
The University Senate

FACULTY · STUDENT · P&A · CIVIL SERVICE

UNIVERSITY OF MINNESOTA

Disabilities Issues Committee November 17, 2021 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 reflect the views of, nor are they binding on, the senate, the administration, or the Board of Regents.

[**In these minutes:** Task Force Update; Academic Lessons from the Pandemic; Substance Use Disorder Resources]

PRESENT: David Johnson (chair), Jeff Baier, Erin Durban, Gayle Golden, Jessica Grittner, Kiel Harell, Jeremy Jenkins, Donna Johnson, Jennifer McComas, Ben Munson, Kirby Newhouse, Dadee Saye

REGRETS: Kenneth Doyle, William Goodnow, Matthew Hoekstra

ABSENT: Eli Sailer-Haugland, Tim Walters

GUESTS: Lincoln Kallsen, assistant vice president, Institutional Analysis, University Finance; Julie Sanem, director of health promotion, Boynton Health; Sam Worthington, peer recovery navigator, Boynton Health; Matt Hanson, director, Boynton Mental Health

1. Task Force Update

Professor David Johnson, chair, called the meeting to order and turned the floor over to Professor Ben Munson for an update from the [Task Force on Disability Accommodations in the Learning Environment](#). Munson said that the task force is nearing the end of its consultation, noting that the changes made to the instructional environment due to the COVID-19 pandemic have led to increased buy-in about course flexibility and other such measures, which will play into the task force's recommendations. Donna Johnson added that people seemed to have an appetite for training around flexibility, universal design, and supporting students with disabilities, which the task force will also recommend.

2. Academic Lessons from the Pandemic

Johnson introduced Lincoln Kallsen, assistant vice president, Institutional Analysis, who gave a [presentation](#) on academic lessons from the pandemic. The presentation emphasized the following:

- Things related to teaching innovations that people believe should be preserved include:
 - Flexible modalities

- Recorded lectures
- Course materials in Canvas
- Virtual office hours
- Virtual guest speakers
- New and better ways of testing/assessments
- Innovations that people thought should be preserved related to other aspects of the University included:
 - Virtual faculty and senate meetings
 - Attention to meeting timing and mechanisms to increase participation
 - Conversion of paper-based forms and processes
 - Increased investment of libraries in digital resources
- Action items:
 - Increased investment in resources for developing and delivering online classes (including inclusive course design and accessibility)
 - Support for online access to course material and digitization
 - Investments in classroom and conference room technology
 - Continued responsiveness to student demand for multiple modalities in recruiting, advising and for other support services
 - Support continued conversion to online forms with attention to process flow
- Summary and discussion: The pandemic underscored the value of place-based education and social connections for students, faculty, and staff. It also uncovered ways that distanced education, flexible work, and other activities and services can be used strategically to enhance the delivery of our mission.
 - Any other changes we should make sure to continue?
 - Any other innovations we should be considering as a result of this experience?

The following points came up in discussion:

- The School of Nursing offered online simulations during lockdown and students loved it, but it was expensive. Students would like for it to be offered going forward, but it would increase their cost of attendance; how do we balance student demand with the cost?
- Some departments have made it standard practice to record lectures, and it seems to work well for students. However, captioning is an issue, as automatic captioning is only about 80-90% accurate, and is especially inaccurate at transcribing accented speech.
- The demographics of classes shift when courses are online, as more working class, student parents, people with disabilities, etc., are able to participate.
- Although many students have expressed a strong preference for in person classes, there are many students who want the flexibility of remote learning. Online teaching does have its own accessibility issues, but it also makes the University more accessible in some way.
- Many of the covid-era measures support universal design principles; they are not only beneficial for students with disabilities, but for everyone. Perhaps the committee could add to the list of reasons supporting these measures, and draft a letter to the provost on this matter. Johnson said he would draft a letter for the committee's consideration at the next meeting.

3. Substance Use Disorder Resources

Next, Johnson welcomed Julie Sanem, director of health promotion, Boynton Health; Sam Worthington, peer recovery navigator, Boynton Health; and Matt Hanson, director, Boynton

Mental Health, who were present to talk about the University's new Peer Recovery Program, as well as other [resources for substance abuse and recovery](#). Johnson added that substance use disorder is covered under the Americans with Disabilities Act (ADA) under Title II and III. Main points in the presentation included the following:

- [Substance use services available at Boynton Health](#) include:
 - Health Promotion Consultation: a less-formal, confidential exploration of a person's drug and alcohol use. A consultation can help assess how substance use affects a person's life and help them learn how to make healthier decisions.
 - Substance Use Assessment: a thorough interview and evaluation of a person's alcohol and drug use for the purpose of beginning therapy services at Boynton and/or making formal recommendations about the possible need for treatment
 - [Group therapy](#)
- Definitions of recovery:
 - Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA, 2012)
 - Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity. Recovery involves addressing discrimination and transcending shame and stigma. Recovery is a process by which people confront and strive to overcome stigma. Recovery is supported by peers and allies. (William L. White)
 - Recovery from a substance use disorder is defined as a process of improved physical, psychological, and social well-being and health after having suffered from a substance-related condition. (Recovery Research Institute)
 - Addiction recovery means so much more than abstaining from the use of alcohol or other drugs. Living in recovery means improving your health and wellness. It means recovering your sense of self and sense of purpose. It means striving to reach your full potential. And it means learning to live differently. (Hazelden Betty Ford Foundation)
- Recovery in the United States:
 - 9.1% of the US adult population has resolved a significant substance abuse problem=22.35 million US adults
 - 46% self-identify as "in recovery"
 - 54% used some form of professional or informal external assistance
- The Recovery Navigator role:
 - Form of Peer Recovery Support, an emerging field in the national effort to address Substance Use Disorders (SUDs)
 - Based on the work of William L. White, tenets of Peer Recovery Support are:
 - community and service oriented
 - non-clinical
 - equal power (non-professional)
 - experientially credentialed
 - A one-on-one relationship in which a person in recovery offers encouragement, motivation, and support to a peer who is seeking to establish or strengthen their own recovery, utilizing goal setting, empathy, motivational interviewing, resource navigation, and advocacy.

After the presentation, the following discussion ensued:

- Generally, being in recovery alone is not enough to qualify for accommodations through the Disability Resource Center (DRC), unless there is a co-occurring disorder.
- The ideal would be to move from a medical model to a social justice model, where if an accommodation seems reasonable, an official letter is not necessary.
- There are equity issues at play as well; disability accommodation is a privilege, as it requires access to medical attention, diagnosis, etc., and some groups face barriers to getting such services.

Members agreed that this topic warranted further discussion at future committee meetings.

Amber Bathke
University Senate Office