
The University Senate

FACULTY · STUDENT · P&A · CIVIL SERVICE

UNIVERSITY OF MINNESOTA

Disabilities Issues Committee September 27, 2023 Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions, or actions reported in these minutes represent the views of, nor are they binding on the senate, the administration, or the Board of Regents.

[**In these minutes:** Welcome and Introductions; Committee Orientation; Recovery Resolution Update; Topics for the Year; Discussion of Narcan and Fentanyl Testing Availability]

PRESENT: Jennifer McComas (chair), Abigail Alves, Jeff Baier, Yanjie Bian, Aaron Corfield, David Johnson, Gayle Golden, Jessica Grittner, Enjie Hall, Jeremy Jenkins, Meryl Lucchesi-Freyberg, Ben Munson, Jody Tracy

REGRETS: Kristina Krohn

ABSENT: Ingrid Jacobson, Katherine Schramek, Jessica Williams

OTHERS: Matthew Croft, executive director, Disabled Student Cultural Center

GUESTS: Hannah McMillin and Rachael Ojeikhodion, students, University of Minnesota Rochester; Julie Sanem, director, health promotion, Boynton Health

1. Welcome and Introductions

Jennifer McComas called the meeting to order and asked the members to introduce themselves.

2. Committee Orientation

Amber Bathke, senate associate, University Senate Office, and staff to the committee, provided [an orientation](#) on University Senate governance. The orientation covered committee member responsibilities, the committee's charge, and meeting logistics. Bathke also outlined the function and structure of University Senate governance.

3. Recovery Resolution Update

McComas gave an update on the [Recovery Resolution](#), asking to establish a recovery community on campus. By way of background, she said that this issue was brought forth by Gayle Golden last year and is in the process of consultation with other committees before presentation at the University Senate for a vote.

David Johnson said that the central question seems to be “how do you know this is needed on campus?” One challenge is that addiction and recovery are a personal and hidden issue for most students. Benjamin Munson commented that there is compelling evidence that having a residential program is beneficial, as seen with Augsburg College. Right now it is an unmet need, and might draw more students to the University.

Golden pointed out that a meaningful survey of students might be needed to uncover concerns about overdose and substance abuse. It would be a way to find out if students are worried about these things. Jeff Baier said he didn’t understand how people could not know about the fentanyl crisis with the number of overdoses and it being in the news constantly. He emphasized that the goal should be to support lives, no excuses.

McComas asked if there is a sense that the question of need might be a stumbling block to passing the resolution. She wondered if there is a need to do a survey first or if the process should just continue as it has been. Johnson said that there seems to be a coalition of support and that it is important to go in with strength and the backing of the students and other campuses. He reiterated the importance of getting more support from other governance committees. He said that it is a pervasive problem in the news and gaining momentum. Getting more input and sign-ons will be important in getting it to the senate. McComas agreed that there is momentum now, and people are supportive because more students are in need of this help. She thanked the committee for the [citations](#) and [articles](#) put into the chat.

McComas thanked everyone for their discussion and input and asked if there was an idea of the timeline moving forward. Bathke said that it is not set in stone, but it could possibly be a November discussion at the University Senate, with a vote in February. There is still a need to meet with a couple more committees.

McComas stated that if anyone had any more thoughts or data they should reach out ASAP after the meeting.

4. Topics for the Year

McComas asked if there were any additional topics the committee members would like to add to the agendas for the upcoming meetings. Proposed topics include:

- Grading and policies around incomplete grades
- Institutional support for disabled students
- Increasing visibility of people with disabilities (all different types) through a possible Faces and Voices campaign
- Encouraging Facilities Management to set aside 20% for accessibility when there are new builds or renovations
- Survey students about unmet needs in regards to disability
- Looking at the next round of Student Experience in the Research University (SERU) data to see if there is any improvement as a result of the training

McComas said that there would be more time to talk about other suggestions at the next meeting.

5. Discussion of Narcan and Fentanyl Testing Availability

McComas welcomed guests Hannah McMillin and Rachael Ojeikhodion, students, University of Minnesota Rochester and Julie Sanem, director, health promotion, Boynton Health to talk about Narcan training and fentanyl testing availability on campuses.

Ojeikhodion said that she had been approached by Jeff Baier to help get Narcan on campus. She is on the Rochester campus, and there is no health center for the students. She established “Just in Case” first as a service for sexual health, and now has been working on getting Narcan for the resident assistants (RAs) and students to carry. She has also worked on getting fentanyl testing strips and drink covers for people at parties. There was a lot of interest among the students and now they are ordering these things in bulk for their product list.

Baier introduced McMillin and said that she is the reason for the training being available on campus. McMillin stated that she had worked with the [Steve Rummeler Hope Network](#) who sponsored the training and provided Narcan kits for the participants. She emphasized that she connected the University of Minnesota Rochester (UMR) student life with the non-profit and that she was behind the scenes, organizing and promoting. She had hoped that since UMR was primarily a health science campus there would be more interest. She said that there was a great turnout.

McComas asked if there were legal ramifications around the training and supplies, asking if there were special permissions needed. Sanem said that she has consulted with the Office of the General Counsel (OGC) about risk reduction strategies.

Sanem then presented [slides](#) about the Health Promotion project, where the focus is on the students. She talked about the Alcohol and Other Drug Policy, Assessment and Prevention Committee (APAP). Their mission is to promote the health, safety, wellbeing, and success of the University of Minnesota (UMN) community by eliminating the negative impact of alcohol and other drugs. Their goals are to:

- Reduce high-risk drinking among UMN students
- Reduce negative consequences of alcohol use among UMN students
- Better understand other drug (eg. cannabis, opioid) use and associated negative consequences among UMN students
- Explore and promote appropriate other drug use risk strategies
- Review, update, strengthen, and increase compliance with existing alcohol and other drug policies and laws in the UMN community

Sanem presented information about the Health Advocates (HA) and Recovery on Campus (ROC). She said that HAs are students on campus that are trained to respond to common health-related issues and there are also some in off campus apartments as well. The program was set to launch the Overdose Response Training in Spring of 2020, but the pandemic halted that. In the time between December 2022 and April 2023, the [Naloxone Training](#) provided by the Steve Rummeler Hope Network has trained over 500 people. The HA program had 70 participants in the 2022-23 school year and 74 in the 2023-24 school year.

Sanem said that some would like Naloxone to be available with Automated External Defibrillators (AEDs) around campus. She also stated that first responders all carry Naloxone. She said that she sought legal guidance from OGC and got approval for training, but that there was some hesitance around asking HAs to interpret results of fentanyl testing strips. Any

organization can bring in the Steve Rummler Hope Network for training, but if they want to distribute testing strips or other kits they should check with OGC independently.

McComas asked if the training taught how to interpret the test strips. Sanem said no, that the focus is on seeing signs of overdose and how to use Naloxone in those situations. They also talk about how a person might respond to Naloxone and how best to prepare to support them. She also commented that the test strips have clear instructions on the package and the website.

McComas asked for Sanem to explain the University's hesitancy. Sanem said that it is specifically about making them available to the HAs and then the liability of the students having questions about interpretation that the HAs can't answer, not about providing them. Sanem also said that the Naloxone training was open to anyone wanting to take it.

Golden asked what happens if there is an overdose in the dorms and the RAs don't have access to the Naloxone. She wondered if the situation would be reliant on police response or trained students who happen to live there. Sanem said that Housing and Residential Life (HRL) might be able to speak better to this, but that it is likely many people in each of the residences would have Naloxone.

Baier asked how support was getting to the campuses outside the Twin Cities. Sanem reiterated that the [Steve Rummler Network](#) was doing all of the work and that there are also other nonprofits that do similar work. There is also a possibility that county health departments are receiving funds from the opioid settlement and they could be a good resource. Baier then asked if there is a policy around training with health and safety people as they are not covering that in the first aid training. They cover Epi pens and AED guidance, but not Naloxone. Sanem said that the best thing to do would be to check with OGC directly as there is not an official policy for Naloxone.

Jeremy Jenkins asked if there was any consideration being given to training about the nasal applications of Naloxone for those that have difficulty with the intramuscular application. Sanem agreed that it would be nice to have that added, but that a single dose of the nasal Naloxone was \$40 compared to \$3 for three doses of the intramuscular, so that precludes it being included in the training and the kits.

McComas thanked the guests for their presentations.

Hearing no further business McComas adjourned the meeting.

Patty Mathews
University Senate Office