# *Academic Senate*
# *Academic Support & Student Affairs*
# *Committee Report*
# *AY2015-2016*

## MEMBERS

| Name (position) | Affiliation | Term | Alternate |
|---|---|---|---|
| Nick Giordano (chair) | SG | AY2015 (2nd term) | |
| Glen Hintz (co-chair) | CIAS | 2014-2016 (2nd term) | |
| Nicole Boulais | Student Affairs delegate | Open (ex-officio, voting) | |
| Adriana Boveda-Lambie | SCOB | 2015-2017 (1st term) | |
| Neil Hair | Provost Appointee | Open Term | Ian Webber |
| Andre Hudson | COS | 2014-2016 (1st term) | |
| Elizabeth Ruder | CHST | 2015-2017 (1st term) | |
| Scott Merydith | CLA | 2015-2017 (1st term) | |
| Alan Raisanen | CAST | 2015-2017 (2nd term) | |
| Muhammad Shaaban | KGCOE | 2015-2017 (1st term) | |
| Jennifer Swartzenberg | NTID | 2014-2016 (1st term) | |
| Linwei Wang | GCCIS | 2014-2016 (1st term) | |
| Nathan Castle | SG | AY2015 | |
| Evan Zachary | SG | AY2015 | |
| Sarah (Hsun Yi) Pao | SG | AY2015 | |
| *Brian Barry (at-large)* | *CLA* | *2015-2017 (1st term)* | |
| *Shaun Foster (at-large)* | *CIAS* | *2015-2017 (2nd term)* | |
| *Robert Stevens (at-large)* | *KGCOE* | *2014-2016 (1st term)* | |

## PURPOSE

*The Academic Support Committee shall monitor and review the academic services, computer services, cultural programs, and museum and library services of the university. Members from the Committee shall also serve as liaison for the Senate with appropriate administrative officers, committees, and councils of the university, and shall act in conjunction with the Academic Affairs Committee in the formulation of policies and proposals to be submitted to the Academic Senate. The Academic Support Committee shall consist of eight members, each to be elected by his or her collegial faculty, one member of the educational development faculty elected by that group, three members at large elected by the Academic Senate, and Provost or his or her delegate (ex-officio, voting).*

# CHARGES FOR THE AY2015-2016

1. The **IP Policy** includes an appeals provision which would allow faculty to bring questions regarding ownership to the RIT Intellectual Property Policy Committee and then the appropriate divisional vice president (See C03.0 (IV) (N)). Investigate if this policy ensures and has the proper safeguards for faculty, and propose revisions if found otherwise.

2. Follow up on the consultant's recommendations for improving the **students counseling and health centers programs** and services.

3. Review policy **D17.0 Final course grade dispute policy** and make sure it is compliant with other policies.

4. Review current policies related to the **confidentiality and privacy of student health information** and propose necessary changes to the ways in which policies are communicated to students, faculty, staff, and families (hereafter "consumers").

    a. Determine (to the extent possible) what student health information at RIT is covered under the more restrictive HIPPA law and what information is covered under the more permissive FERPA law.

    b. Propose changes as necessary to ensure that a reasonable consumer would understand the degree to which health information is protected from unwanted and unexpected disclosure, either by prohibiting unwanted disclosures or by ensuring consumer knowledge of potential disclosure.

    c. Examine the disclosure of student health information in university disciplinary proceedings.

# Charge 1: IP Policy

The **IP Policy** includes an appeals provision which would allow faculty to bring questions regarding ownership to the RIT Intellectual Property Policy Committee and then the appropriate divisional vice president (See C03.0 (IV) (N)). Investigate if this policy ensures and has the proper safeguards for faculty, and propose revisions if found otherwise.

## Committee Response to the Charge

We researched whether there were any recent precedents that might have led to this charge. Have there been any recent precedents within the RIT system and/or other universities where IP was generated by a Creator where they had a complaint? After our research, our conclusion was that we didn't find any. We pursued our further research as if this was a routine policy checkup.

The committee explored the RIT University Policies: C3.0 Intellectual Property Web Page, Policy PDF Download

In addition we also examined possible topical connections in policies: RIT Honor Code and Conflict of Interest

We identified who is on the IP Committee: After reviewing the policies the committee scheduled a meeting/ presentation with Bill Bond, The Acting Chair of the Intellectual Property committee, the Director of the Intellectual Property Management Office, and one of the authors of the original C3.0 policy.

Bill provided a convincing argument to the committee that RIT's policy on Intellectual Property actually promotes the development of Intellectual Property by students and professors with minimal or no strings attached. It therefore places RIT as part of a rare group of Institutions favoring faculty and students in their ownership of IP.

He identified clearly, some points that are well known by the RIT community. Undergraduate students own the work they produce at RIT. Graduate students, on a case-by-case basis and depending on the curriculum and circumstances of the work produced also own their own work. Overall, RIT has a liberal policy for Professors developing IP (Intellectual Property).

## Committee Suggestion of Action

*(VI)* ***IP Administration***

> *(N)* ***Appeals****. After following the administrative guidelines and procedures established under this Policy, any Creator may appeal to the RIT Intellectual Property Policy Committee to seek resolution of complaints or questions regarding the matters addressed in this Policy. The decision of the Intellectual Property Policy. Committee may be appealed to the appropriate divisional vice president, whose decision shall be final.*

The committee did not find any recent cases showing a conflict in policy where the policy in question showed potential for conflict or contradiction.

No suggested action is recommended by the committee.

# Charge 2: Student Counseling and Health Center Improvements

Follow up on the consultant's recommendations for improving the **students counseling and health centers programs** and services.

## Committee Response to the Charge

Last year, Senior Vice-President of Student Affairs Dr. Sandra Johnson undertook a process which started a total re-evaluation of Counseling Center and Student Health Center services after several years of calls for a re-evaluation of mental health services. In AY2014-2015, several combined efforts were held through the governance groups to support addressing mental health reform on campus, including a Student Government Mental Health Town Hall, and our Academic Support and Student Affairs charge which investigated mental health services and how adequately they serve students at RIT. The minutes from the September 2014 Mental Health Town Hall can be found in Appendix A, including a list of grievances from students and possible improvements students would like to see.

The mental health and health center consultants Keeling and Associates were brought in during the AY2014-2015 year to evaluate and give recommendations (Appendix B) for both our Counseling Center, as well as our Student Health Center. This included meetings with students, staff, faculty, and administration and resulted in a report of ten major recommendations for RIT on improving the services provided on our campus.

Our committee gathered this past information and worked with staff and administration in Student Affairs and the Counseling Center/Student Health Center to see the current status of implementation for each of the recommendations. Associate Vice President for Health and Wellness Dr. Wendy Gelbard and Director of the Counseling Center Dr. David Reetz were main contact points throughout this process, and committee chair Nick Giordano and committee member Nathan Castle also served on student advisory meetings for the selection of a new director for the Student Health Center.

Below is a breakdown of each of the Keeling and Associate's recommendations, and what RIT and Student Affairs has done to address the charge.

**“1. RIT should reconsider and revise the organizational and leadership structures of health-related programs and services.”**

This process was started by Dr. Sandra Johnson almost immediately after the initial report from Keeling and Associates. The Student Health Center, Counseling Center, and Student Wellness department are now all integrated under the Associate Vice President for Health and Wellness position. This change came as a part of a total reorganization of the Student Affairs division, and the position of AVP of Health and Wellness was filled by Dr. Wendy Gelbard this past Fall 2015 Semester.

**“2. In the short-term, RIT should enhance human resources in key areas for health-related programs and services.”**

Many of the short-term changes to enhance human resources have already been implemented. Dr. David Reetz was selected as the new Director of the Counseling Center early Fall 2015 Semester, and is deeply qualified for the role- serving as not only a licensed mental health professional, but also as a national leader in campus mental health, serving as a governing board member for the Association for University and College Counseling Center Directors (AUCCCD) and an advisory board member for the Center for Collegiate Mental Health (CCMH).

Within the Counseling Center there have been many key changes implemented- a case manager position has been created, psychiatry has been moved into the Counseling Center from the Student Health Center, and the addition of Dr. Reetz has added 1 FTE clinical psychologist.

In order to meet the needs of the campus community and open our Counseling Center up for accreditation, Dr. Wendy Gelbard is looking to expand the FTE clinical psychologists in the coming years. 2.5 FTE psychologists would help us meet our recommended number for a campus of our size, as well as allow us to begin an accreditation process for the department.

**“3. RIT should undertake a rigorous, comprehensive evaluation of the effectiveness and clinical, service, and student outcomes of the Counseling Center’s intake system and enhanced, expanded group program.”**

The group therapy model and intake system have been thoroughly assessed, as well as the feedback on what students are comfortable with. This has resulted in a shift back towards accommodating individual meetings in the Counseling Center, although group therapy is still available for use. The intake model has also been completely changed- the phone triage has been replaced, and students can have a real appointment with a psychologist the first time they step into the Counseling Center.

**“4. RIT should take immediate steps to improve students’ access to both SHC and CC.”.**

The SHC and the CC have both had their intake systems revised and made access to appointments much easier than before, and Dr. Wendy Gelbard is working to see how the different systems used in all of the departments work together, and how they can be incorporated into a larger system in the future as the software contracts end.

**“5. Counseling Center leadership should quickly address high priority functional, operational, and policy concerns.”**

Dr. David Reetz’ openness and collaborative approach to improvements in our services on campus, backed by his depth of experience in the field of collegiate mental health, will work together with the newly reorganized Student Affairs structure to ensure any high priority operational concerns are addressed. The committee saw no issues with expectations for this into the future.

**“6. RIT should strengthen the graduate training program in the Counseling Center.”**

Building out the graduate training program is something that can be planned for in the future as the accreditation process for the Counseling Center is started, which is reliant on other factors such as increasing the FTE clinical psychologists on campus.

**“7. RIT should seek accreditation for the CC and its training program.”**

Dr. Wendy Gelbard has stated that RIT is moving forward in seeking accreditation for the Counseling Center in the next few years. This process is dependant on many different factors, but will ultimately strengthen the program immensely.

**“8. In the longer term, RIT should explore the possibility of establishing clinical training programs in SHC.**

**9. RIT should diversify revenue sources for both SHC and CC.”**

These two recommendations have not been started, and should be in consideration by the department once other short-term recommendations have been completed. Revenue sources for the Student Health Center and Counseling Center are an integral part of the student health information privacy and student health insurance discussions that have started taking place on campus, and it is expected that this topic will be a focus for the coming years.

**“10. SHC management and staff should continue to work together and transparently to identify, prioritize, and address challenges related to SHC communications and workflow processes.”**

The new leadership and structure of the committee has been devised to help create a better communication and workflow process throughout both the Student Health Center and Counseling Center, but it’s too early in the process to critically view any changes in this area.

## Committee Suggestion of Action

The newly reorganized Division of Student Affairs has accommodated a great amount of change in the Student Health Center and Counseling Center in a very short amount of time, and this reform process is expected to continue for several more years into the future. The staff that have been put in place have taken most if not all of the recommendations into consideration in the past year alone, and many of the changes have already been implemented to success on our campus.

We recommend that the Academic Senate motion to show support, as part of the wider strategic position, for the changes occurring in the Student Affairs division in regards to the Student Health Center and Counseling Center, including a movement towards accreditation for the Counseling Center which includes the addition of more full-time psychologists which will help accommodate the needs of our campus’ student population.

# Charge 3: Final Course Grade Dispute

Review policy **D17.0 Final course grade dispute policy** and make sure it is compliant with other policies.

## Committee Response to the Charge

The Committee got documentation on all relevant policies: D17, D08 and D18 in order to establish where the inconsistencies were and make suggestions. The first finding was that D17, updated in 2013, was not the issue; rather it is the inconsistency between D8 and D18, right. After reviewing both policies, the inconsistency is in D08.0. In the appeals section of D08.0, there is reference to the Academic Appeals Sub-Committee of the Institute Appeals Board as described in D18.0 – Student Conduct Policy. It appears that D18.0 was revised after D08.0 and D18.0 no longer mentions the Academic Appeals Sub-Committee of the Institute Appeals Board.

The committee found that the Academic Appeals Sub-Committee is not defined in D18, but the sub-committee appears well defined in D08.0.VII, which we believe is correct since this sub-committee has no role other than to the deal with academic integrity issues, the focus of D8 and not D18.

## Suggestion of Action

Our suggestions are changes to the wording of D8 and D17 to clear up any perceived inconsistencies and make sure they are all compliant. The committee suggests to change “Institute” to “University” in D8.0.VII 2nd line “..Academic Appeals Sub-Committee of the ***Institute*** Appeals Board (see Policy D18.0, section VI)”. We also suggest changing “VI” to “IX”. In addition, we also suggest the following change in a slight inconsistency in D17 in section III.B where it refers to “Academic ***Conduct*** Committee”, we believe it should read “Academic ***Integrity*** Committee” to be consistent with D08.0.

# Charge 4: Student Health Information Privacy

Review current policies related to the **confidentiality and privacy of student health information** and propose necessary changes to the ways in which policies are communicated to students, faculty, staff, and families (hereafter “consumers”).

d. Determine (to the extent possible) what student health information at RIT is covered under the more restrictive HIPAA law and what information is covered under the more permissive FERPA law.

e. Propose changes as necessary to ensure that a reasonable consumer would understand the degree to which health information is protected from unwanted and unexpected disclosure, either by prohibiting unwanted disclosures or by ensuring consumer knowledge of potential disclosure.

f. Examine the disclosure of student health information in university disciplinary proceedings.

## Committee Response to the Charge

*a. Determine (to the extent possible) what student health information at RIT is covered under the more restrictive HIPAA law and what information is covered under the more permissive FERPA law.*

i. 1. No Action

*b. Propose changes as necessary to ensure that a reasonable consumer would understand the degree to which health information is protected from unwanted and unexpected disclosure, either by prohibiting unwanted disclosures or by ensuring consumer knowledge of potential disclosure.*

i. Better communicate with students and providers about HIPAA and FERPA

ii. Promote SBCT among faculty and staff so that RIT employees know how to refer students with medical/behavioral issues while protecting their privacy.

c. *Examine the disclosure of student health information in university disciplinary proceedings.*

    i. No Action

## Committee Suggestion of Action

*Determine (to the extent possible) what student health information at RIT is covered under the more restrictive HIPAA law and what information is covered under the more permissive FERPA law.*

1. No Action

*b. Propose changes as necessary to ensure that a reasonable consumer would understand the degree to which health information is protected from unwanted and unexpected disclosure, either by prohibiting unwanted disclosures or by ensuring consumer knowledge of potential disclosure.*

1. Better communicate with students and providers about HIPAA and FERPA

2. Promote the Student Behavioral Consultation team (SBCT) among faculty and staff so that RIT employees know how to refer students with medical/behavioral issues while protecting their privacy.

c. *Examine the disclosure of student health information in university disciplinary proceedings.*

1. No Action

# APPENDIX A:
# RIT STUDENT GOVERNMENT
# MENTAL HEALTH TOWN HALL

Wednesday, November 5, 2014 | 5:00 PM – 7:30 PM
Student Alumni Union, Room 1829
Moderator: Nick Giordano (SG Director of Student Relations)
Notetakers: Tyler Pierce (SG Vice President), Peter Ryan Jr. (SG Greek Senator)

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## Background on Mental Health Issue & Town Hall:

- Mental Health first came up as an issue for this SG administration early after last Spring's election
- Evaluating Mental Health on Campus is a charge of the Academic Support and Student Affairs Subcommittee of Academic Senate (which is chaired by SG Director of Student Affairs Nick Giordano)
- Between 1/7 to 1/5 of RITA emergency calls are mental health in nature
- The Town Hall was set up to give RIT students, faculty and staff an opportunity for faculty and staff to listen to students, but also share what they are doing (behind the scenes) so that everyone is on the same page
- Students are curious to hear what the administration thinks of Mental Health issues

## Current Resources Available:

- Support is available **24/7 via Public Safety**
- If emergency help is needed, **walk-in support** can be provided at the Counseling Center
- The Counseling Center has a **graduate intern program** and is working with area professionals
- The **Student Behavior Consultation Team** (SBCT) meets weekly and provides a safety net and so far has helped approximately 150 students this year
    - Help is available via Student Behavior Consultation Team (Tiger Concern)
    - SBCT works regularly with campus advisers
    - The SBCT is headed by Dawn Soufleris (Associate Vice President for Residential Education and Community Standards)
    - Not to take a place of counseling, it's just a safety net for those that have an emergency
- The Counseling Center currently **has no plans to hire additional professional staff**
- **Career Counseling has been moved** out of the Counseling Center, so the Counseling Center can focus on counseling for health
- RIT has the **Largest group therapy program** in state
    - "Group therapy can be effective for many issues" (John Weas, Assistant Vice President for Student Affairs)

- SG helped create **Active Minds**, a student-run club that promotes mental health awareness on campus, early Fall Semester
    - Active Minds doesn't want to promote itself as a peer counseling service; it serves to educate and advocate
    - Active Minds would work to remove stigma and to spread awareness of mental health issues and spread the message that it's okay to get help
    - While Active Minds can be helpful, it should be considered a supplement to support (Students cannot offer the same support as professionals)
- **Residence Life at RIT** is less about programming and more about health and safety
    - RAs are relied on to be touch points; people to make contact with students
- **Large off-campus student population** can make on-campus services tough to deliver
    - 11,000 students live off campus, no access to ResLife
- Mental health professional development sessions are available for advisors (for more info, contact advising@rit.edu)
- RIT is the first university counseling center in the state to adopt a **telephone triage system for intake**
    - The system aims for quicker matching for what services the student needs
- Administrators state that "before additional resources can be sought, it needs to be shown that the need is there"
- 2/3 of college our size use a waitlist at some point of the year
- The counseling center **doesn't want to refer students off-campus**; they would prefer students on campus

**Issues with current Mental Health Services on Campus:**

## Wait Times

- Counseling Center wait times are too long
    - In Fall 2011, wait was 3 weeks or longer and one counselor was added
    - Now, the intake is 7-8 days (per Counseling Center)
    - Now, 1.5 days for intake, 6 weeks for appointment (per student); earlier availability for group
    - During week 2, at least two weeks for earliest appointment
- Medication won't be given after first appointment until after second appointment
- Even after emergency calls are made, there is still a wait
- Meeting with school psychologist can take the longest amount of time
    - School psychologist is only part-time
- Over the summer the issue isn't as common
- We need more staff, more people are now being aware of the issue

## Awareness

- Mental Health Awareness on campus needs to be increased
- Staff would like a better understanding of RIT's mental health resources
- Administration wants to listen and share information about resources
- Awareness is an issue and we should work to break to break down the stigma surrounding mental health
- Mental health issues may not manifest themselves in an individual until college
- Orientation and Year One lack mental health material
- RIT needs to help students with pre-existing conditions find support prior to coming to RIT
- There is a lot of opportunity to let newer Students on campus to inform them on these university initiatives and programs that are available to students for mental health

## Group Therapy

- Group therapy isn't always the solution for everyone, and shouldn't be relied on so heavily
- Introverted students may avoid therapy entirely if their only option in a timely manner is group therapy

## Off-Campus Providers

- "RIT can't ethically act as primary care provider" (Dr. Sandy Johnson)
- Off-campus resources can't provide a solution for everyone, especially for those who don't have cars

## Need a Multi-Tiered System of Supports

- We think RIT emergency services are great, but the issue is we should be supporting people before it's an emergency.
- Students shouldn't have to fall to the bottom of the safety net for support
- Need a three-tiered system of support (via research from Nick Giordano)
    - **Core/Universal-** mental health support for all students (from RA's, Active Minds, other students, staff/advisers)
    - **Supplemental/Targeted**- For students that need more services than the general public- (Counseling Center and Psychiatrist, referral to off-campus providers)
    - **Intensive**- For severe needs, the most intensive and individualized support (RIT Ambulance, Public Safety, SBCT)

- Sources (via Nick Giordano):

http://www.nasponline.org/resources/handouts/depression/handout_MTSS_key_points.pdf
http://flpbs.fmhi.usf.edu/pdfs/RTIB%20Guide%20101811_final.pdf

## Possible Solutions to be considered:

- SG, administrators should conduct a needs assessment/review NCHA results
    - SG could survey to collect feedback on Mental Health Services
    - SG get access to the recently administered National College Health Assessment through the Wellness Center
    - "Student Affairs would bring in a third party to assess mental health resources" –Dr. Sandy Johnson

- Hire more mental health professionals
    - Hire more counselors
    - Hire an additional psychologist
    - Professional to check in on whether medication is being taken
    - "Student Affairs is considering bringing nurse practitioners to manage medication therapy treatment options for those that have already been seen and are on medication" –Dr. Sandy Johnson
    - Allow U of R graduate students to see RIT students

- More Training for students/staff on dealing with student's mental health issues
    - Avatar program to help faculty and staff recognize mental health issues
    - All staff members should be trained in mental health response
    - Train students on how to support other students
    - Pre-certification process for students to support others
    - Psych students on floors
    - Expanding internship program

- Providing More Awareness to Mental Health Services and Resources
    - Make literature to document resources available on campus
    - Create unified mental health marketing and resources campaign
    - Infographic on what to do when looking for help (if this, then this)
    - Train campus leaders to be aware of resources
    - Add mental health resources to RIT mobile app
    - Alcohol education is strong; make mental health education mirror it (events, weeks of awareness)
    - Mental health Orientation program (introduce mental health services early on during student's orientation)
        - Can include Mental health illness/disease simulation ("depression game")
    - Joint Academic Support Center/Counseling Center effort to improve ASC workshops

- More transparency and better organization on mental health services process from Counseling Center
    - Make process clear
    - Make Counseling Center survey results public
    - Discussion based off of feedback from students
    - Create committee to regularly work on mental health issues and find money to help fix problems
    - Revisit JDQs to aid Counseling Center
    - Make support more efficient (websites for corresponding with mental health support)
    - Create and organize services into a three-tiered system of support for better organization and coverage of students with differing needs (via research from Nick Giordano)
        - *Core/Universal*- mental health support for all students (from RA's, Active Minds, other students, staff/advisers)
        - *Supplemental/Targeted*- For students that need more services than the general public- (Counseling Center and Psychiatrist, referral to off-campus providers)
        - *Intensive*- For severe needs, the most intensive and individualized support (RIT Ambulance, Public Safety, SBCT)
    - Cover more information for students on treatment and medication management

- Facilitate off-campus support
    - Shuttle to bring students to a mental health professional in the Rochester area
    - Transportation to a psychiatrist off-campus if another one cannot be made available on campus
    - "Student Affairs will evaluate transportation options"

Keeling & Associates
Change for Learning

# Rochester Institute of Technology

## *Student Health and Counseling Programs and Services*

Summary of Recommendations

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Phone 212-229-4750

## Introduction

The Rochester Institute of Technology (RIT; the University) engaged Keeling & Associates, LLC (K&A) to conduct a comprehensive review of its student health and counseling programs and services, emphasizing organizational and administrative structures and leadership models; program and service models, policies, and practices; operations, resources, and operational effectiveness; business and financial models, including current and potential sources of revenue; the quality of service to students, including responsiveness to students' needs, effectiveness of communication and outreach, students' satisfaction with programs and services, and management of the expectations of students and their families; and training programs, including the sources, roles, and functions of trainees.

## Recommendations

1. **RIT should reconsider and revise the organizational and leadership structures of health-related programs and services.**

   - Integrate the SHC, CC, and Student Wellness into a single Center for Health and Wellness, under the leadership of an Executive Director.
   - This position would hold responsibility for overall vision, strategy, direction, leadership, and advocacy for healthy-related programs and services for students; it would report to the Senior Vice President. Direct reports would include Associate Director for Clinical Services ("Medical Director"); Associate Director for Counseling and Psychological Services; Associate Director for Student Wellness; Director, Case Management; and Coordinator, Administration and Operations.

2. **In the short-term, RIT should enhance human resources in key areas for health- related programs and services.**

   - The senior position in the Counseling Center should be held by a licensed mental health professional.
   - Increase Counseling Center professional staff: add 1.0 FTE clinical psychologist.
   - Formalize and empower the role of Training Coordinator in the CC.
   - Transfer psychiatry to CC.
   - Create the position of Case Manager, with broad responsibility across SHC and CC.

- Improve IT support for CC.
- Expand clinical and administrative support staff in SHC.

**3. RIT should undertake a rigorous, comprehensive evaluation of the effectiveness and clinical, service, and student outcomes of the Counseling Center's intake system and enhanced, expanded group program.**

- Complete an objective, comprehensive, and trustworthy assessment of both the intake process and the enhanced and expanded group therapy model.
- Include RIT student feedback and incorporate lessons learned from national datasets. This should be first done during fall semester 2015 and then repeated regularly.
- Conduct and emphasize the importance of case conferences in CC; ensure open and candid staff involvement in them and that they are a comfortable forum, characterized by mutual respect, for constructive conversation and learning.

**4. RIT should take immediate steps to improve students' access to both SHC and CC.**

- CC should establish a formal advisory group to receive feedback from students about mental health concerns, and counseling programs and services.
- CC website should be revised with direct, clear, and easily accessible information on services, including after hours and emergency services, as well as accessing services and providers.
- CC, and its website, should provide clear, easily accessible, instructions on accessing after hours and emergency care.
- Student Affairs leadership, and management in the SHC and the Counseling Center, should work with campus and community partners to identify, and reasonably alleviate, challenges with transportation for students with health or mental health issues.

5. **Counseling Center leadership should quickly address high priority functional, operational, and policy concerns.**

- Clarify expectations and processes for clinical documentation and policies and acceptable practices on confidentiality of personal health information, and on the enforcement of those policies and practices, with all management, staff, and trainees.
- Train CC staff on confidentiality policies and practices and fully support them in upholding those policies and practices.
- Counseling Center management and staff should regularly review confidentiality policies and practices.
- Referrals from the CC to the psychiatrist in the SHC should be clearly and fully documented, including a clearly stated reason for the referral.

6. **RIT should strengthen the graduate training program in the Counseling Center.**

- A secure and steadfast commitment from CC leadership is needed to support the training program, ensure the quality of the trainees' experience and the Center's trainee education program, and protect the integrity of the training process. To accomplish those goals:
  - Increase Counseling Center professional staff: add 1.0 FTE clinical psychologist, as noted earlier.
  - Formalize and empower the role of Training Coordinator in the CC.

7. **RIT should seek accreditation for the CC and its training program.**

- If RIT does not pursue a reorganization of health-related programs and services, the CC should pursue accreditation from IACS after these steps are completed:
  - The senior position in the Counseling Center should be held by a licensed mental health professional.
  - Undertake a rigorous, comprehensive evaluation of the effectiveness and clinical, service, and student outcomes of the Counseling Center's intake system and enhanced, expanded group program.
  - Strengthen the graduate training program.

- If RIT does pursue a reorganization of health-related programs and services, the next round of AAAHC reaccreditation of the SHC must embrace the CC as well; RIT could choose whether or not to also seek IACS accreditation for counseling and psychological services.

- Regardless of the overall accreditation strategy chosen, RIT should seek accreditation for its graduate training program—a step which will materially improve the stature of the program, increase its attractiveness to a wider pool of potential trainees, and improve the quality and preparedness of applicants.

**8. In the longer term, RIT should explore the possibility of establishing clinical training programs in SHC.**

- A graduate training program in SHC would inspire the staff, provide additional service capacity, strengthen the reputation and credibility of the Center, and contribute to the field of college health. After reorganizing and stabilizing SHC and CC, RIT should pursue the possibility of engaging post-graduate medical and advanced practice nursing trainees in training rotations at SHC under the supervision of SHC clinical staff.

**9. RIT should diversify revenue sources for both SHC and CC.**

- Begin billing third parties for professional services (office visits) provided to students in SHC or CC (psychiatry only).

- We do not recommend that the University develop and implement its own third-party billing infrastructure; doing so creates significant up-front costs, requires extensive training (or re-training) of staff, and demands the employment of staff with competencies that do not currently exist.

- Require all students to have health insurance compatible with coverage requirements as determined by the University, with a "hard waiver" requiring that students who cannot document such coverage are automatically enrolled in the institutionally sponsored health insurance plan.

- Work strategically with campus partners to strengthen communications with RIT students, as well as those who are pre-enrolled, regarding policies and expectations for carrying adequate health insurance.

10. **SHC management and staff should continue to work together and transparently to identify, prioritize, and address challenges related to SHC communications and workflow processes.**

- Conduct an audit of current workflow practices to identify major areas of responsibility, eliminate any duplicative practices, and ensure the best use of provider, management, and staff time to efficiently and effectively serve students seeking SHC services.
- Revise the current schedule of weekly management and staff meetings to serve the communication needs of SHC management and staff without disadvantaging students or limiting their access to care.