and 5.D. The Institution is out of conformity with Assumed Practices B.2.d, C.6, and D.4. The Institution is required to submit a focused visit report and then host a focused visit no later than June 2020, to determine whether the Institution has ameliorated the findings that led to the extension of Probation.

Institutional Disclosure Obligation: HLC policy requires that an institution inform its constituencies, including Board members, administrators, faculty, staff, students, prospective students, and any other constituencies about the sanction and how to contact HLC for further information. The policy also requires that an institution on sanction disclose this status whenever it refers to its HLC accreditation. HLC will monitor these disclosures to ensure they are accurate and in keeping with HLC policy. The institution must submit drafts of its planned disclosures to these various audiences to its HLC Staff Liaison in advance of transmission and provide the Staff Liaison with a link to relevant information on its website.

1 INST.E.20.010, Probation.
Board Rationale

The Board based its action on the following findings made with regard to the Institution:

The Institution does not meet Criterion Two, Core Component 2.C, “the governing board of the institution is sufficiently autonomous to make decisions in the best interest of the institution and to assure its integrity,” for the following reasons:

- Minutes of the Institution’s Board meetings have been limited in scope and not approved in a timely manner. While Board members have indicated future minutes will provide greater detail, this needs to be implemented.
- Attendance of Board members has been sporadic, resulting in the Board voting on items to conduct the business of the Institution without a quorum present.
- Board by-laws outline several Board committees, but they have not met. Assignments have been made but evidence of work conducted by the committees will not be available until they begin meeting on a regular basis.
- The Board has not worked to create a sustainable environment for the leadership of the Institution, as demonstrated by the changes in presidential leadership and use of a one-year presidential contract. However, since the time of the team visit, the Chief Executive Officer, who is properly credentialed and knowledgeable about the institution and higher education, has been in the position with a multi-year contract.

The Institution now meets without concerns Criterion Three, Core Component 3.A, “the institution’s degree programs are appropriate to higher education,” for the following reasons:

- The Institution is focused on offering Associate degree programs. The Course Catalog lists program-level learning outcomes for each program.
- Courses are aligned to provide for coursework to be accepted in transfer based on the guidelines set forth in the Minnesota Transfer Curriculum (MnTC). Advising processes provide information to students about transfer agreements and MnTC.
- Faculty members have completed a mapping process to align course outcomes to program and institutional outcomes.
- The Institution offers a few online courses and is aware that it will need to meet HLC’s substantive change requirements if more than 50% of a program is delivered via distance education.

The Institution meets, but with concerns, Criterion Three, Core Component 3.C, “the institution has the faculty and staff needed for effective, high-quality programs and student services,” for the following reasons:

- The Institution does not conduct faculty evaluations on an annual basis in accordance with its policies. The Institution has developed a new cycle of review, but evidence of completion was not readily available.
- Anecdotally, students confirmed that faculty members are regularly accessible and assist them beyond the required weekly office hours in a variety of venues. However, student course evaluation participation as part of the faculty evaluation process is
The Institution is exploring ways to increase student involvement in the process in order to provide information to improve faculty teaching.

- The Institution has worked to update systems for tracking faculty credentials and experience. However, faculty files indicate some inconsistent and inadequate information.

The Institution now meets, but with concerns, Criterion Four, Core Component 4.A, “the institution demonstrates responsibility for the quality of its educational programs,” for the following reasons:

- The Institution has demonstrated progress with the development and implementation of a plan to conduct program reviews. A baseline was established and all programs have completed an initial review since 2017.
- The Institution has adopted a program review manual that now guides reviews.
- The Institution has established a new five-year cycle for program review. However, there were delays in launching the process. As such, the Institution cannot yet demonstrate whether the reviews have assisted in making program improvement decisions. The Institution will need to demonstrate an ongoing commitment to adhering to the established cycle and demonstrating how the results lead to improvements in the curriculum.

The Institution does not meet Criterion Four, Core Component 4.B, “the institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning,” for the following reasons:

- Although the Institution clearly states course outcomes on syllabi and publishes general education/institutional outcomes in the Course Catalog, a viable plan and scheduled cycle for assessing learning beyond the course level do not exist.
- With no previous plan or activity regarding the assessment of program or institutional outcomes, analysis of data has not been conducted and thus is not available.
- Evidence of curricular changes and improvements based on data analysis is not available for programs or general education.
- Personnel assigned to oversee an assessment plan and subsequent activities have only recently been hired. Faculty only recently participated in a retreat to instill the importance of measuring student learning in order to make necessary improvements.
- The Institution does not formally assess co-curricular activities. There is no formal process for evaluating the efforts of student services and organizations.

The Institution is out of conformity with Assumed Practice B.2.d, “faculty participate substantially in: oversight of the curriculum—it’s development and implementation, academic substance, currency, and relevance for internal and external constituencies; assurance of consistency in the level and quality of instruction and in the expectations of student performance; establishment of the academic qualifications for instructional personnel; analysis of data and appropriate action on assessment of student learning and program completion,” for reasons cited above under Criterion Four, Core Component 4.B.
The Institution is out of conformity with Assumed Practice C.6, “Institutional data on assessment of student learning are accurate and address the full range of students who enroll,” for reasons cited above under Criterion Four, Core Component 4.B.

The Institution meets, but with concerns, Criterion Four, Core Component 4.C, “the institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs,” for the following reasons:

- The Institution makes efforts to support student retention and persistence. For example, to address previously identified student concerns, shuttle service is now available to several communities, childcare is available to students in a limited capacity and an Early Alert system has been put into place.
- The Institution was not previously analyzing retention, persistence and completion rates to support institutional improvements. Data is not consistently collected and evaluated. However, personnel have recently been hired to lead efforts to gather data and initiate projects, grounded in data collection, that are intended to improve the quality of education. For example, personnel will collaborate with others across campus to provide information regarding retention and graduation rates to campus constituents via a campus-wide monthly newsletter.

The Institution now meets without concerns Criterion Five, Core Component 5.A, “the institution’s resource base supports its current educational programs and its plans for maintaining and strengthening their quality in the future,” for the following reasons:

- The Institution has a strong Composite Financial Index that can be attributed to significant expendable net assets and low debt.
- Improved financial forecasting has contributed to the Board’s approval of a budget by the start of fiscal year 2019. Faculty and staff noted the transparency of the Institution’s budgeting process and financial updates.
- Although additional attention is necessary to resolve audit findings related to presentation in accordance with GAAP, the financial statements indicate adequate resources and a healthy fund balance.
- The Institution has resources available to maintain staffing levels needed to fulfill the expectations of running a college.

The Institution does not meet Criterion Five, Core Component 5.B, “the institution’s governance and administrative structures promote effective leadership and support collaborative processes that enable the institution to fulfill its mission,” for the following reasons:

- As further detailed above with respect to Core Component 2.C, the Institution’s Board has struggled with issues such as attendance, completeness of meeting minutes, and governance in accordance with by-laws (meeting of committees), all of which impact the Board’s ability to govern the operations of the Institution.
• The Institution has governing documents—the College Charter and the by-laws—that are not internally consistent. The Board is presently revising its Charter and by-laws, including to remove conflicts between the two documents.
• Ongoing Board training and development is being launched to address identified issues such as absenteeism, oversight of academic quality, fiduciary responsibility, managing consistent executive leadership, and strategic planning. However, the Board is still in the early stages of developing a clear understanding of the expected roles and responsibilities of a board and the president of a higher education institution.
• The Institution’s administration embraces shared governance through an extensive, active committee structure that contributes to mission fulfillment and decision making. However, the issues identified with respect to the Board can impact the Institution’s ability to govern itself appropriately and manage operations in the Institution’s best interests.
• The institution was placed on Probation in November 2017 while an interim president was in place. The current president assumed duties in May 2018 and immediately began to focus on the issues identified within Core Component 4.A by leading the academic program review process and now has turned to developing a team that can support work on various institutional initiatives. Continued progress in these areas needs to be sustained.

The Institution does not meet Criterion Five, Core Component 5.C, “the institution engages in systematic and integrated planning,” for the following reasons:
• The Institution has not made progress in the areas identified by the HLC Board when it was placed on Probation in 2017. Specifically, the Institution has not made progress in collecting information, identifying key elements of the 2015-2020 strategic plan and its related priorities, determining metrics for measuring progress, or creating an expected timeline for implementation.
• Regular updates on implementation of the strategic plan are not available.
• Board members could not identify examples of how the strategic plan informs their decisions, and while the Board by-laws call for a strategic planning committee, it has not met since the Institution was placed on Probation.
• The campus-wide Strategic Planning Committee has met infrequently since the Institution was placed on Probation. Institutional personnel could not identify examples of when the plan was used to guide decision making.
• Ongoing turnover in presidential leadership impacted the execution of the 2015-2020 strategic plan, when instead the plan should have served as a guiding document for prioritization during the transitions. The current president reiterated the need and willingness to develop a plan within a collaborative process, and faculty and staff indicated interest in being involved in the process.
• The next strategic plan should demonstrate that its elements are reviewed and considered in unit plans, budgeting and institutional and/or Board decisions.
The Institution does not meet Criterion Five, Core Component 5.D, “the institution works systematically to improve its performance,” for the following reasons:

- New personnel are only in the early stages of implementing processes to map outcomes and to collect data on issues such as advising and advising outcomes.
- The Institution was unable to provide consistent examples of how data collected through its processes systematically improved its performance in regard to planning, budgeting and continuous improvement considerations.
- No evidence was available to indicate maturation in understanding and using data to document and study the impact of changes that have been made.

The Institution is out of conformity with Assumed Practice D.4, “the institution maintains effective systems for collecting, analyzing, and using institutional information,” for the reasons cited above under Core Component 5.D.

The Institution otherwise meets all Core Components, Assumed Practices, and Federal Compliance Requirements.

The Commission may extend Probation for an institution if it demonstrates that it meets certain conditions under HLC policy, and the findings outlined above and evidence in the record reflect that the Institution meets those conditions.

Next Steps in the HLC Review Process

Focused Visit: The Board required that the institution submit a Focused Visit Report no later than May 7, 2020, or at least four weeks prior to the visit, providing evidence that the Institution is no longer out of compliance with Core Components 2.C, 4.B, 5.B, 5.C and 5.C and is in conformity with Assumed Practices B.2.d, C.6, and D.4 and that it has ameliorated the issues that necessitated the extension of Probation. The Institution will host a Focused Visit no later than June 2020, focused on determining whether the remaining findings of non-compliance have been fully ameliorated.

Board Review: The Board will review the focused evaluation team report and related documents at its November 2020 meeting to determine whether the Institution has demonstrated that it is now in compliance with all Criteria for Accreditation and other HLC requirements such that Probation can be removed, or if the institution has not demonstrated compliance, whether accreditation should be withdrawn, or other action taken.

HLC Disclosure Obligations

The Board action resulted in changes that will be reflected in the institution’s Statement of Accreditation Status as well as the Institutional Status and Requirements Report. The Statement of Accreditation Status, including the dates of the last and next comprehensive evaluation visits, will be posted to the HLC website.
In accordance with HLC policy, information about this action is provided to members of the public and to other constituents in several ways. This Action Letter and the enclosed Public Disclosure Notice will be posted to HLC’s website not more than 24 hours after this letter is sent to the Institution. Additionally, a summary of Board actions will be sent to appropriate state and federal agencies and accrediting associations. This summary also will be published on HLC’s website. The summary will include this HLC action regarding the Institution.

On behalf of the Board of Trustees, thank you in advance for your cooperation. If you have questions about any of the information in this letter, please contact your HLC Staff Liaison, Dr. Karen Solomon.

Sincerely,

Barbara Gellman-Danley
President

Enc: Public Disclosure Notice

Cc: Chair of the Board of Trustees, Leech Lake Tribal College
    Helen Zaikina-Montgomery, Director of Assessment and Institutional Research, Leech Lake Tribal College
    Evaluation Team Chair
    IAC Hearing Committee Chair
    Karen Solomon, Vice President for Accreditation Relations and Director Standard Pathway, Higher Learning Commission
    Anthea Sweeney, Vice President for Legal and Governmental Affairs, Higher Learning Commission
    Herman Bounds, Director, Accreditation Group, Office of Postsecondary Education, U.S. Department of Education

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2 INST.G.10.010, Management of Commission Information; COMM.A.10.010, Commission Public Notices and Statements