Persuasive Metrics: Caseload Benchmarking and Data-Driven Tools for Budgetary Advocacy

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Abstract

Caseload (student-to-staff ratio) is a metric commonly used by upper level administrators to inform budgetary allocations. Using a national, random sample we found that the average caseload is 133.0 students per disability practitioner. Institutions with one disability practitioner had a caseload of 154.9 students; institutions with two or three practitioners carried a caseload of 140.7 students. Practitioners working in offices with four or five full-time staff averaged 126.6 students and those with six or more full-time professionals carried a caseload of 135.2 students. Relying solely on caseload metrics to inform budgetary decisions is problematic because practitioners often have extensive workload responsibilities beyond student caseload, current caseloads may reflect overwork rather than socially-just staffing, and caseload metrics assume students use similar accommodations and these accommodations take comparable amounts of time to administer. Thus, we describe eight additional data-driven tools and illustrate how disability leaders can employ these tools for budgetary advocacy.

Keywords: student-to-staff ratio, caseload, socially-just staffing, budgetary support

Caseload is a ratio measure of work calculated by dividing the number of students by the number of staff. Caseloads are common benchmarking metrics in academic services (e.g., academic advising) and student-to-faculty ratios are a standard that institutions use to describe teaching capacity. Thus, disability leadership can expect upper level administrators will apply the logic of ratios when making budgetary decisions. It is imperative that disability leaders can effectively employ caseload metrics when advocating for their department. However, very little data exists on actual or ideal caseloads for disability service providers. A recent bi-annual report from the Association on Higher Education And Disability (AHEAD) provided the only known systematically collected data on workload metrics within the profession (Scott, 2017). Scott found that on average, respondents worked with 164 students and stated that "no single number reflects a 'typical' case load for DS professionals" (p. 13).

Unfortunately, at least 25% of disability practitioners reported that their institutions are not AHEAD members (Brown, 2017). Thus, measurement issues potentially influence existing caseload benchmarks (e.g., Scott, 2017) by excluding practitioners at institutions without access to disability specific professional development. It is possible that postsecondary institutions that fiscally support membership in a national professional organization (e.g., AHEAD) may enroll more students with disabilities making it easier to justify membership costs. Nationally representative and random selection techniques are necessary to assess the full-spectrum of employment within the field. Further, listserv discussions (e.g., DSSHE-L) anecdotally indicate that caseload may vary by institutional factors (e.g., size, institution type). Data that parse differences in caseload by institutional characteristics do not appear to be currently available.

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Depiction of the Problem

The lack of caseload benchmarks is problematic because disability leaders are not able to use national data to support the acquisition of new positions or defend the loss of a current position against budget cuts. Further, using student-to-staff metrics as a sole rationale to justify budgetary decisions confuses caseload with workload. Disability service practitioners often have extensive responsibilities beyond student caseload and current staffing may reflect budget and overwork rather than appropriate or socially-just staffing. Scott (2017) found evidence of overwork; 61% of disability service professionals reported working "outside office hours on a regular basis to complete their work" (p. 21) and 52% did not have enough time to engage in campus outreach or training. Drawing on the work of Schur et al. (2009), we define *socially-just staffing* as employment models in which enough employees with the requisite skills and breadth of knowledge are hired to meet the needs of students, allow timely provision of services, and foster meaningful mentoring relationships, while paying living wages, providing benefits, and supporting employment accommodations. Finally, caseload metrics are problematic because different student populations use varying levels of support and caseload metrics reinforce the medical model of disability (Evans et al., 2017). Thus, caseload benchmarks are necessary, but not sufficient tools for engaging in strategic budgetary planning and educating campus constituents about the resources needed to ensure accessibility.

The purpose of this practice brief is to promote the use of more nuanced and varied metrics as a strategy to increase budgetary resources. First, we seek to build upon the limited caseload literature by disaggregating nationally representative data. Second, we use case study narratives to demonstrate how disability leaders (e.g., Directors and Deans) can combine caseload metrics with eight data-driven tools to advocate for socially-just staffing practices.

Survey Findings and Discussion of Outcomes

We use secondary data from a national survey of disability service practitioners to calculate caseload. A list of postsecondary institutions (n=2,629) was identified via the *Carnegie Classifications Data File* (Carnegie Foundation for the Advancement of Teaching, 2011). A one-stage stratified (two-year public, four-year public, four-year private) random design was employed to sample one disability services professional per postsecondary institution (n=1,245). Manual internet searches were used to obtain contact information for the director or highest-ranking disability staff member. The response rate was 38.8% (n=483). The return rate, which considered only active email addresses (n=1,156) was 41.9%. The survey employed routing; respondents took between 35 and 47 demographic, service specific, and open-ended questions. Creswell and Creswell (2018) outlined validity and reliability as critical components when constructing a survey instrument. Content validity was addressed by reviewing other surveys that assessed interventions offered to college students with disabilities (e.g., Collins & Mowbray, 2008) and pilot testing. Forty-one participants were removed because their responses had irregular patterns or substantive missing data. The final data set had 442 participants.

In this sample, the average number of disabled students registered with the Disability Resource Center (DRC) ranged from 399.5 (SD=433.7) at two-year public institutions, to 416.5 (SD=333.8) at four-year public institutions, and 169.8 (SD=167.5) at four-year private institutions. Table 1 highlights the number of practitioners working in the DRC; the most common scenario is an office with one full-time staff member. AHEAD membership varied by institutional type; 66.6% (n=90) of public two-year institutions, 79.5% (n=120) of public four-year institutions, and 75.6% (n=118) of private four-year institutions were AHEAD members.

Overall, the average caseload was 133.0 students (SD=92.5; n=442) per practitioner. Practitioners working at institutions where disability duties are assigned as part of broader job responsibilities reported an average caseload of 72.4 students (SD=59.8; n=64). The average caseload for DRCs with one practitioner was 154.9 students (SD=110.9; n=144); DRCs with two or three practitioners averaged 140.7 students (SD=85.4 n=132), and DRCs with four or five practitioners averaged 126.6 students (SD=72.6; n=58). DRCs with six or more full-time professionals carried an average caseload of 135.2 students (SD=71.6; n=44). Table 2 depicts the average number of students per full-time staff by institutional characteristics.

Caseload data presented above are lower than the findings from a recent AHEAD survey (164 students; Scott, 2017). This difference could occur, in part, because institutions that are AHEAD members have significantly more registered students with disabilities (M=345.7, SD=321.5, n=328) than non-AHEAD members (M=262.6, SD=4395.2, n=114; t (442) = 2.2, p=.03, two-tailed). For example, the average caseload of an AHEAD member working at an institution with one disability professional is 162.3 (SD=103.6, n=107) students whereas a non-AHEAD member institution with the same staffing averages

133.6 (*SD*=128.9, *n*=37) students. Further, as the majority of respondents work in an office with only one staff member, caseload is a fraction of their job responsibilities. In addition to their caseload, this individual must also perform all other aspects of their job description including community outreach, faculty education, supporting assistive technology, and meeting with prospective students.

Our analysis has several limitations. Similar to Scott (2017), these findings should be interpreted with a degree of caution because the standard deviations indicate that there is a wide range of scores around the mean. As noted in Table 2, the cell size for some institutional characteristics (e.g., multiple campus locations) is very small and should be interpreted with caution. Other limitations to this study, particularly those associated with secondary analysis, include survey question wording that did not ask about part-time employees or ancillary staff located in other departments (e.g., technology services) and the possibility of self-selection bias.

Implications for Practice

Effective disability leaders use benchmarking data to advocate for staffing that includes the varied aspects of practitioners' roles. Leaders should tailor their use of data to consider mission, student populations, enrollment, topography, institutional politics, and funding models. To that end, we offer two case study narratives as examples of how to use caseload metrics, in combination with other data-driven tools, to engage in strategic conversations.

Case Study Narratives

Located in the Midwest, College A is a small highly selective liberal arts institution with approximately 1,600 full time degree seeking students. The campus spans four city blocks of relatively flat terrain; the oldest building was constructed in the 1880s and the newest in 2019. During the 2018-2019 academic year, 25% (*n*=391) of the student body was connected with the DRC and self-identified with one or more disabled communities. During this time, 18.8% (*n*=293) of students used academic, residential, and/or dining accommodations. The DRC is located in the Division of Academic Affairs, reports to the Provost, and is overseen by the Assistant Dean for Disability Resources who serves as the point of contact for disabled faculty and staff. The office also includes four Assistive Technology Specialists, one Coordinator, and one Access Support Specialist. Testing accommodations are located within the DRC and all alternate format materials are produced in-house.

Since its inception in the late 1950s, University B targeted its programs, services, and infrastructure to adapt to rapid enrollment growth and serve the States' constituents. In Fall 2019, University B enrolled 31,171 students and the DRC served approximately 1,500 students, which represents a 139% increase over the past three years. The DRC facilitates and fulfills the obligations of the institution to provide academic adjustments and accommodations for students with disabilities and students with Title IX status. The DRC is located in the Division of Campus Life and is comprised of a Director, an Associate Director, five Disability Specialists, three Coordinators, and a part-time Administrative Assistant. The testing center is located within the DRC, the majority of alternate format materials are produced in-house, but Human Resources addresses accommodations for faculty and staff.

Below, the Assistant Dean at College A and the Associate Director at University B (who served in a leadership role at a community college for 25 years) outline how they use data-driven tools to secure funding, foster disability identity, and demonstrate evidence of need for space and staffing. We summarize these tools in Table 3.

Track and Project Trends Over Time

Disability leaders should track trends over time—current caseload is often not meaningful unless paired with historical data. This pairing can indicate what is shifting and allow for predictions of future growth. Shifts in caseload data can be used to redefine or highlight resource discrepancies. For example, in the introduction of the context for College A, it is indicated that approximately 18% of the student body receives accommodations. While this number is indicative of current caseload and could be used to make assumptions about resource needs, the number is even more powerful when combined with the fact that in the 2008-2009 academic year approximately 7% of the student body was receiving accommodations. The Assistant Dean argued that no other population on campus had grown 11% in 10 years, demonstrated that resource allocation (budgetary, personnel, space) had not increased over that same period, and highlighted how these discrepancies were harming institutional retention and could be perceived as discriminatory. Further, although trends in caseloads are important, disability leaders should also track trends related to operational space, including the number of testing accommodations administered and how much space students in private testing rooms require. Framed strategically, longitudinal data allows disability leaders to use growth in caseload, service hours, and operational space to advocate for additional resources.

Define the Current and Aspirational Scope of the DRC

It is imperative that disability leaders define the scope of the DRC's work. A clearly defined scope is the foundation for contextual evidence that demonstrates the limitations of budgets driven solely by caseload data. Scope of work includes services provided and DRC operational hours. For example, at University B the Associate Director regularly reminds upper level administration that if other student services (e.g., athletic facilities, writing center) are available, the DRC needs to be open as well. Upper level administration may not understand the breadth of functions required for accommodation provision (e.g., notetaking, exam proctoring, assistive technology, education, etc.) and identifying gaps in services included in the scope of the office is crucial when advocating for additional resources. For offices where the institution has combined accommodation provision with other support services such as academic advising, testing centers, cultural centers, supporting students with Title IX status, or employee accommodations, defining the scope of the work is a vital step in making the case for additional resources, longer operational hours, or separation of office functions. A growing number of institutions have also embraced the role of DRC as an identity center crucial to the diversity efforts of the institution. Thus, centering the DRC's scope of practice is a critical first step to ensuring that caseload ratios are not used in isolation from the programmatic and educational work of the office. DRCs that are under-resourced could engage in an external review to establish boundaries on their current scope and strategize how to achieve their aspirational scope.

Know and Connect with Your Institution's Strategic Plan

Disability leaders should have a strong understanding of their institution's strategic plan and mission. Data collected by the DRC, including caseload metrics, should be tied to, and evaluated through the lens of the strategic plan. For example, an institutional goal of College A was to increase the number of students participating in study abroad in order to enhance the mission of training a global workforce. The Assistant Dean examined data on the number of students who studied abroad and found lower participation of disabled students. Then, the Assistant Dean leveraged this data to make the case for additional DRC resources to achieve College A's global workforce goal. Although study abroad participation might not be a priority at every institution, diversity and inclusion are common goals frequently found in strategic plans. Disability is an important aspect of human diversity; thus, DRCs can connect their work to support disability identity development and culture with the institution's strategic plan.

Use Student Satisfaction Data to Support Budgetary Requests

Disability leaders can use data from their annual DRC student satisfaction survey to center the students' voice and experience when communicating budgetary requests with upper level administration. For example, at University B survey results indicated that students were dissatisfied with the limited number of private testing rooms and the external noise that occurred in the hallway that was used for testing accommodations. In their proposal for an expanded testing center, the Assistant Director included student satisfaction data, in conjunction with data on the increase in testing accommodations over the past five years, to argue for additional space.

Track Service Hours per Accommodation

Disabled students use varying levels of DRC support and caseload metrics should take into consideration the complexity of accommodations and the robustness of existing institutional resources. For instance, a student who uses common accommodations that the institution already has structural supports to implement (e.g., extended exam time at an institution with a well-staffed testing center) will take significantly less DRC time than a student with more complex accommodations (e.g., Braille user taking advanced math courses) or when the institution does not have robust resources (e.g., Learning Management Systems with limited accessibility).

Upper level administration may view enrollment growth as increasing staff service hours *additionally,* that is, each additional disabled student will result in two more hours of DRC staff work per semester. However, at University B, the Assistant Director describes how enrollment growth increases service hours *exponentially* because each student requires individualized accommodations and some accommodations take more time to administer than others. Disability leaders can use more complex metrics by tracking the number of average service hours it takes to administer common accommodations at their institution. When using a more nuanced approach, it is imperative to highlight how institution specific resources influence DRC staff time and avoid discrimination by singling out specific disabilities as prohibitive or costly.

View the DRC Annual Report as a Grant Application

Viewing the DRC annual report as a grant application is a technique to demonstrate the need for space and staffing. Strong grant applications are clear, concise, and use data to tell a story. Unfortunately, upper level administration is unlikely to provide additional funding if existing staff are adequately performing all essential duties of the DRC. This is problematic because timely accommodations are legally required, leading many disability practitioners to work overtime hours and thereby create the appearance of adequate performance under working conditions that are chronically understaffed (see Scott, 2017) and unhealthy. In some cases (e.g., union contracts that prohibit overtime) understaffed DRCs may result in accommodations that are not provided in a timely manner. Disability leaders can narrate the story of understaffing by tracking overtime hours worked and the amount of time from accommodation request to accommodation implementation. Within the context of an annual report, caseload data is more powerful when combined with these additional service metrics to emphasize that failure to properly staff the DRC will create greater institutional costs via employee turnover and possible legal action brought by unaccommodated students, employees, alumni, or external constituents.

The reporting structure of each institution is unique; at College A the annual report is submitted to the Vice President for Academic Affairs and at University B it goes to the Associate Vice President for Student Wellness. If an annual report is not required, disability leaders should still produce this document as an accountability metric and method to foster fiscal conversations.

Finance the Unpredictable, as Predictable

Accommodations are a variable expense; the total amount an institution must spend changes in relation with the type and frequency of accommodations. It is difficult, if not impossible, to predict how many disabled students will enroll and what accommodations those students will need. Thus, disability leaders build budgets without knowing total expenditures of their office. The challenge for disability leaders is to convey to upper level administration fiscal stewardship, while simultaneously making the case for additional unexpected funding. That is, disability leaders are tasked with convincing upper level administration to finance the unpredictable, as predictable. To mitigate unpredictability, the Assistant Director at University B uses data to forecast trends, provides evidence of how DRC resources are spent, and engages in ongoing budgetary discussions to address unexpected, costly accommodations (See Table 4).

Constantly Educate Your Audience

Communication with strategic decision makers should not be limited to end of year reporting or when requesting additional resources. Rather education and engagement of stakeholders is ongoing. Examples of consistent communication include: (1) inviting administrators to attend DRC sponsored events, (2) with permission, sharing student stories that highlight the way the DRC works to support institutional strategic priorities, (3) tailoring disability educational materials to match the specific campus constituent or group, and (4) sending quarterly updates on legal guidance to the directors of relevant areas. For example, at College A, the Assistant Dean shared the U.S. Department of Justice (2019) Rider University Settlement Agreement on accommodations for food allergies with Campus Dining Services.

Conclusion

Disability leaders will benefit from employing caseload benchmarks that are more nuanced and used in combination with additional data-driven tools. It may not be feasible or useful to deploy all the data-driven strategies outlined above; rather, disability leaders can select the tools that best fit their resources and institutional culture. The disability community benefits when we share information and it is our hope that these data-driven tools will assist others as they engage in strategic budgetary conversations and foster *socially-just staffing* practices.

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Acknowledgement

We would like to thank Dr. Lisa Landreman for her thoughtful feedback on an earlier version of this manuscript.

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Table 1

Number of Full-Time Practitioners Working in the Disability Resource Center

Full-Time Staff	*n* (%)
None	64 (14.5)
1	144 (32.6)
2	93 (21.0)
3	39 (8.8)
4	35 (7.9)
5	23 (5.2)
6 or more	44 (10.0)

Note. None = disability duties are assigned on a part-time basis as part of broader job responsibilities, $n = 442$.

Table 2

Mean Number of Students per Full-Time Disability Staff Member by Institutional Characteristic

Characteristics	Institutions with No Full-Time Staff, *n*=64, Mean (*SD*)	Institutions with 1 Full-Time Staff, *n*=144, Mean (*SD*)	Institutions with 2-3 Staff, *n*=132, Mean (*SD*)	Institutions with 4-5 Staff, *n*=58, Mean (*SD*)	Institutions with 6 or More Staff, *n*=44, Mean (*SD*)
Overall	72.4 (59.8)	154.9 (110.9)	140.7 (85.4)	126.6 (72.6)	135.2 (71.7)
AHEAD member					
Yes	79.0 (64.6)	162.3 (103.6)	145.7 (86.5)	130.5 (72.7)	122.7 (59.5)
No	66.6 (55.5)	133.6 (128.9)	119.4 (78.4)	109.9 (73.1)	200.9 (97.7) †
Enrollment					
Under 1,000	36.1 (25.1)	58.9 (51.1) †	52.1 (59.6) †	-	-
1,000 – 5,000	80.8 (60.7)	115.2 (73.1)	85.6 (61.6)	53.0 (30.2) †	-
5,000 – 10,000	138.3 (62.1) †	234.1 (121.9)	124.0 (63.1)	66.7 (23.7) †	-
10,000 – 20,000	-	240.6 (127.2)	192.4 (78.7)	137.4 (66.8)	109 (57.3)
20,000 – 30,000	-	-	223.7 (94.3)	177.5 (67.2)	123.0 (73.4)
More than 30,000	-	-	133.0 (103.2) †	154.0 (60.2) †	160.8 (73.4)
Location					
Urban	79.6 (69.7)	168.0 (96.6)	154.0 (92.5)	147.5 (84.7)	130.5 (71.8)
Suburban	63.2 (43.8)	152.5 (108.0)	146.1 (77.3)	117.2 (53.1)	139.4 (78.2)
Rural	74.0 (62.9)	143.4 (126.5)	114.5 (84.2)	106.7 (62.9)	153.3 (71.7) †
Multiple campus	45.0 (0.0) †	180.2 (82.3) †	143.0 (83.7) †	86.3 (33.6) †	114.3 (0.0) †
Institution type					
2-year public	80.8 (71.9)	185.4 (122.6)	158.8 (88.7)	136.3 (81.1)	174.8 (88.7)
4-year public	76.9 (36.9)	177.9 (120.1)	155.7 (87.1)	134.1 (68.4)	115.7 (53.2)
4-year private	65.9 (58.9)	122.9 (88.8)	110.3 (73.4)	80.4 (46.9) †	100.0 (30.3)
Reporting structure					
Academic affairs	59.9 (51.1)	162.6 (124.2)	130.6 (104.7)	81.4 (59.2) †	110.7 (40.6) †
Student affairs	79.5 (63.7)	149.7 (101.5)	144.2 (77.9)	134.9 (72.2)	137.6 (73.9)

Note. $n = 442$; † = data should be interpreted with caution because there are less than 10 institutions in this cell.

Table 3

Eight Data-Driven Tools

Tool	Example
Track and project trends over time	Track the number of tests administered and how much space students in private rooms require; report data as an annual trend.
Define the current and aspirational scope of the DRC	Identify all aspects of work performed by DRC staff, including operational hours, outreach, and diversity programing.
Know and connect with your institution's strategic plan	Connect DRC work that supports disability identity development and disability culture with the strategic planning goals of diversity and inclusion.
Use student satisfaction data to support budgetary requests	Identify areas of student dissatisfaction with DRC service and use that data, to support requests for space or budgetary items.
Track service hours per accommodation	Consider the robustness of existing institutional resources, the complexity of the accommodation, and the average amount of time it takes to facilitate each type of accommodation a student uses when calculating service hours per accommodation.
View the DRC annual report as a grant application	Use data to narrate the story of understaffing by tracking overtime hours and the amount of time from accommodation request to accommodation implementation.
Finance the unpredictable, as predictable	Provide evidence that budgeted DRC monies are directly spent on expenses service provision expenses and advocate for a safety net that funds unanticipated and costly accommodations.
Constantly education your audience	Foster ongoing communication with campus stakeholders by inviting administrators to DRC events, sending legal updates, and with permission, sharing student stories.

Table 4

Techniques for Financing the Unpredictable, as Predictable

Technique	Example
Provide evidence that budgeted DRC monies are directly spent on expenses associated with service provision.	Include an expenditure report in the DRC annual report.
Use national data to forecast the unpredictable.	Shattuck et al. (2012) estimated that 50,000 autistic students will graduate from high school annually in the United States, a steep increase from the previous decade.
Track institutional trends over time.	In the past five years the number of autistic students at University B increased by 219%.
Connect national data with institutional data, to make an argument that the institution must support student retention and graduation.	University B should budge greater service hours for accommodations that support equal access for autistic students and anticipate hiring professionals with autistic expertise.
Use the dual student affairs and academic affairs roles that the DRC holds as justification for additional staff with expertise in both curricular and co-curricular areas.	Create two DRC budgets—one for co-curricular programing and student affairs, the other for technology, accommodation provision, and academic affairs. Dual budgets protect co-curricular areas from unanticipated curricular overages.
Argue for a budgetary safety net that funds unanticipated and costly accommodations.	Discuss with accounting developing a reserve account for accommodations such as ASL interpretation, CART, or Braille (all of which can cost $100,000+ per student to outsource and are often not accounted for in the budgetary process).