



November 11, 2020

VIA ELECTRONIC MAIL

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 5, 2020. In taking this action, the Board considered materials from the most recent focused visit for extension of probation, including, but not limited to: the focused visit report the Institution submitted, the report from the evaluation team, and the institutional responses to these reports.

Summary of the Action: The Board determined that the institution is no longer out of compliance with the Criteria for Accreditation and removed the institution from Probation and assigned interim monitoring. The Institution meets Core Component 4.B with concerns. The Institution is required to submit an interim report, as outlined below, no later than November 15, 2022.

Board Rationale

The Board based its action on the following findings made with regard to the Institution as well as the entire record before the Board:

The Institution now meets 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:

- The Institution produces complete, specific and appropriately thorough minutes of Board of Trustees meetings that capture the deliberations and discussions of the Board.
- Through a revision of the Institution's bylaws, Board standing committees were consolidated into two committees: (1) Executive and Finance and (2) Policy and Strategic Planning. The committees meet prior to the regular Board meetings.
- The Board has been working to improve its role and limit involvement in day-to-day operations while providing the President the authority to lead the Institution.

The Institution now meets without 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's faculty files are complete and up to date. A review of a random group of files determined that employees were appropriately credentialed and experienced for their teaching or other professional responsibilities.
- Faculty are involved in the development of position descriptions and serve on all search teams for faculty hiring at the Institution.
- Faculty are evaluated by students, through self-evaluation, and by other faculty. Though some evaluations were disrupted in spring 2020, the Institution appears to have an appropriately organized and implemented system for conducting regular faculty evaluations.

The Institution now meets without 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 completed program reviews for all programs and each submission has been evaluated by the Institution's Curriculum Committee. Any program review recommendations that impact policy, curriculum, or budget are presented to the Governance Committee for approval and, where appropriate, to the Board of Trustees for approval.
- Faculty have gained knowledge about how to conduct program reviews and are beginning to receive data on an annual basis. The availability of annual data will support the Institution's ongoing examination of the program costs and productivity.

The Institution now meets, but with concerns, 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:

- A draft Assessment Handbook has been partially developed. However, additional work is necessary and clear due dates for submission of key documents need to be outlined.
- Program learning outcomes are being refined and the Course Catalog needs to be updated to reflect the work to date. In addition, general education outcomes have been revised and the assessment process is under development, but a cycle of general education assessment has not yet been completed.
- The Institution filled a vacant position by hiring a skilled quantitative researcher that has led several initiatives and is building capacity to implement the assessment system. This individual will lead the faculty as they work to complete many of the projects that have been started but that still have deliverables yet to be met.
- Faculty were engaged in a curriculum mapping project prior to beginning program assessment. The mapping project has been completed for only a few programs. Faculty are able to outline the work focusing on student writing and math skills development.
- As evidenced by faculty discussions and work regarding assessment of student learning, faculty are appropriately involved in oversight of all aspects of the curriculum and are incorporated into institutional governance.

The Institution is now in conformity with Assumed Practice B.2.d, “faculty participate substantially in: oversight of the curriculum—its 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 the reasons cited above under Criterion Four, Core Component 4.B.

The Institution is now in 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 the reasons cited above under Criterion Four, Core Component 4.B.

The Institution now meets without 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:

- To minimize the impact of COVID-19 and campus closure on students’ lives, the Institution took action to provide support to students by making computers and internet access available, arranging for food distribution and contracting for online mental health services.
- The Institution's student data collection and analysis efforts have improved via the systematic utilization of national data, tribal college data, and surveys (standardized and internal). The Institution's staff are working to obtain additional training in order to better utilize the software products that the Institution uses to manage data.
- Data books including information regarding student demographics; retention, persistence, and completion rates; financial data and more are assembled for each program. Training on utilization of data is provided for faculty and staff so they can analyze and discuss the information presented.
- The Institution has a current enrollment management plan and a set of KPIs were reported along with two years of data documenting evidence of completion.

The Institution now meets 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:

- The discussions, deliberations, and decisions from the meetings of the Institution's Board of Trustees are detailed in improved meeting minutes. The Board bylaws have been revised to eliminate conflicts with the College Charter.
- Board members have participated in training activities. New Board members received orientation materials beginning in January 2020 and an annual self-evaluation process has been implemented.
- Management responsibilities and duties have been directed to the president and the Board's activities are confined to a focus on policy issues. The Board has a more robust understanding of its role and that of the president in campus operations.

The Institution now meets Criterion Five, Core Component 5.C, “the institution engages in systematic and integrated planning,” for the following reasons:

- The Institution began developing its next strategic plan in April 2019, with areas of focus identified by July 2019. Due to disruptions related to COVID-19, adoption of the final plan was delayed and it was approved in August 2020, just weeks before the focused visit was to occur.
- Although, due to COVID-19 delays, the Institution cannot demonstrate that the plan is being used to guide decision-making, resources management and planning, the plan is a well-structured, scaffolded strategic plan that provides the institution a foundation to keep moving forward. The Board has indicated it will review the plan on an ongoing basis during scheduled Board meetings.
- The Institution has put in place data collection and reporting structures. Work plans have been developed by each department and contain short-term objectives, activities, measures of effectiveness, data collection, time frames and parties responsible for completion.

The Institution now meets Criterion Five, Core Component 5.D, “the institution works systematically to improve its performance,” for the following reasons:

- Monitoring of the effectiveness of the Institution's operations is built into the new work plans that are embedded within the strategic plan. The Institution also utilizes information from student surveys to focus on improvement.
- The Institution is well positioned to demonstrate going forward that it uses the strategic plan in resource allocation, evaluation, planning, budgeting, documentation of performance in operations, and continuous improvement.

The Institution is now in 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 Components 5.C and 5.D.

The Board of Trustees of the Higher Learning Commission has determined based on the preceding findings and evidence in the record that the Institution has demonstrated that it is in compliance with the Criteria for Accreditation, Assumed Practices, and Federal Compliance requirements.

Next Steps in the HLC Review Process

Interim Report: The Board required that the institution submit an Interim Report no later than November 15, 2022, regarding Core Component 4.B.

Comprehensive Evaluation: The Institution has been placed on the Standard Pathway with its next comprehensive evaluation for reaffirmation of accreditation in 2024-25.

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,¹ 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 one business day 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 of Accreditation Relations, and Director, Standard Pathway,
Higher Learning Commission
Anthea Sweeney, Vice President of Legal and Regulatory Affairs, Higher Learning
Commission

¹ INST.G.10.010, Management of Commission Information; COMM.A.10.010, Commission Public Notices and Statements