Proposal Summary

- **$95,225**: 1 FTE (General Case Manager) to support students requiring individual intervention strategies (i.e., disruptive students, students indicating self-harm or other direct threats, substance abuse prevention, emotional wellbeing and safety).
- **$40,000**: Purchase of a **24/7 telephone support** platform.
- Total budget request is **$135,225**.
Benchmark Data

• Internal, self-reported data was made available to illustrate the increased demand for student accommodations.
  – For example, by October 2017, more students (630) had received accommodations that the entire Fall 2016 semester.

• In addition, statistics from the 2017 NEASC Self Study Report were provided to compare URI to its peers as it relates to retention rates among students with “disabilities”.
  – 1st year retention rate was 88.8% compared to all URI (80.7%) in 2014.
Benchmark Data – Cont.

• However, is there any independent data that might shed some light on national best practices regarding how other institutions are handling these issues?
• Are there any research findings from experts in the mental health field that might support this proposal? In other words, aside from the apparent benefits, is there existing data based on research findings that supports the case for on-campus intervention vs. the conventional method of referring off campus?
STUDENT WELLNESS ENHANCEMENT

Outstanding Questions

- What is the specific job description for this position?
- Is there an org chart or staff listing of all personnel responsible for student wellness (including the “Counseling Center”)? Please explain the total number of resources that are and will be devoted to this effort, and how this position would fit into that org chart.
- How you see this unfolding over time in terms of expanding student wellness efforts? For example, what is the cutoff point for University services in this area and how many resources are expected over time to be devoted to this?
- Does this present a liability to the University by handling these issues on campus vs. referring to third party experts (e.g., suicide crisis hotline, etc.)?
How will this effort be communicated to and coordinated among faculty and other campus constituents to maximize effectiveness?

Is there a budget allocation for an effective communications plan?

To what extent do you anticipate that the increased communications will impact demand for services? Will the 100 calls per month be enough given the student body of 16,000+ (as of today)?

Is it intended to just service calls after hours or do you think this would become a primary contact source 24/7?

Are those answering the calls certified counselors?
Concerns and Alternative Suggestions

Proposed budget seems low. Is there sufficient funding to:

- Effectively communicate these resources among all campuses?
- Is this a single person handling a large case load? Is this approach effective, and what is the potential liability of not devoting enough resources?
- If underfunded, there’s a high risk of having an inefficient process in place vs. referring off campus since the initial outreach is likely the most critical (and to minimize the number of times students are referred).
- If done effectively, seems like a significant amount of time would be devoted per case manager toward following up with students and off campus resources.
- Instead of hiring one Case Manager with 24/7 support, should this effort be part of a much larger campaign to address mental health? For example, broader engagement among faculty and staff (e.g., do’s and don’ts when speaking to students and identifying potential “red flags”). Faculty and staff will likely be the first point of contact with the students seeking help.
- Cost per call is high at $40,000 for an allowance of 100 calls per month. Should build in a reserve for additional call volume to ensure calls are not capped at 100.