

Indiana University  
BLOOMINGTON FACULTY COUNCIL  
October 18, 2022 | 2:30 – 4:30 p.m.  
Presidents Hall – Franklin Hall

**MEMBERS PRESENT:** Ashlbrand, Ashley; Bala, Hillol; Bielasiak, Jack; Bridges Jr., Chandler; Brinda, Chelsea; Cohen, Rachael; Cavar, Damir; Daleke, David; Dau-Schmidt, Kenneth; Deeds, Anna; Deliyannis, Constantine; DeSawal, Danielle; Eskew, Kelly; Freedman, Seth; Gahl-Mills, Karen; Giordano, Anthony; Groth, Dennis; Guerra-Reyes, Lucia; Gupta, Nandini; Herrera, Israel; Housworth, Elizabeth; Johnson, Colin; Kravitz, Ben; Lalwani, Ashok; Lammers, Sabine; Lanosga, Gerry; Lion, Margaret; Loring, Annette; McCoy, Chase; Northcutt Bohmert, Miriam; Ossi, Massimo; Pavalko, Eliza; Peters, Chuck; Reck, Cathrine; Seibert, Kyle; Sela, Ron; Sheldon, Rebekah; Sherman, Jim; Shrivastav, Rahul; Simpson, Marietta; Sinadinos, Allison; Singh, Kashika; Smith, Wyatt; Svetina, Dubravka; Tanford, Alex; Walton, Christi; Whitworth, Cale; Wyczynski, Stephen

**MEMBERS ABSENT:** Arcuri, Toni; Asher, Sofiya; Cole, Shu; Davis, Allen; Eaton, Kristine; Frazier, Lessie; Furey, Constance; Gupta, Nandini; Kalentzidou, Olga; Kollbaum, Pete; Kubow, Patty; Michaelson, Jonathan; Olcott, Courtney; Pastore, Bell; Perry, Brea; Ramos, William; Raymond, Angie; Sapp, Christopher; Shy, Katie; Siek, Jeremy; Sterling, Thomas; Tracey, Dan; Wu, Jiangmei

**GUESTS:** Catherine Dyar

**AGENDA:**

1. Approval of the [minutes of October 4, 2022](#)
2. [Memorial Resolution for Nevin Raber Jr.](#)
3. [Memorial Resolution for Keith Brown](#)
4. Executive Committee Business (10 minutes) Cate Reck, Faculty President
5. Presiding Officer's Report (10 minutes) Rahul Shrivastav, Provost
6. Question/Comment Period Faculty who are not members of the Council may address questions to Provost Shrivastav or President Reck by emailing [bffcoff@indiana.edu](mailto:bffcoff@indiana.edu). Questions should be submitted no less than two business days before the meeting.
7. Mental Health Taskforce Update (15 minutes) Aaron Carroll, Chief Health Officer
8. Questions/comments on Mental Health Taskforce Update (10 minutes)
9. IU CARES and Disability Services for Students Updates (20 minutes) DeeDee Dayhoff, Assistant Dean of Student Services and Parents  
Drew Bogenschutz, Director, Disability Services for Students Kathy Adams Riester, Associate Vice Provost for Student Affairs and Executive Associate Dean of Students
10. Questions/comments on IU CARES and Disability Services for Students (15 minutes)

11. Proposed Change to the Constitution of the Bloomington Faculty (5 minutes) Rachael Cohen, Parliamentarian and Chair of Constitution and Rules Committee [Discussion Item]

[Current BL-ACA-D8 Constitution of the Bloomington Faculty](#)

[B12-2023: Proposed change to BL-ACA-D8 Constitution of the Bloomington Faculty](#)

12. Questions/comments on Proposed Change to the Constitution of the Bloomington Faculty (10 minutes)

**RECK:** And I call this meeting to attention. I'm usurping the provost's power today. No, not really.

[LAUGHTER]

He is driving back from Indianapolis, and he will be late. So I'm going to try to do my best to make sure I've figured out what the heck I'm doing today.

So welcome. Thank you for being here. In a non-traditional sense, I'm also going to start this meeting nontraditionally. I want to start this meeting by acknowledging the loss of Professor Tim Baldwin last week. He was a longstanding member of the Kelley School of Business faculty. And many of us knew him personally over a very long period of time. He came the same year I did. So I know why I was surprised and then saddened to hear about his sudden and tragic loss. And I've had a large number of faculty reach out to me over the last week. So I appreciate the emails and I appreciate all the sentiment that people have sent and felt. I suspect many of us feel actually the same way. So everyone experiences unexpected grief in different ways. So this is a time that we should show each other grace and others. As part of this process, I want to make sure that we're taking care of each other, and that you're aware of the campus resources available to faculty and SAAs. So all faculty and SAAs and their family members have access to the IU's Employee Assistance Program, which provides free 24/7 access to professional counseling and referrals. If you know a student who's having a hard time, you should please complete a Care Referral or refer them to CAPS. Today's BFC meeting topics actually showcase many of the resources that are encompassing what happened last week and talk about more resources that are ongoing in this arena. Although we will receive a more detailed and thorough memorial resolution for Professor Tim Baldwin at a future meeting, I'd like to start with a moment of silence for the sudden loss of this community member. So would everyone please stand with me for a minute?

[NOISE]

Thank you very much.

#### **AGENDA ITEM ONE:**

**RECK:** [NOISE] So first item up on the agenda is approval of the minutes of October 4th. May I have a motion to approve those minutes? Thank you, Colin. Is there a second? Fantastic. Thank you, Elizabeth. All those in favor of approving the minutes as written, please say aye and raise your hand.

>> Aye.

**RECK:** Those opposed to the controversial minutes. [LAUGHTER] Thank you. The minutes have been approved.

**AGENDA ITEM TWO:**

Second order of business. Eliza Pavalko will read the memorial resolution for Nevin Raber Junior.

**PAVALKO:** Thank you, Cate. And before I start on our memorial resolutions, I want to just say how much I appreciate that this body always starts with our memorial resolutions for our colleagues and how honored I am to get to read these.

Our first memorial resolution today is for Nevin Raber. Nevin Raber Junior, former Business Librarian and Assistant Professor Emeritus of Business Administration, died February 6, 2019. He was 100 years old. Raber attended International College in Fort Wayne and then Purdue University. At Purdue his major studies were general sciences, English literature, and history. As an ROTC cadet, he attained the rank of Cadet Colonel. Nevin was commissioned to Second Lieutenant of field artillery among graduation with a Bachelor of Science degree in 1942. He was stationed at various army camps in the US during World War II and was sent to the Philippine Islands in 1945. Upon his return in 1946, he reverted to reserve status, and he retired from the Army in 1978 with a rank of Major. After the war, Nevin entered the graduate school at IU with a goal of becoming a diplomatic historian. He completed the coursework for master's degree, but left in 1947 without completing a thesis. Relying on his experiences as a railway agent, he secured a position in the traffic department of the WMH Block Company in Indianapolis. Three years later, he was offered a position with the Indianapolis Public Library business print and began his career as a librarian. Nevin returned to IU, re-enrolled in the graduate school, and entered the library science program. While completing the library science degree requirements, he also finished his history thesis. In 1952, he use award Masters of Arts degrees in both history and library science, and he returned to the Indianapolis Public Library as head of the business branch. In 1962, he was offered the position as head of the Business Library at IU and was appointed to the faculties Assistant Professor of Business Administration in the Kelley School of Business and as business librarian in the university libraries. He retired in 1983. During his library career, Nevin was a member of the American Library Association, the Indiana Library Federation and the Special Libraries Association, and its Indiana Chapter. He served his term president of the ISLA Indiana Chapter and on numerous committees in the other organizations. He was involved in the design, remodeling of a number of libraries and was a consultant for library operation and interior layout. Thank you.

**AGENDA ITEM THREE:**

Our second memorial resolution is for Keith Brown. Keith Brown was a Jacobs School of Music Professor Emeritus of music trombone, was a member of the Jacobs faculty from 1971 to 1997. He helped to establish numerous programs that continue to flourish and contribute to the musical

life of both the university and community. Keith began his studies at the University of Southern California, where he was eager to study trombone. In 1953, his studies were interrupted by a call to the service in the US Army. So we know a pattern [LAUGHTER] of generation. In 1956, he returned to USC and in August of 1957 he graduated cum laude and received the USC School of Music alumni award. After graduation, Keith's music career developed impressively as trombonist with Aspen Music Festival faculty, New York Brass Quintet, Philadelphia Orchestra, Metropolitan Opera Orchestra, and others. Keith's career continued to flourish as he began conducting at Temple University and then Indiana University as orchestra conductor and professor of trombone. Bloomington Symphony Orchestra, Music Academy of the West, and the Camerata Orchestra in Bloomington. His discography included all recordings made by the Philadelphia Orchestra during his tenure there and dozens of commercial recordings on Columbia-RCA and other major labels. In addition to his musical duties in the Philadelphia Orchestra, he organized and pitched for the orchestra softball team. His trombone students often affectionately referred to him as coach, and to enter his teaching studio at Indiana University, one had to step across home plate. During his three-year tenure with the Metropolitan Opera Orchestra, he also served on the faculty of Manhattan School of Music and completed in 1964 a Master of Music degree. He also organized and pitched for the Metropolitan Opera softball team. Keith served as an advisor to several music organizations. His international commitments included assignments as guest orchestra, conductor, coach, and advisor to orchestras in Venezuela and Spain. He was one of the very few first westerners invited by the People's Republic of China to give masterclasses, lectures, and recitals in the country's to major conservatories in Beijing and Shanghai. Keith's concern for the training of students in solo, chamber music and orchestra repertoire prompted him to edit and publish with the International Music Company more than 80 editions of solo materials, work for brass ensembles, and study materials. Throughout his career, gifted young trombonists and other brass players sought him out for private lessons and career counseling. Keith Brown had a far-reaching and everlasting impact on his students. He was also an esteemed colleague and valued friend to many. One of his colleagues, Peter Ellison, professor of trombone and brass Department Chair of the Jacobs School writes: "I feel very fortunate to have known Keith Brown. His door was always open to me and I learned a great deal through his masterclasses and brass literature class. He was a legendary pedagogue, prolific editor, and fabled performer. I felt exceptionally fortunate to have access to him. When I joined the IU brass faculty in his former position lineage-wise, I enjoyed our new relationship through lunches together again, tapping into his experience and knowledge. He was a persona not easily forgotten. His legacy will live on through his hundreds of students and through his singularly significant contributions to the trombone repertoire." Rest in peace, Keith. Thank you.

**RECK:** All those who can please stand for a moment of silence. Thank you.

#### **AGENDA ITEM FOUR:**

Good thing I have an agenda in front of me so I can figure out where I am next. A few notes for the executive committee business. I'm happy that you're here today. I have joy when I see crispy leaves and the promise of apple pie and fall flavors and all the good things. If I could live in autumn season for the rest of my life, I would, so, this is a good time. Speaking of fall flavors, Halloween, and pumpkin adornments, we are canceling the November 1st meeting. We did not

have enough business, so we will skip the next meeting. So, unfortunately, the highly anticipated BFC costume competition will have to be postponed till next year. I'm joking.

[LAUGHTER]

I know all of you have been thinking about what costume I may be wearing, but just put it off till next year. So I've been spending the last two weeks working on strategic planning. So I hope that the strategic planning process, as it unfolds, everyone will be part of this conversation. As mentioned at the launch yesterday—some of you were there, some of you might not have been—I just want to give an overview. The strategic planning process has three pillars, and the three areas of focus are going to be student success and opportunity, transformational research and creativity, and service to the state and beyond. I'll try to give you a 30-second overview if you haven't seen the launch in the pitch, but I think it's important for you to know this so that everyone feels compelled to participate. They are going to be 24 working groups that will work on these three focused areas, these three pillars. The working groups are asked to meet weekly, and they will work till the end of the semester. Each of the working groups has been asked to identify 3 to 5 key, crucial, pivotal recommendations that will then come out in a report that will then go up to a planning committee.

There's three planning committees. Each of those planning committees—student success, research, and service to the state—will then pull all the working groups' committee recommendations from the individual working groups for that pillar, create a document that's going to relate all the interconnectedness about the recommendations and provide a document up to the executive committee.

The executive committee, probably in January, will then craft a document that's going to then further synthesize those three planning committee documents into one cohesive shorter strategic plan. We have planned two town halls for February. Those dates are already set. They're going to be in Wittenberger on February 15th and 16th, and the concept would be that once the final strategic plan is going to be unveiled, people would be able to come together and talk about it. So I want to make sure that the process is transparent—Carrie Docherty and I feel very strongly about this—and we want to make sure that all voices are heard. So we haven't found an exact mechanism about how this is going to work. But we want to be communicative on a regular basis. Not too much, unlike the graduate task force who gave updates and kept reminding people that the strategic plan was going on. What we don't want to happen is that a whole bunch of people in the working groups are working and the rest of the campus forgets about it. We want to pull people in, lure them into keep actually asking questions about what's happening, making recommendations. And we want the working groups to go out and be doing their job of actually communicating to the broader audience.

So let's see. Besides the strategic plan, I have a few updates, two more. One is that you know that we've reconstituted the SAAAC. I was hopeful to get that roster filled as quickly as possible and announce it today. Unfortunately, I've heard the word “overcommitted” an awful lot in the middle of the semester. I want to be very intentional about who I ask to serve on this committee. There's a reason that we've had some issues with SAAAC in the past, and the last thing I want to do, I don't want the committee to stall. I want it to be formed appropriately, and I want it to do its

job intentionally and strategically from the beginning. So I'm hoping that next time we meet a month from now, I'll be able to tell you that the committee is up and running and we have the appropriate people. People have been sending me names of appropriate faculty and I appreciate that, so thank you. I'm taking that into consideration, and I will meet with Nom Comm shortly about actually trying to do the next stage of invitations.

The second thing, which sounds ridiculous after what I just said of the word “overcommitted,” the second thing I want to apprise you of is, I would like to charge a new task force, and this is coming off the heels of saying people are overcommitted. But here's the idea: Since July, Elizabeth had left the office, and I was trying to handle faculty mediation and faculty board of review, and I've talked to a few of you about how these run. What I've found is that I think that we can be serving faculty better by actually giving more knowledge and, let's say, writing down institutional knowledge so that faculty who are elected to be on the Faculty Board of Review and Faculty Mediation will have a better sense of what they're getting themselves into and we'll have more instructional knowledge about how to actually do things appropriately, equitably, and so on. And so I'm going to charge a small task force. It's not going to be large. Constituted from some faculty affairs members, some CARC members, some appropriate people in different offices who know verbiage and understand how these types of mediation committees should run. And the task would be then to please look through how faculty mediation runs. Maybe provide an instructional manual, help the faculty do their job better. A lot of people who had been rather tentative about moving forward because they don't feel very skilled in these areas. So while faculty, the small task force should be looking at faculty mediation and faculty board of review, they would then use the same lens to actually look at student mediation and student board of review. So the concept would be all-encompassing—how can we do this better and equitably and make sure that all areas that need mediation and review will be getting the same kind of guidance and help? Let me know if you have questions about that or if you have ideas.

And lastly, and sadly, in closing, I would like to let you know that Chad Eagleton will be leaving the Faculty Council Offices this week. His last day is Friday, and on behalf of myself and all the previous faculty presidents, and I'm assuming the entire council, I'd like to thank Chad for his years of service to the office and to faculty governance. Chad has accepted a new position in the Office of Institutional Equity, and we wish him well, so we have a resolution. Danielle is going to deliver said resolution and gifts.

Resolution of Thanks to Chad Jeremy Eagleton. Whereas, Chad Jeremy Eagleton has served for three years in the offices of the Bloomington and University Faculty Councils. And whereas, he has quietly gone about the business of assisting in the operations of the faculty council office with efficiency and conscientiousness. And whereas, he has served the cause of faculty governance, attending and scheduling meetings too numerous to count, managing records, minutes, and transcripts, ushering through travel reimbursements, and assisting the maintenance of the website. And whereas, he has seen to it that the many faculty council committees and council itself functioned and had sustenance during the VFC meetings (thank you for the popcorn). And whereas, he maintained a steady presence during some of the most difficult periods in the Faculty Council Office, the COVID crisis, the prolonged period of transition to new leadership. And whereas, he has served as a vault of knowledge and practices that carry over from year to year. And whereas, despite carefully avoiding usurping the functions of the faculty

leaders, he was the calming voice in an otherwise chaotic setting. And whereas, during all his service in this office, he has shown respect for and pride in the university's faculty by his steadfast support for faculty governance. Therefore, be it resolved that this body, the Bloomington Faculty Council of Indiana University, a body conceived in and dedicated to the ideals of shared governance, collectively expresses its respect and gratitude to Chad Jeremy Eagleton's service to Indiana University, and offers its hope that he will have many more happy and productive years in his future as part of the IU community. Given this day, Tuesday, October 18, 2022, in the 23rd year of Indiana University.

Thank you, Chad. [APPLAUSE] And I'm handing over the gavel.

#### **AGENDA ITEM FIVE:**

**SHRIVASTAV:** That was with no enthusiasm whatsoever. [LAUGHTER] Thank you, Cate. Sorry, I'm running late. I had a meeting in Indianapolis, and if you've driven there behind a semi-truck, you know what I was dealing with. Thank you. This is my time for the report. So let me quickly go through it. First of all, welcome back. Good afternoon. I hope you all had a wonderful fall break and a chance to catch your breath before heading into the second half of the semester. As you all know, it's downhill from here. And before we know it, we'll be talking about Commencement. Reflective of today's very important agenda, I want to share our deep commitment at IU to mental health and wellbeing of our community. It is critical that we each find the support, the connections, and strong sense of belonging that is necessary for the positive wellbeing for everybody in this community, both at work and for everyday life in general. We have three experts here today who will be speaking to us later on the many different efforts and support that is available to our broader community here. And I know Aaron's going to talk to us extensively about just an unbelievably detailed report that has been put out by that group. The more you have the opportunity to look into it, the more impressed you will be at the depth at which they have thought through many details. Thank you, Aaron, for your leadership on this really important work. At the end of the day, it really rests on us. This is a challenge that we can't solve by simply throwing money at it. This is an issue that we will only address by coming together as a community and watching out for each other, for your fellow faculty, for students, and for staff. For all the joys we have experienced this semester, it has also been a big challenge for many, and especially for the Kelley School of Business, which has seen multiple challenges in a rapid succession. So I know we all extend our support and genuine condolences to those impacted directly and indirectly with the passing away of our beloved faculty member and some students. But this is also a time for all of us to come together and tackle this as a collective body. As I have shared before in a newsletter we sent out a couple of weeks ago, I'm charging a new group to consider opportunities for us to come together as a community. Not only to share our grief, but also to celebrate things that people leave behind. And I hope that will be a step for us to move forward collectively towards some sense of closure. And I also want to thank the BFC for dedicating a significant part of today's agenda to addressing mental health and wellbeing, and beyond what's done in these meetings, the countless hours that people spend behind the scenes talking, thinking about options, and working to find creative solutions to address that.

I also want to talk briefly about the strategic planning effort that Cate mentioned a few minutes ago. I'm really excited. We were able to kick this off yesterday, IUB 2030, which was kicked off

at the IMU. I believe we had over 200 attendees. And it was a wonderful interactive, energized group of people. And I'm really looking forward to the results of an intensive but hopefully fun process in the next several months. I'm thrilled to share with you we had over 700 nominations that came in. It included over 400 faculty, students, staff, alumni, and community partners. Of that 700, over 400 have been invited to join 25 working groups, as well as Executive and Planning Committees dedicated to the three pillars that Cate mentioned. Once again, those are student success and opportunity, transformative research and creativity, and service to the state and beyond. By March of next year, the Executive Committee, the planning committee teams together will develop and deliver a recommended strategic plan for IU Bloomington. The committee members will closely consider the planning framework and suggested metrics provided by the university through IU 2030 framework. I have asked these teams to carefully consider how we look relative to the peer group we benchmark ourselves to. That will be the Big 10 and the AAU public universities. Most of the AAU public universities are the Big 10, so there's a lot of overlap between the two. Our goal is to find ways to match or beat the top performers and to be innovative and creative and ambitious to find some goals that help make IU education distinctive and give our faculty and staff an edge in terms of what we achieve collectively in higher education.

I wanted to say a special thank you to Cate and Carrie Daugherty. I don't think Carrie is here, because I know just how much time and effort they have spent. It was an official kick-off yesterday, but nobody's counting. Cate has probably spent more than 100 plus hours, along with Carrie, working on the structure of the process, the planning groups, who to match and what planning group, how to do this. And I can tell you this because they've been next door from my office, and I've heard them talking and laughing and crying and pulling their hair out all at once for days on end. So Cate, thank you very much for taking the lead in doing this. I encourage all of you to not only participate directly in the process, but also what you learn through it, disseminate it to your own communities, to your own faculty. You are representatives of your units, and I believe you have a responsibility that I'm hoping you will take seriously about taking the ideas back to your community and bringing feedback back to Cate and Carrie and all the other groups that'll be engaged in this process. As we stand on the precipice of new possibilities for public higher education, I look forward to tapping into our collective wisdom, our experience, our knowledge, and I believe we really can set a bold and ambitious agenda for ourselves and try and work diligently to achieve those goals in the next 7 to 10 years.

To close, I want to give you some updates on our key leadership searches. I hope you have seen already that Christiana Ochoa has been confirmed as the next dean of the Maurer School of Law. Her collegiality, her vision, her commitment to students and peers has always been inspiring. The interview process, and the feedback I received from every constituent who was engaged in that process was overwhelmingly positive, and I'm absolutely thrilled to welcome Christiana to our leadership team. I expect nothing but the best from her for the law school, as well as for IU Bloomington in general. Hamilton Lugar's search is continuing. Nine finalists have been selected for the first round of interviews. I understand that group is interviewing as we speak. And I think by the time we finish this meeting, they would have finished the last of those interviews. I look forward to receiving the recommendations from that before we move forward to the next stage of bringing some candidates in. For the Media School search, the committee invitations went out last week. We're hoping to finalize the group and announce the search committee within the next

week or 10 days and then launch a search soon thereafter. Kelley search, we have already kicked that off. I met the search committee a few weeks ago. As we typically do in dean searches, there's a series of listening sessions with the Kelley School community and those related to it. Those are happening right now. That will lead to a formal position profile and description and recruitment phrase has already kicked off. I anticipate having the first-round interviews around mid-spring and then campus interviews shortly thereafter. Finally, Eliza has decided not to continue in this role, I don't know why. But we have finalized the search committee and the search meeting will happen soon, and we will kick that search off very quickly, as well. All of these searches, if you're not already aware, I worked closely with the leadership of BFC, as well as the executive committee, in forming the search committee and in consultation with that group. The VPFAA search is largely an internal search and not an external search. As always, thank you for everything you are doing. We are in the middle of the semester, as I said earlier, and I know in the blink of an eye, we are going to be talking about the holidays and commencement. But thank you very much.

#### **AGENDA ITEM SIX:**

I will open this up for questions. And if there are none, there are two that were submitted. I'm happy to answer those. Any questions from this group? Sounds like none.

So I'll read out the two questions. Both were submitted by Alan Bender, Associate Professor Emeritus in Biology. I'll read those out. The first one is, "What will be the main source of funding, initially and over time, to pay salaries for faculty hired in the Faculty 100 Initiative, and how will RCM fit into this?" Number 2, "Will the Faculty 100 Initiative reduce the amount of money that can be used for annual costs of living, salary adjustments for faculty already at IU?" The answer to the first one: The initial funding is coming from the Office of the President. We expect about \$20 million total to come in over two, maybe 2.5, years. Over time, that will have to be built into our institutional budget. That is how these things always work out. But having that initial cash infusion allows us to move forward quickly. What we would do over multiple years we can do much quicker. So I greatly appreciate President Whitten's support and help in launching this initiative. How will RCM fit into this? Again, the traditional route is to look at all expenses, all income, and then use that for RCM assessment and RCM distribution formula. We anticipate continuing with that for a brief period of time. As you all know very well, IU Bloomington has a tradition of reviewing its RCM formula every five years. That five years happens to be right now. And in a perfect world, I would have charged a committee to do an RCM review this semester. But because there is a separate committee working on the tuition and fee committee, and I know some of you I think Marietta is on that committee which is finalizing its recommendations, we will do our RCM review after that process is finished. There's really no point doing something that will likely need to be revised after the tuition and fee structure is revised. So we have delayed that by a few months, and we will revisit our RCM as we do every five years to see what works and what doesn't work. The second question was, will the Faculty 100 Initiative reduce the cost of living adjustments? This is not an easy answer. What I would like to say here is no. The goal is not to take away from our current salary structure for faculty and staff because we have to remain competitive with what the market is, and that's pretty challenging these days, especially with inflation rising on a weekly basis. But in reality, there is a finite pool of money that will need to be adjusted. I want to tie this to a question I received at the

strategic planning launch yesterday about how will the objectives and goals for the strategic planning be funded. The answer basically is, some amount will be new funding that we will have to generate by carefully managing state appropriations, grant funding, private dollars, and obviously tuition-generated revenue. But some of it will have to be re-purposing programs as we try and move forward and build new programs. We also have to look at things that we need to park on the parking lot or discontinue and re-purpose those funds for other important criteria. So it will be a mix of different priorities and a mix of different funding sources. I cannot give any more details until we know what our goals are and what the financial needs will be. But my intent will be to try and keep our pay raises in line with not just the market, but just the reality of cost of living that we're all facing. With that, if you have no other questions, I'm happy to move on to the next topic.

#### **AGENDA ITEM SEVEN:**

**SHRIVASTAV:** The next topic is an update on the mental health taskforce, and I invite Aaron Carroll, our Chief Health Officer, to walk us through that. All yours, Aaron.

**CARROLL:** Thank you. It's a pleasure to be here as always, and it's even a greater pleasure to not be talking about COVID. [LAUGHTER] But when I actually accepted this position about 18 months ago, the first thing that I really wanted to work on was how can we improve the way we deal with mental health across all of our campuses? And to be very honest, I think soon after President Whitten arrived, both she and the Board of Trustees made it clear to me that this was a very high priority and something that they wanted to move forward on. Not with another report, but with actual action that would happen as quickly as possible. So being new to this position, I and a ragtag team of grad students, along with Catherine Dyar, started to go to work last fall. We spent that semester going through all of the previous task forces and reports that have been generated across all of our campuses. And there have been many over the last decade by various campuses, by various groups. And the most recent one, I think, being focused on graduate students that came out just about a year ago, I think. They all read quite similar with a similar set of objectives and goals that we would hope would be implemented, but too often, I think, we see some of these things be written down but then not get acted upon either because they are under-resourced or because other things come into play. In addition to reviewing all the ones that have been put out by IU, we also scoured the Internet and the literature for other schools, strategic plans, and similar recommendations. And there was even a systematic review of taskforce recommendations done by the American Council of Education, which was quite useful, and actually looked again, very similar to many of the reports that we had put up. So using these all, we put them all together and synthesized them into a strategic plan that we then presented to President Whitten and the Board of Trustees at the very beginning of this year. And the gist of it was that there were a series of steps that we likely needed to take across three domains. The first being culture and climate, the second being services and support, and the third being policies and protocols. And to unify and really operationalize all of the recommendations that were clearly being made over and over again, we asked or we formed three task forces made up of a wide variety of constituents of faculty, staff, and students across all campuses, across all domains, trying to be as diverse as possible. The task forces were quite large and were run by faculty from all of our campuses. But I think there was at least one faculty director, I think, faculty co-chair from the Bloomington campus on each of the task forces. They met from February through May

and worked very hard to, again, operationalize and give us clear actions that needed to be taken in order to make a difference for student mental health across those three domains. We collected those in June. We again presented to the Board of Trustees where we thought we were headed. We built an office as quickly as we could. We worked very hard to marshal the resources that we thought would be necessary to take the actions that were recommended. And we've been hard at work this semester trying to get as many of them up and going. I really want to give you an update today on many of the actions we have already taken or are planning to take in the near future. I do not want this to sound like a laundry list, but I do want you to understand the depth and breadth of what is going on. I can't stress enough the heroic efforts of the small group of people working in the new office that we've established, who have been reaching out across all campuses. But certainly significantly through this campus, as well. And I really want to acknowledge, of course, all the people who served on the task forces and who dedicated their time to try and make this happen. But with respect to culture and climate, the first thing we've been doing is putting together a number of councils on each of our campuses. We are setting up student councils both to advise us and also to hold us accountable to what's going on. But we've also created an IU President's council that draws from all of the task forces council. That council met for the first time, about maybe week-and-a-half ago, and has been specifically charged with helping us to really fine tune some of these. But it was a robust discussion. People were really interested, and we look forward to their continued involvement from now into the future and helping us figure this out. We have set up a wave so that student groups at any size can have access to targeted funds for mental health efforts. And where there already are funds that exist for various groups we're hoping to augment those to try to catalyze on many of the efforts that are already taken. We have been working with a variety of constituents to add key mental health initiatives and dates into the daily calendar, as well as the annual campus calendar. We have been working to create an identifiable, consistent name across all campus organizations that target services and other resources for students with mental health and other special needs, to try to make these more thoughtful. One, for example, not referring to a disability office, but trying to come up with a name that is more supportive. We have worked across all campuses to do things like renaming dead week to prep week or other more useful names that don't have a stigma across them. One of the big things we're doing is trying to create a huge toolkit, much like Stanford's red folder, that would be a resource for faculty, as well as students and staff, to understand what resources are available across all of our campuses. We've also been working on workshops and training-in-a-box resources for instructors on a variety of subjects that can be used in faculty and orientations. We've been working and talking about expanding the annual spring Preparing Future Faculty conference to include graduate students from all our campuses, even willing to fund their travel, so that they can participate. One of the big things we've been doing immediately is actually expanding You Bring Change to Mind, which is a peer-reviewed, peer-to-peer, student-led resource, which actually has been studied quite extensively on this campus to fund positions on all campuses, for mentors to help us build that program across all of our campuses. We've also had kickoff events at every single campus where we've had pop-up tents, as well as trying to recruit students into that. We've at least met with, I would say well over 1,000 students in the last week, who have expressed an interest in participating in such activities as we've gone across all of our campuses. We also want to support peer-to-peer education and medically focused programs such as Crimson Corp and Culture of Care to provide students with more resources, as well as skills, to normalize peer-to-peer intervention and support for mental health. We are working on a huge communications campaign that just kicked off last week with

the help of Studios and communications, in order to spread awareness both of what we are doing, as well as, again, to reduce the stigma of mental health. We have, as I said, been doing event tents. We did one last week, we were at First Thursday the week before, where hundreds of students stopped by. In addition to handing out the usual swag, we've been printing up cards which are useful for talking to each other about mental health, as well as QR codes to the website that we've also established in order to have available all resources on all campuses that are focused on mental health. In addition, finally, we're developing a mental health community of practice. With respect to services and support, the first thing we did was to create positions within our office that will also work with the Vice President for Student Success, who are responsible for all the granular aspects of implementation of the services and support task force recommendations, as well as other recommendations. We launched a survey last week, which will be the first of many directed to all students to gauge knowledge, attitudes, and beliefs towards mental health to both get a sense of where we need to focus and also to make sure that we're tracking our progress because we want to know that we're doing good. Perhaps the largest step we've taken is right now there is a RFP out for a telehealth robust service that would focus on all students across all campuses. I believe the actual final responses for that RFP are due today. It's our hope to have the group that's looking at that go through that in November with the hope of finalizing a decision at the very beginning of December. Perhaps even being able to implement that in very early 2023. It's our hope that this will not only serve as a first-line source for students to go to whenever they have issues, but also help take some of the burden off CAPS and counseling services across our campuses so that they can focus their in-person, more direct actions on those who may require them, disconnect sort of a release valve to help them, as well. We are providing online mental health resources for our online students, as well. The Telehealth will make sure that we absolutely have resources available to online students, which has been more of a challenge in the past. If they have not been on campus, they've had difficulty accessing more of the in-person resources that have otherwise been available. We are making sure that we focus on identifying and documenting resources, referrals, and services for addictions, as well as specifically addressing sexual assault and harassment. We've started to work quite closely with the Vice President for Student Success office again, in making sure that we coordinate and standardize many of the ways that we address these issues across all of our campuses. We also recognize that financial difficulties provide a significant source of stress and mental health anguish for many of our students, especially on some of our regional campuses, but certainly on this campus, as well. We're therefore institutionalizing financial planning and management resources across all campuses, making sure that they are funded and all students have access to them, and we're promoting them, as well. We are especially extending resources for international students. Many of these have already been implemented with respect to a lot of the recommendations by the graduate student task forces. But we will also be working to make sure that these are supplemented and extended as necessary. And finally, we are planning to conduct focus groups and surveys to identify the needs of specific populations who are at risk due to marginalization and underrepresentation or those who experience discrimination to determine additional needs after we implement all of the recommendations I've made. Finally, with respect to policies and protocols, we've started working with the Vice President for Student Success office to streamline the student withdrawal and re-enrollment process on university websites, to update the Indiana University support for mental health website and make sure that these are tightly integrated with the website that we have already created. We want to make sure that there's a one-stop shop that all students can clearly go to, to find any resource that they may

need, no matter what it is, with respect to mental health without difficulty. We want to address issues specific to the graduate student academic appointees, the SAAs, needing to take medical leave. And we'll be working with offices across campus to do that. We are advertising support link, EAP resources along with CAPS in all materials and making sure that those are added to the SEA handbook and guide, as well. We're funding, as I said, the expansion of financial literacy training and resources, such as Money Smarts, across all campuses, as well as creating a task force to reassess the current funding model for graduate students across IU campuses, which has clearly been ongoing. We want to create a standard reporting policy for academic and wellbeing reviews for all students, especially graduate students. Establishing a required annual academic and well-being check-in will hopefully catch more problems. We started talking today with UITS to see if there is a standard way that we might accomplish this. Again across all campuses, because there's a wide variety of ways in which advisors and others contact and have contact with students. We have worked to create a list of first responders on each campus. And depending upon the crisis, those first responders would clearly come from different groups. But again, we want to make sure that policies and protocols are clearly outlined. We've also talked about creating a critical incident stress management team, or perhaps an IMT incident management team for issues that might occur across campuses to make sure that the resources that might be dedicated and made available again, are standardized and well-known, and clearly understood by all those who might be involved. In the same vein, we have developed a streamlined process to make sure that frontline staff dealing with mental health concerns are receiving self-care and the proper support that they need above and beyond even the EAP program. We want to make sure that messages and services online are consistent across all of our campuses. And therefore, we're working to establish contexts and point people that we will remain in contact with the mixture that occurs. And then finally, we're working to consider a larger conversation of what tragedies need highlighting and where we need to act, and how some may have a contagion effect on campus, and those that might not, to make sure that we're more thoughtful of the ways that we talk about incidents that occur to make sure that we're not exacerbating problems and that we're doing our best to solve them. This is not exhaustive. This is really what we feel like we've accomplished so far. There is on our website a full 18-page document, the details, all of the recommendations made by the task forces, and the action items associated with them. We have been incredibly well-supported by the university and the Office of the President in order to fund these initiatives. They will not be cheap. But we have made every effort to make sure that they will be accounted for, for the next two years, and then work to incorporate them in the base budget as we move on. But it is our hope that many of you and many others will remain invested and involved as we work to normalize discussions of mental health and the idea that we care for each other. As the Provost said, "This is not necessarily a problem that money can solve." In fact, Denis Hayes and I just wrote a commentary for an article to be published in *JAMA Pediatrics*, I think in the next month or two, with the title literally was "Our Mental Health System Is So Broken that Not Even Money Can Fix It." We have to come together. It involves, as these task forces say, us normalizing and reducing stigma and making mental health something that we talk about and care for and think about the same way we would nutrition or physical activity. That it's a daily something we think about as we eat, as we breathe, as we sleep. It is just part of normal life. We have to make sure that we are not just saying we're going to hire more people because even if we had unlimited money, it is nearly impossible to find the counselors that we believe that we need to hire in Indiana, let alone with the diversity that we would all like. Which is one of the reasons I think we're first reaching to Telehealth in

the hopes that we can again expand the depth and breadth of services that we offer so that we can take some pressure off of CAPS and focus that to those who are triggered and who need it most. And then try to work to making sure that the regular work that we do across the university cares for and improves mental health amongst all of our students, not exacerbating it. This work will continue throughout this semester. We have longer-term goals that we plan to attack next semester and beyond. And again, it's our hope to do repeated data collection, not only this year but in years to come in order to ensure that what we're doing actually makes a difference. And to make sure that in areas where we're not perhaps improving things as much as we should, we focus more attention. Again, I need to thank the very many people in my office and beyond who have worked on this and continue to work on it. This is an all-hands-on-deck approach and occupies a fair amount of the time of my office right now. But we're excited about the opportunity and for the progress and improvements that can be made. And I'm happy to take any questions that anyone has.

#### **AGENDA ITEM EIGHT:**

**SHRIVASTAV:** Thank you, Aaron. Questions? Yes.

**SI EK:** So this is just anecdotal, but I've heard people talk of long waits at CAPS. And so could you talk to where we stand in terms of how long those waits are. And you alluded to some challenges, but maybe you could more directly address what the issues there are and what the solutions could be?

**CARROLL:** The issues with respect to CAPS or issues with respect to just mental health in general? Wait times. So I hear this complaint often. And to be very honest with you, if you talk to CAPS, you hear a different story. And clearly, there's multiple sides to this. But I have no doubt that, first of all, we live in a world where many people expect and hope for same-day service. That's not going to happen. If you were to try to get an appointment outside in the real-world for a mental health appointment, it could take months or more. Hope CAPS usually doesn't take that long, but it takes longer than most students want, unlikely longer than most students need, given that by the time they get to CAPS, they likely have pretty acute needs.

We can fix that in one of two ways. One, it would be to expand the number of people working in CAPS, which would open up more appointments. We have tried over the last few years to hire more people. That's been exceedingly difficult. So our other option is to, as I said, create a release valve and use Telehealth, where wait times will hopefully be incredibly minimal, and where they have more than enough resources to at least let many of the students who are comfortable with that. And to be very honest with you, lots of people are quite comfortable with telephone or video visits with therapists. I see my therapist by phone, started doing that during the pandemic, and I ain't going back to the office. So I think that that will hopefully take some of the burden off and make it so that when referrals are made, they are seen or received more quickly. One of the things we're working through in the RFP is, how do we close that loop? We want to make sure that whatever Telehealth option we pick is plugged back into us in such a way that we know that referrals have been completed one way or the other, whether they have gone directly to CAPS, or to Telehealth, or to know when perhaps we need to move from Telehealth

back to CAPS. We're certainly going to need some coordination, but increasing access is the best way to reduce wait times no matter what the healthcare issue is. And hopefully this will do that.

**SHRIVASTAV:** Yes, go ahead.

**BIELASIAK:** So I'm very impressed by your initiatives. Really does read like a laundry list. And it is, I think, fall into the purview of traditional approaches to solve the problems of mental health. Anybody who read the *New York Times* opinion page this past weekend will tell you, of course, that that is precisely the wrong way to go. And that there are some fundamental structural problems attached to mental health issues having to do with political, economic, and sociological questions that those mental health problems affect different communities quite diversely. And from what I can see here, we are approaching it as one size fits all, whereas we should be looking more at how people are affected differently by economic positions, by approaches to religion, or not religions, are affected by those things. [OVERLAPPING] So I guess my part, that's my comment, but the question is, should we be taking a bolder look? Should we be really thinking out of the box, moving beyond those past three points and starting to look at more innovative ways to try to resolve what is, of course, a critical issue in our nation, not only on our campus?

**CARROLL:** So, first of all, I take your point. I would argue that we are trying to address many of those issues. And in some ways, it's a lot of things, because we're trying to make sure that we address as many of those extra issues as possible. We absolutely recognize that financial difficulties are an aspect of where this problem comes. And some of the policies and some of the increases in services are hopefully going to address those to the extent that Indiana University can. Some of those have to do with life issues, and trying to work with whatever is occurring in people's personal lives, as well as trying to do the work of being a student, which is why we want to make sure that we work to both pick these things up early and then help people both withdraw, or take a leave of absence if they need to and come back if they need to. Some of them are because of addiction issues, and that's why we want to address that. Some of them are because of sexual assault, or other things, or because of racial, or other discrimination, in which case, we want to make sure we focus on that, as well. And of course, some of it is because we treat mental health in this country often as we do with all healthcare. We wait until people are truly sick and there's problems before we act on it, which is why I think focusing on changing the culture and putting so much effort into reducing stigma and helping people to care for each other is an out-of-the-box solution. I think a lot of the issues in that opinion piece are focused on what we could do as a nation, or what we could do with a healthcare system that spends trillions of dollars. We have to also recognize we're in a university. We're not going to solve this problem. We are not a healthcare system, we're not a behavioral health system. We are doing our best to try to improve the things that we can, and provide resources, and refer for what we cannot. And we want to do more and we want to do good. I have no expectation that we will solve this problem. It is too big for the country and the state to handle, let alone Indiana University. But that does not mean that we cannot do more, that we cannot do good. And so I think that as we go on, we will continue to expand and try to do other things. But I do believe that the standard approach, and what we do is not a lot of the things we said, it's providing more counselors. It's why don't we get more people into CAPS? That has been the traditional way that many universities, including ours, have tried to handle this. I think there is much more holistic approach of trying to focus again on culture and climate, and services and support, and the policies and protocols, is a more out-of-the-box

holistic approach that we've sometimes recommended but very rarely implemented. And so while even some of the past reports have made some of these recommendations, they haven't happened and we should make them happen, or at least we should try and then focus on measuring what works and what does not to keep working towards this in the future. This will be a marathon, not a sprint. I don't think this will be something we finish up in a year and say mission accomplished. I expect this to be something we will continue to work on and improve and adjust for years to come, if not longer.

**GUERRA-REYES:** A lot of the things you have talked about are very much at the central level, like the university as a whole. And you said that there's things that are going to be more specific also on each of the campuses. So do you foresee a structure in each campus that is going to be like the hub that is going to be the place that people go for these resources? And also, how do you foresee or think about incorporating the culture centers? For example, here in Bloomington, the culture centers are very much the front line for people who are minoritized on campus for mental health and support. How would they be part of this initiative?

**CARROLL:** So with respect to it being central, the only part that's central is our office, which is six people. We are completely reliant on partnering with groups across campuses, whether it's the Office of Student Affairs, or the student health centers, or for the counseling centers, or as you say, many other groups, or even culture centers across campus. We are working hard to make those connections and develop them. We've just gotten started. There's just so much more work to do. A lot of this is we have been working with the groups that have been established to do this, but it is absolutely in our planning as we move forward to engage with more and more groups to get them involved. It's our hope that once we have formalized some of the peer-to-peer trainings and the toolkits and the resources, which we hope to have done this semester, hopefully in the next month or so, that we can one ask groups to come to us so that we don't miss them, but also for us to do outreach to make sure that we are involved. When we were at First Thursdays last week, in fact, we were approached by, I think, people from more than one cultural group or cultural center who were talking about how, because of stigma, or the ways that certain groups either do or do not discuss mental health, that this was a significant issue for them. It's, I think, that kind of outreach which is going to provide us the connections over time, which will allow us to do as much as possible. But this work, as I said, is only going to be done by leveraging and catalyzing what's already happening in all the hard work that many groups are already doing and trying to help them do more than by thinking that we are going to centrally fix this. This is a broad, large campaign, as I said, that I think will over time have to engage as many people as possible. But hopefully by having our office and committing resources to it, which are dedicated to this, we will keep beating that drum as loudly and for as long as possible, until everybody hears it.

**GAHL-MILLS:** Thank you. I want to stay on the culture question for just a moment.

**CARROLL:** Sure.

**GAHL-MILLS:** And this may not be a question for you, Dr. Carroll, so much as it is for our Provost. So I will open that up. Knowing that we're trying not to exacerbate by broadly disseminating information, especially when there are tragedies on campus, the lack of university-

wide acknowledgement of the death of Professor Baldwin of a year ago, to almost the day of a death of another Kelley student in that same parking garage, sends the message and signal to our students—that come to my office anyway—that we do have resources; we tell students we have resources. But the culture does not say that we care. The culture says, let's ignore this and pretend it will go away. So I wonder, as we're thinking about all this tremendous work you're doing—and everyone is to be commended for what they're trying to tackle—what truly are we doing about this question of a culture of caring that goes beyond resources, and what do you need from us faculty to help you do it?

**CARROLL:** So with this specific issue you bring up, I mean, literally this morning we were talking about incident management teams are set up every time a tragedy like this occurs and no one from our office is involved. And so one of the things we actually, I think, literally today set up a meeting, was whether it's me or someone from our office needs to be involved. Clearly, there'll be a legal person there. Clearly, there'll be campus people. There will be people from public safety, but I agree with you. I don't think anyone who represents this side is at the table to push for what we might need to do to improve that culture and making sure at least that voice is heard. Because sometimes, because of family wishes or because of legal issues that literally prevent us from talk, that may happen, but we want to make sure we don't err so much on the side of that.

Well, how do we do that? Part of it is just bringing that voice to the discussion. And that's part of our goal in making sure that this issue is represented when those decisions are being made, that someone is also in the room for that discussion; we literally set up that meeting today. We'll be talking about that in the future. Now, with respect to change in the culture, a lot of this has got to be a continuous drumbeat of talking about it and being open about it and constantly speaking about it. One of the things that I think was most productive in our COVID response was that we flooded the zone with communication. There was no group we would not speak to. We were willing to do a webinar and answer any question. We would come and talk about any issue. We're going to bring that flavor to this, as well. We've already done more than one webinar, I think, that it focused on mental health. Tons of good questions, frank and open discussion. We will continue that. I've met with Student Government; I've met with other groups. We will continue to hold those sessions. We will be doing advertising, public campaigns, and we will do it again and again. Because that's really what I see as one of the major parts of my job; it's just constantly talking about it and making sure that we're discussing it. So that it's not something that appears once or twice, but someone is making sure that it's top-of-mind all of the time. It's my hope that, along with a lot of the other things that we are trying to do to improve stigma, we'll normalize more of these discussions and make us more able to talk about them. I don't think that'll change overnight, but I do think that repeated, thoughtful, in-depth communication will change that over time.

**SHRIVASTAV:** Thank you, Aaron. I want to also add something, Karen. I've heard this from some other faculty, and I've discussed this with the BFC leadership. And the specific question you asked is, why wasn't there a university-wide announcement about either Professor Baldwin or another student who passed away in a traffic accident? And Aaron alluded to that a little bit. The ones that make it to the newspaper are only a subset of what really happens in a large university. If I remember my numbers right, we have lost about five students this semester. At

least one faculty, and at least two, maybe three staff, suddenly, unexpectedly, due to unnatural causes.

Every life is equally important. Every life needs to be celebrated and grieved equally. To me, we either send everybody's announcement or we send nobody's announcement. Sending everybody's announcement is next to impossible because, as Aaron said, sometimes there are either legal or personal reasons. Families don't want to announce this. They want their privacy. Sometimes there are legal issues where we cannot even if we want to. So what we have done is we have a process by which this team here, DeeDee and Kathy and Drew, engage directly with the immediate community that's impacted. That's the parents typically. But others could be roommates, could be friends, could be classroom classmates, teachers. The dean usually engages with the direct community in the faculty. We do not centrally do it for the reasons I just announced. To me, it's an all or none.

What we are really lacking, and I really think we need to do this as a community, is have a formal way to grieve and celebrate. Other schools that I've been in and other schools that I've talked to have a process sometime at the end of the year, maybe in March or April. We don't. We have mini ceremony—Student Affairs does this—they invite the parents, but it's not a broader community-wide event. And I really think we need to do something to memorialize lives cut short. And that was the group I have charged with to come up with the right process, the right time, the right framework for us to do this. So we have work to do. But there's a very specific, carefully thought-out reason why we are not acknowledging every single untimely death that happens. And we've also benchmarked ourselves to other AAU schools and we are not different than most Public AAU universities. I also feel if we try to do every single one, our numbers in a typical year will be 20, 25, 30 people, which as bad as it is, is not unusual for a community and a university our size. My fear is, if we start doing this every other week, it will probably lose its meaning. People will stop realizing and recognizing, and it almost becomes: Here's another message. And that's the last thing we want in a situation like this. So that's the reason. If you have other, better ideas, I'm certainly open to talking, discussing it, but this is not an oversight or a random thing. This is a carefully thought-out process.

Yes.

**SINADINOS:** So I noticed that the plan is very student focused, which of course, yes, for a university, we need to focus on our students' mental health. I'm wondering if there is a time that we will start to focus on this type of effort for faculty and staff.

**CARROLL:** Let me be clear, this was handed to me until to be a student mental health initiative. That is why it sounds like it is all student. I have no doubt that we will be revisiting this and then engaging, but it was handed down students first, because that was where most of the alarming statistics that we have been seeing had been occurring. But I mean, yes, 100%. This is not to say that, oh, everyone who's a staff or faculty, their mental health is spectacular and doesn't need fixing. Some of the Telehealth options are already available through the EAP. So some of the services and support are easier somewhat to access at the moment for faculty and staff than they are for students. But please, this is also when I will say, I serve at the pleasure. Like, I think if faculty and staff—faculty especially—make it known that we need this effort for

faculty, as well, I'm sure I will be handed a charge to do that, but I completely agree with you that as time moves on, we will need to focus on that, as well.

**SINADINOS:** And also a question about the Telehealth that you all put the RFP out for, would that be a charge for our students similar to CAPS charges?

**CARROLL:** Well, we're looking at multiple ways to do that, but it is our hope that we can find a way to finance it where it would not be. Part of that is we'll have to figure out how much uptake there will be, how much money is available. But I will say just flat out that we want to make sure that the cost is never a barrier in the same way that CAPS is. We work hard to make sure that money is not a barrier. That even if there is a co-pay associated with it, if that is a barrier for some students, we want to make sure that we handle that in other ways.

**SHRIVASTAV:** Thank you, Aaron. I'm really optimistic given the level of questions and interests in this that we have a community that cares and hopefully that will make a difference in the final outcomes. In the interest of time, though, Aaron—

**CARROLL:** Yeah.

**SHRIVASTAV:** I will have to move on to the next item.

**CARROLL:** No problem.

**SHRIVASTAV:** Thank you.

**CARROLL:** Thank you.

#### **AGENDA ITEM NINE:**

**SHRIVASTAV:** The next item on the agenda is IU Cares and Disability Service for Students Updates, presented to us by DeeDee Dayhoff, Drew, and Kathy. But before I hand it over to the three of you, I want this group to know, these are your front-line people. When a student or a parent or anybody needs help, whether it's three in the afternoon, or often three in the morning, these are the individuals who are at the hospital, in the police station, in the residence halls, working literally night and day to make sure our students are able to succeed, survive, and thrive here. So thank you very much, we really greatly appreciate all you do.

**DAYHOFF:** Thank you so much. Good afternoon, everyone. My name is DeeDee Dayhoff, and I'm the Assistant Dean for Student Services and Parents, and I'm also the chair of the Care Team. I'm so grateful to have this time with you this afternoon, to share the good work of the Care Team as a resource for students but also a resource for faculty and staff.

So the Care Team has existed at IU for quite some time, and I wanted to back up a minute to share the origin of a Care Team. Sometimes on other campuses across the country, they're called behavioral intervention teams. It was born out of the Virginia Tech tragedy, in which there were silos of information about a distressed and distressing student. And so the Care Team or

behavioral intervention team model was created to be a central repository of concerns that folks from across the campus could share. It's comprised of staff from across our university who worked to intervene at the earliest possible stages with students who appear to be struggling socially, academically, or personally. The Care Team coordinates outreach and intervention with all relevant units and resources on campus, all with the goal of supporting the student's health, safety, and success, as well as keeping the campus community safe. The Care Team is a multi-disciplinary group of professionals representing units from all across campus, some of whom include Residential Programs and Services, Counseling and Psychological Services, IUPD, Sorority and Fraternity Life, Office of International Services, and more. The Care Team meets twice weekly to refer care referrals that come in, identify students of concern, and coordinate that outreach. The Care Team functions as that central point of contact for coordinating a response to distressed or distressing students. We were to triage those care referrals, determine the level of risk either to self or community, and identify the most appropriate campus resources to either support the student or support the referral source. We follow a formalized protocol in determining that level of risk and corresponding interventions.

The Care Team also plays a role in providing consultation to faculty, staff, family, and peers who are concerned about the well-being of a student. The Care Team often uses this analogy to talk about our work. We consider ourselves a bit like an air traffic control tower. So we receive information through a care referral, we monitor existing situations or students of concern, and deploy various campus offices and the resources to support them.

On the left of the slide here I've included a sampling of some of the marketing that we've done in the past year to students encouraging the use of care referrals for either themselves or another student that they're concerned about. Perhaps in part to this great marketing, you can see on the right-hand side that the volume of care cases has steadily increased over the last four years. So this past year we've averaged about 3,000 care referrals per semester. And I want to highlight the fact here that the Care Team follows up on each and every one of these referrals. So we're hopeful as the campus learns more about the Care Team and the care referral process that we will continue to provide a mechanism by which at-risk students are identified early and receive the support they need to be safe, healthy, and successful.

Submitting a care referral is quick and easy. I know several of you in the room have submitted referrals over time about students you are concerned about. There are a number of ways to access the referral form through the Dean of Students website or if you just literally Google "IU care," it's one of the first things that comes up. It's going to ask for a name, your role at the university, of course, the name of the student that you're concerned about, and the specifics regarding your concerns. There's a really wonderful, fairly new option to upload any supporting documentation that you have where your concerns stem from. Oftentimes, from faculty, it's an email that they've received at 11:00 PM from a distressed student who might be mentioning suicidal thoughts or any other distress. We also get uploads of documentation from students on behalf of friends they're concerned about that include social media posts or texts that they receive.

So any of that documentation is helpful for us in determining that outreach. So there are a number of reasons that one can submit a care referral. The first being that you're simply not sure what to do with a student that you're concerned about or what resources to offer. Whether there

are academic or administrative concerns, personal issues, concerns about health and well-being, behavioral issues, and any incident related to harassment or discrimination, I will reiterate here that anyone can submit a care referral about someone that they're concerned about, a student on their own behalf.

One of my favorite referrals to see coming in is when students submit referrals on behalf of another students. So when we talk about that culture of care here at IU, that's exactly what that can look like. Parents, family members, and we've received care referrals from students who attend universities across the country who come to know that this mechanism exists. Regarding what is worthy of reporting, my general advice is to always trust one's intuition. If there are behaviors that seem remarkable, are notable to someone in any way, we would rather have someone submit a care referral than not. If there's a sudden change in appearance or behavior, receipt of a concerning email, or worry about a student's excessive absences, all great reasons to submit a care referral. The Care Team would prefer over-reporting of concerns rather than underreporting, so that we can identify these students early and help them get connected to resources. Sometimes time is of the essence. Please, I always tell folks, please don't wait to submit a care referral, we're putting pieces of a puzzle together. And the piece that you have, while you may not think is significant, may be actually quite significant given the other pieces of information we have about a student.

We hope that folks are as specific as possible about your concerns. We sometimes get care referrals that say, I'm really concerned about Johnny. So we will reach out to the referral source to learn more about what that concern is about. And again, if concerns are ever related to any written documents, again, we prefer that those be uploaded so that we can review those.

Once a referral is submitted, the referring party receives a confirmation-of-receipt email. The student of concern will receive an outreach email from a care coordinator that lists commonly used resources and always includes an invitation to either meet with a care coordinator or an assistant dean in the Dean of Students office, so that we can learn more about their current challenges, assess what their needs are, and connect them with appropriate resources. I will note here, and this is a common complaint about the referral submission process, is that the referral source may not always know the outcome of the submission of that care referral. And I feel badly about this, because if you've taken the time to share your concerns with us about a student, of course, you want to know what happens. We are not able to do that with the primary reason of trying to protect the student's privacy; they may not always want those who are concerned about them to know the next steps or what happens next.

Oftentimes, faculty and staff are concerned that reporting concerning behavior is a violation of FERPA. So I'm very intentionally including this slide here today. FERPA allows communication between faculty, staff, and the Care Team when there is a legitimate educational reason to do so, or if there is a concern about a student's health and safety. And if there is ever any question about FERPA concerns about that, our preference would be if you could reach out to the Dean of Students office so we can explore that concern with you.

I am absolutely delighted to share that just a few weeks ago, we opened the brand new Student Care and Resource Center. While it is an extension of the Dean of Students office and Care

Team, think of it as that one-stop shop for students who are looking for information and support no matter what challenge they might be facing. The newly opened Student Care and Resource Center is located in the circle drive of the IMU right next to the UPS Store. And for those of you who've been around for a while, it's the former IU Credit Union.

The Student Care and Resource Center is home to three care coordinators, the Associate Director of the bias response and education team, and I'm super excited that it is the second more centrally located at Crimson Cupboard Food Pantry. So it has more grab-and-go items than the main location at Campus View. So the student, faculty, or staff member has a question or a student-based need, the Student Care and Resource Center is a great first stop. Students can drop in, call 856-CARE or submit a Care Referral. So the staff will help connect students to the best people and organizations on campus to meet their needs. So I encourage you to either take a picture of this slide, but I've also left some cards in the back for you. The Division of Student Affairs has a rotating schedule of deans and directors on call 24/7 to address emergent concerns related to students. If you ever feel that you have a situation that doesn't rise to the level of calling 911 but cannot wait until the next business day, please do not hesitate to reach out to the Dean on call, or we call it the on-call Response Team. Day or night, we're happy to provide consultation about any student matter that is a concern.

So the documents that I've left in the bag, I strategically left them in between the bags of popcorn, but if you didn't happen to notice them, I have included the Dean on-call number, this business-size card with a number on the back. I've also included the Faculty & Staff Care Referral information, and I've also included a care card that lists commonly used resources on campus, and it also has a QR code that takes someone straight to the Care Referral submission form. So, Cate, I don't know if you want me to take questions now, or if you want Drew to present his piece, and then we can both field questions. So I wasn't sure how you wanted to do that.

**RECK:** Oh, I'm not sure how I want to do that, but why don't we go ahead and do questions so that you don't forget, and then we'll pop to Drew. Chase?

**MCCOY:** So I have two questions. First, I've had students come to me concerned about when care requests are submitted, because they're afraid that they're going to be punitive in some way. So they're thinking of examples like Stanford, where students' care requests are submitted and then they are forced to leave the institution, which thankfully, I've spoken to you all, and you have [LAUGHTER] assured me that that's not the case, but our students are concerned. What steps are being taken to make it so that they don't think that anything punitive will happen?

**DAYHOFF:** Absolutely. So related to that culture of care, my ultimate vision and dream for the Care Team and the care referral process is that it becomes a second nature as the first thing you think about doing when you're concerned about another Hoosier. And so, historically, this report submission, it actually used to be called a Care Report. And several years ago, we decided to shift that language very intentionally for a referral. A report does sound like you're being reported. Your business is being told and reported to the Dean of Students office, which sounds really frightening. And so we've been very intentional about that. And so my advice to faculty who are working with students who are concerned that you're reporting them or you're

submitting this form: The language that I encourage folks to use is, there are people on campus whose job it is to know of all the resources that may help in your particular situation. And so they're there to provide you with information, listen to what's going on, and get you connected. And so as much as we can talk about, this is the thing that we do when we're worried about each other. My hope is that that'll shift. Did you have a second question?

**ADAMS RIESTER:** Can I add something to that, to DeeDee's response with that? I would also say we do not have a mandatory medical withdrawal policy. I'm not sure what policies Stanford had. Some schools have one of those. We do not have that. And so, in most cases, if a student is having mental health issues, that's not a reason we would say you need to leave. You need to absolutely withdraw with the university. We try, really, to talk about that as an option if that fits what's going on with them, but we also talk about: here are some other things that can be done as part of that. And sometimes students feel like that's the best option and we may be saying, "We think that's the best option for you, but it's not a forced type thing," if that makes sense.

**MCCOY:** In the second question, I've looked through a lot of the documentation. I was curious who gets access to the Care Report. So I've had students that have been concerned that if a Care Request is submitted, that somehow it will go to their parents, and they're concerned that their parents will know about some mental health issues and maybe that's stigmatized in their communities or something like that. So they're also concerned about that. What resources are there available to us so that we know what the process is and what happens when we submit these types?

**DAYHOFF:** That's a great question. It's a little bit different than the counseling center in that the information shared with us is not confidential. We can't promise just to keep it within the Care Team as what might happen in a HIPAA situation, for example at the counseling center. And so the folks who have access to the care referrals are the folks that sit on the Care Team and not in fact, every one of them has access to the care referral. So it's primarily the care coordinators and the assistant deans.

Sometimes students are quite curious about who submitted the referral, and we walk that line very carefully. We don't usually reveal who the referral source is but try to shift the conversation. Someone's concerned about you and concerned enough that they submitted a care referral. And so you're right in that it's not confidential, but there's absolutely zero possibility that a parent would learn about a care referral.

Can I interject something? You made me think of something that I forgot to say, which is really important. The Dean on call number is not to be given to students. I failed to say that, please. It's for faculty and staff use only. You can imagine what would happen if that were shared with parents and students. So please, please don't do that [LAUGHTER].

**COHEN:** So you've mostly answered my question, but I actually just had a student who I showed the care report. I know it's not important anymore. But they were worried about their information being identified as the person who reported it. And I couldn't find anything to assure them. And so I was just going to recommend maybe making sure that's clear in some way

because they were very worried. They weren't sure they wanted to do it if they were going to be identified.

**DAYHOFF:** Thanks for that question. It says something like care referral submission form that it can be submitted anonymously. That is an option for any referral source. When that happens there are situations in which it makes our outreach sometimes more complicated, especially if we have questions about the content of the concern in which we would need to reach out to the anonymous source. And so there is that option, but again, we worked very hard not to necessarily reveal who the referral source was because, at the end of the day, it really doesn't matter. It's about what's going on for the student. Thank you.

**SHRIVASTAV:** Yes, go ahead.

**BIELASIAK:** [inaudible] ...self-propelled. And are there situations where nobody reports, that disruption will not reach your team. If nobody reports.

**DAYHOFF:** I'm not sure I understand the question. Could you rephrase it?

**BIELASIAK:** Probably, say, the security people come in, but nobody refers that incident to you. Will that still reach you?

**ADAMS-RIESTER:** So I think if I understand your question correctly, so if there's a behavioral problem, and let's say, IUPD specifically responds to that. That will reach either the Care Team or our Office of Student Conduct, depending on what the outcome of that situation is. I receive all the executive's shift comm from IUPD, and I pass on any care-related information or cases IUPD may have met with to our Care Team, to DeeDee, each morning, as those come in. So those are passed on. What probably the harder things are, let's say you have a disruptive student in a classroom or a student whose behavior might be odd in a classroom, if police aren't responding and the faculty member or other students aren't reporting that to us, then we don't know that information until someone shares it with us. So those are the ones where I would say a faculty member or sometimes students will say, hey, this person's behavior is odd or off or they're just being disruptive in class. And sometimes that will be a combination between somewhere between the Care Team and the Office of Student Conduct and how we address that, depending on what the behavior is. But those reports we don't get unless someone fills out a care referral or a complaint to the Office of Student Conduct.

**SHRIVASTAV:** Just call it.

**JOHNSON:** So this is actually a question I think that could be addressed either by Aaron, or any of you. We're now starting to see the first generation of students who completed high school online because of the pandemic. We were teaching them while they were college students as that was going on. But there has been a great deal of discussion about the effects, in terms of socialization and concentration and all other things. And I'm just wondering whether you're starting to see any shifts in the challenges that students are reporting/facing or the concerns that people are expressing. Because I can even see in my own students who are freshmen this year, there's what is anecdotal and based on observation purely, but there is affective difference in the

students that I'm teaching now who are just entering college. They seem to me to be more timid in some regards. They seem to me to be less mature in some regard in terms of their ability to make connections themselves. And I'm concerned about whether we're fully taking into account that large cultural global experience that we all had together. In terms of thinking about how to help them. Sometimes I wonder some issues are clearly mental health issues. Some of them, I think, for a lot of our students, the world feels like it's on fire and they're very unhappy and they're deeply sad. And I don't know if that's a mental health issue. [OVERLAPPING]

**CARROLL:** That's actually what I was gonna say. That's a mental health issue. That's what we've got to get to, is that we don't wait until they've got an ICD 10 diagnosis or they've hit the DSM for anxiety disorder. It's fear, being worried, having more difficulty making connections. All of those are on the spectrum of things that we've got to handle. Do all of those need CAPS referrals? Not clear, but we do need to do a better job of outreach and caring for each other and trying to pick up on those issues earlier and then trying to get them to whatever resources might help them, which is going to be specific. But I think that the pandemic made everything worse, period. It made lots of problems. It didn't cause as many caused issues, but also exacerbated those that already existed. And we need to do all of these things to try to make it better. I don't know that there's a one-size-fits-all approach, but part of the reason I think that we wanted to do this so badly starting last year was we clearly recognize coming out of the pandemic that everything was getting worse.

**DAYHOFF:** Can I just, your question made me think of something that I wanted to share earlier related to how the Care Team works in tandem with the counseling center. CAPS sits on the Care Team. However, we've discovered over time that there's a bit of a misperception in regard to the Care Team in that we're just this funnel straight to the counseling center. We make a lot of referrals to the counseling center, but the work of the Care Team is to do more of a holistic assessment of all the range of challenges that the student may be experiencing. And after that assessment, determining those appropriate resources which could or could not include the counseling center. So when we think about the ways in which housing insecurity or financial insecurity is impacting a student's functioning, we're looking for all of those pieces of information.

**SHRIVASTAV:** Any other questions? Yes.

**SHELDON:** Thank you for this. And on that score of the immersive or wrap-around care our students often require in order to address mental health or academic standing issues, how much are we working with outside agencies outside of IU to get them things, like, if they're dealing with landlords or housing issues or housing discrimination issues or employers or things that are largely town issues rather than IU issues?

**DAYHOFF:** So the Care Team also provides those community resources, as well. And that was especially true, amid the pandemic when we were trying to support and do outreach to students who were in other states. And so, the care coordinators and the assistant deans would work very hard to try to do some of the legwork and finding what those community resources were for the students.

**ADAMS-RIESTER:** And I would add a Student Legal Services is often a resource that we refer students to, as well. They don't sit directly on the Care Team, but they're part of the Division of Student Affairs, and we work really closely with CC Williams, director, and her team. So that's part of our standard message, it's listed as a resource, but also sometimes as the specific resource depending on what's going on with the students. And I know, off-campus wise, our Student Legal Services works with off-campus housing resources to also help do referrals to different community organizations.

**SHRIVASTAV:** But seeing no other questions. Thank you, DeeDee, and once again, oh, there's one more.

**NORTHCUTT-BOHMER:** One more.

**SHRIVASTAV:** Go ahead.

**NORTHCUTT-BOHMER:** I think I have a quick question. I wanted to say thank you for this presentation. I've submitted care requests or care referrals for students. And so, it was really helpful to see the faces and know that those students were well cared for, so thank you for doing that. I, also, just sitting here listening and just thinking about recent events. I'm just thinking this could, I don't imagine your office has the capacity to handle staff and faculty. But it seems like in light of recent events, especially when there are warning flags, I don't know if there's another place at IU that can handle faculty and staff concerns. But I just don't know if that's, I guess, as a question and a comment. Like, I wish we could have something in place for this, for our faculty and staff, as well. And I realize there might be legal issues, but your work sounds amazing.

**DAYHOFF:** Thank you.

**SHRIVASTAV:** Thank you again, DeeDee, and I just want to remind all of you here: This is a really critical service, and it will help our students in a tremendous way. So please make sure...clearly, you all have engaged and are familiar with the work, but I hope you take this back to your own colleagues and friends and make sure everybody is aware of it, and I will volunteer DeeDee and Kathy will be willing to come and speak to your faculty group meetings or dean's level meetings to share the services they provide. DeeDee? So, all right, I want to pass it on to Drew to talk about the Disability Services for Students.

**BOGENSHUTZ:** Thank you all for having me out today. I really appreciate you giving me a little bit of your time to talk about Disability Services for Students here at Indiana University. Our office, the one that is tasked with ensuring that students with disabilities have all the tools, supports, and resources that they need to have equal access to reasonable accommodations and be successful here at IU.

We are a very small but mighty office, which is a big part of what I'm going to be talking to you about today. We have 8.5 total staff, including one testing coordinator, one admin staff, 5.5 coordinators and myself as a director. So we are very small, but we do a large amount of work, as I hope I will be able to display to you today in terms of what we do.

Our primary focus is to determine classroom accommodations and testing for our students here at IU Bloomington. How that looks as students will self-identify to our office, they come in and fill out a request for services form online with us, and provide us with documentation that we then review for each and every one of the students that comes through our office. We then help to determine the accommodations that will be appropriate for that student. Put those measures in place, and that's when the students come to you as faculty with their accommodation memos.

We also provide something we call collegiate life coaching. So all of our students are welcome to take advantage of collegial life coaching, which allows them to come to our office and work on executive functioning skills, things like time management or study skills, organizational skills, helping to find resources on campus, as well as a number of other things. We do a lot of resources to campus and community locations. So if a student is looking for a counselor, if they are looking for where they can go to withdraw from all subjects due to a mental health challenge, we can help to guide them towards that correct location, either on-campus or off-campus depending on what they're looking for. We also offer assistance for temporary impairments.

Many of you have probably seen emails that have come from our office about a student who's had a concussion who's going to be out of class either temporarily or needs to have some adjustments made on a temporary basis. We also provide temporary accommodations for individuals who have had upper limb impairments, lower limb impairments, whatever it might be that they might need some assistance with. We did a lot of education and outreach to different university offices, as well as throughout the community and addressed campus accessibility issues along with the IU architect's office. So students will come to us with those accessibility issues. Oftentimes those things are ...our campus is challenging, in case you have not noticed, it is a very hilly location, where the glaciers decided to stop and our campus is also historic. So there are campus accessibility issues that come up frequently, and we try to address those as quickly as possible.

And then what I want to talk primarily about with you today is providing proctor tests settings for our students who are getting exam accommodations, which has become a very challenging situation for our office, as well as I believe for IU in general, as a whole. We've seen a very significant growth in terms of the number of students that have been registered with our office that we are serving.

In 2019, our office was serving 2,898 total students. Fast-forward to today, we have, as of last night, we had 3,764 students registered with our office. As you might imagine, our office is primarily focused on the accommodations related to testing. So you have to figure that probably about two-thirds to 80 or 75% of those students are coming in seeking testing accommodations here at IU. That's the reason why all of you have seen many more memos coming your way, asking for testing accommodations and asking for those proctored environment is quiet proctored environments with extended time. Our exam volume has increased exponentially.

Last year we're seeing anywhere from 15 to 30 students, on average, for testing and combinations within our office. To give you the framework of our office, our office has four testing rooms, two of which hold four individuals, and two private rooms for a total of 10 total spots. This year, our exam accommodations have been ranging anywhere from about 35 on a

low-average day to approximately 60. This has meant that we have been utilizing many other resources. We've been utilizing auxiliary rooms within the Wells Library, oftentimes that is also a challenge because as you'll hear in a moment, we've had some construction going on in the Wells Library.

Our heavy exam days have been much heavier than they have been previously. We've been seeing an average of about 10- 20 additional exams per day on our days that are heaviest. So when we get to midterms, it's much heavier; when we get to those quarterly exams, it's very heavy. This today in our office, we had, I believe, 34 exams and we're also proctoring for approximately 40 individuals in the chemistry department this evening, so a large number of folks, so in terms of driving that growth. A lot of the things that we've already talked about today are the primary sources for that growth. We've seen an increased number of students that are served, and the complexity of those student needs is also growing.

So our students are coming in with co-morbidities, they're not just coming in with ADHD or a learning disability, they are also coming in with a psychological impairment. They're coming with generalized anxiety disorder or major depressive disorder, all of which are things that increase the amount of time that students need for exams, increase the number of accommodations that we are providing within our office.

We've also been providing for many more additional departmental exams, as many of you have felt with all those additional exam accommodations coming to your offices; it gets overwhelming for the departments, and the natural reaction is to send folks back to our office and ask for us to proctor those. We will make those things happen, but we are very slim in terms of how we are able to manage that. Our current processing time is, has been, about five business days. We do tell students that we'll provide your exam accommodations as long as you provide us with five business days of advanced notice or 15 business days prior to a final exam. We are getting to the point where that is even getting difficult with that timeline.

We've also seen an increase in Canvas exams where people are still proctoring those exams within their individual classrooms, within their departments. Instead of having people take those Canvas exams from home. When we get Canvas exams, we had to set up the room in a completely different way because we need to be able to see every single one of those students' screens and make sure that they're not accessing Internet to find answers, things of that nature. This has been one of the primary drivers of finding auxiliary rooms within the Wells Library.

Then we've had a large number of evening and weekend exams. Primarily, those have been focused on large departments that have extraordinary amounts of exams that they're giving all at once, so they're giving 25-30 exams for students who do have those accommodations. And so we've been asking, can we provide these exams in the evening? Can we provide these exams on Saturday morning? And those are things where we're then able to find the staffing to manage those situations.

So like I said, we do only have those 10 additional spaces we have been using auxiliary rooms in both the East and the West Towers. This creates a significant logistical concern for our staff. As I mentioned, we have one person who manages all of our testing for our office. That one person is

not only is trying to set up exams, get the exams from professors and print them, set up the room set up proctors; they are also delivering those students to their exam rooms, which when we're having to use auxiliary rooms going from the East Tower to the West Tower and back and forth all day long becomes a very big concern. You're using 5-10 minutes each time you have to do that.

Staff bandwidth we've already covered. The other thing is that we are currently in the process of replacing the fire suppression systems in the West Tower of the Wells Library. For any of you, who've been in the building, you've gotten to hear the sound of people drilling into cinder blocks within our building. It is a very loud noise that likes to travel up the steel columns of the building. This makes it so that we oftentimes have set up rooms in the West Tower but are unable to utilize those rooms. Because there's noise concerns. So our current response, we are definitely working on automating a lot of our tasks. Currently, our office is looking at ways to automate things like our proctor logs, automate how we are sending out response emails to faculty members, reminding them that their exams are due for our office. We're also trying to figure out ways to process things more quickly and more efficiently.

Ultimately, we will be moving to a new space; that hopefully will be happening sometime in the next year. We will let you know as soon as we know, we will be moving to Eigenmann Hall; at that point in time, and actually probably even before that, our name will also be changing coming along with that. So as part of that mental health task force, our name will be changing to Accessible Educational Services. Within that new space, we will have some new technology; we will be up to 26 total seats for exams, and those seats will be video proctored. Even with that, we are still going to be at a place where bandwidth is going to be a concern for our office. We're also trying to utilize additional student workers within our office. For those of you who do have student workers working within your departments, sometimes that is a great choice, sometimes that can also be a source of challenge for you.

Finally, I am looking to actually form a committee of individuals who are very interested in discussing this exact topic. I have had a couple of people come my way already, but I'm certainly looking around the room and hoping that some folks in here [NOISE] have had an hour or two of time here and there where we might be able to start looking at university-wide solutions, ways that we can manage this altogether as opposed to having to break things up and have some of the coordination challenges that we are running into. So with that, I'd like to thank you for your time and I certainly welcome any questions that anyone has.

#### **AGENDA ITEM TEN:**

**SHRIVASTAV:** We have four minutes left, so a couple of questions. [LAUGHTER] Elizabeth.

**HOUSWORTH:** As chair of the statistics department, I'm a heavy user of your services this semester, and I thank you very much. I know that the college was trying to bring to somebody's attention in the university the need for a testing center to handle all of exams, including accessible exams, but also including makeup exams and all of other things. So I don't know where that is, but I'm hoping that can be part of the solution.

**BOGNSHUTZ:** I certainly hope for that, as well. I was very energized yesterday to be in the room for the kickoff meeting for IUB 2030. And certainly, that is something that I hope to be bringing to the table myself as an initiative that I think would provide a really significant impact for our students. Being able to have a location where they can go to get testing taking care of, knowing that if they do fall ill and they do need a space to go, that is not going to be as significant of a challenge to find a place to go and get that testing taken care of, I think would be a wonderful thing to assist our students and to assist with mental health, as well as concerning for students when they're calling and not able to get through immediately and having to go through multiple steps to get things set up.

**SHRIVASTAV:** Dennis might have some insight into that.

**GROTH:** It was a request in from VPUE last last year, and I would say I'm still reviewing that to determine what the right thing to do there is.

**SHRIVASTAV:** Thank you. Other questions, Rachel?

**COHEN:** This isn't actually anything you presented, but I was wondering about if the rationale of only using diagnosis from the last four years is like a mandate from the state or if that's an IU policy. As you know, most of this testing is often expensive, and it can be a major deterrent for students who may have had testing done as an elementary student but not received updated testing and then may not be able to afford it to get the accommodations going forward. And so I'm just wondering about that barrier we put on students and if there's... what's the justification for it.

**BOGENSHUTZ:** Certainly. We follow national standards from Educational Testing Services. So the same people that provide the SAT, the ACT, the GRE exams, their standards are the testing has to be recent within the last five years. I will say for the sake of our office during this COVID time when it's been extraordinarily difficult to get new testing completed, we have been stretching that. I've actually instructed my staff to stretch that out to about seven years at the current time because it is extraordinarily difficult to get that testing completed. In terms of the cost of testing, if somebody truly is not able to afford testing, please have them see our office. We have received some grant money over the course of the last five or six years where we've been able to provide testing for...I think this year we're able to provide testing for 17 total students to get that completed here in the Bloomington area.

**SHRIVASTAV:** In the interests of time, we are rapidly losing quorum here, too. [LAUGHTER] I will ask our fearless president and parliamentarian to move the last item to the next agenda. The meeting stands adjourned. Thank you.