

Public Safety

Student Advisory Committee for Security

Wednesday, March 31, 2021

12:00 p.m. ET

<p><u>Committee Members:</u> Kingsley Baidoo – ✓ Aniruddha Dey – ✓ Dimera (Dee) Durham Jasmine Galante - ✓ Chae Young (Ashley) Lee Lucas Miranda-Martinez – ✓ Michael McGill - ✓ William (Billy) Mills – ✓ Ben Scherzer - ✓ Lanise Stevenson - ✓ Veric Tan - ✓ Pinyi (Erica) Wang – ✓ Julia Zeng</p>	<p><u>Staff:</u> Connor Scott - ✓ Allison Avolio – ✓ Jarron Jackson - ✓ Evie Uhlfelder – ✓</p>	<p><u>Guests:</u> Ian Matthew-Clayton, Exec Director HR - Talent Acquisition – ✓ Ozioma Anyanwu, Undergrad, Krieger School of Arts and Sciences, and President, Black Student Union – ✓ Emerald Jenkins, Graduate Student, School of Nursing – ✓ Kevin Shollenberger, Vice Provost Student Health & Well-Being - ✓ Mary Vincitore, Director Student Services Operations, Student Health & Well-Being - ✓ Sarah Trager, Special Projects Manager, Office of the President - ✓</p>
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MINUTES

- Welcome
 - Vice President Scott welcomed the Committee members and guests to the meeting;
 - Vice President Scott asked the Committee members if there was any objection to posting their names to our Advisory Committee page on the JHPS website;
 - There were no objections
- Vice President Scott introduced Ian Matthews-Clayton to the Committee to discuss the search for the next Johns Hopkins Vice President for Public Safety;
 - Ian Matthew-Clayton thanked Rianna Matthews Brown, Emerald Jenkins and Ozioma Anyanwu for joining the meeting today and asked them to briefly introduce themselves to the committee;
 - Ian Matthew-Clayton reviewed the schedule and described the interview process (traditional Q&A, then presentation by candidates); Looking to identify finalist in June;
 - Ian Matthew-Clayton noted all of the information covered during today’s meeting is on the [website](#) and encouraged the Committee to fill out the [feedback form](#);
 - Emerald & Ozioma directed the conversation with the Committee by asking the following questions and noting the answers from the Committee;
 - Question 1) What characteristics & skills should the candidate have?
 - Adapt to change
 - Visibility & presence – finding ways and places to be visible to the community
 - Question 2) What experience should the candidate bring to the role?
 - Culturally responsive;
 - Institutional knowledge: understanding the complex challenges our enterprise faces; local to international;
 - Social justice: experience and understand how anti-racism coincides with Public Safety;
 - Community organizing skills (bringing people together);

- Innovative Public Safety approaches.
- Question 3) How should we introduce the candidate to the community?
 - Johns Hopkins and the candidate should use all types of communication channels to meet with and participate with the community;
 - Specific listening sessions with the students; and make connections with the student groups;
 - The candidate should also introduce themselves to the community in order to get to know all of the stakeholders;
 - Meet with the JHPS officers and team.
- Question 4) What does reform look like in a security organization?
 - Reform is evaluating the entire process;
 - Don't start where we are, but look at the challenges facing the community;
 - Use proactive measures to reduce the need for security and use asset-based resources for the community;
 - Don't tell the community what the problem is, meet with the community to hear what the concerns/issues are, and work with the community to solve them;
 - Focus on community resilience;
 - Seeing law enforcement as a public health issue and not a law enforcement issue;
- Ian thanked the group for their time and encouraged the group to fill out the feedback form;
- Vice President Scott introduced Kevin Shollenberger, Mary Vincitore, and Sarah Trager to the group;
 - Vice Provost Shollenberger thanked the group for having them back and reviewed the last discussion and purpose of the Behavioral Health program;
 - The Behavioral Health project team discussed with the group the current status of the project;
- Vice President Scott noted the meeting had come to end and the group did not get to discuss the JHPD update, he noted the next meeting would be dedicated to JHPD questions, conversation, input and an update.
- Vice President Scott thanked everyone for their contribution during the discussion and ended the meeting.

Behavioral Health Response Plan

March 2021

Goals for today

- **Introduce BHRP:** our charge, project team, & current approach
- **Share project updates**
- **Create a forum for open discussion** about our initial process and approach

Overview

We aim to build a behavioral crisis response program, modeled on public health best practices and tailored to meet the unique needs of our community of students, neighbors, faculty and staff.

Our Charge

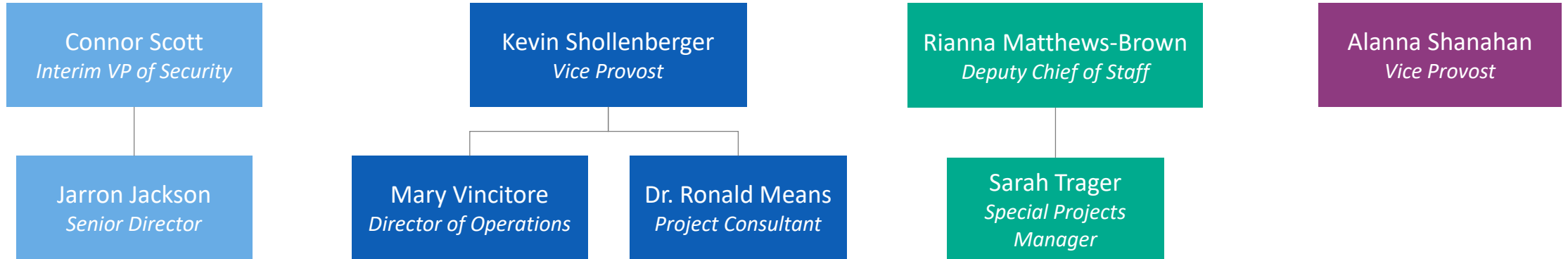
- **Implementing key recommendations** by the Task Force on Student Health and Well-Being
- **Responding to an increase in mental health crisis calls**, requiring skills beyond Campus Security's training and expertise

Our goal is to pair mental health practitioners with security officers to respond to behavioral crises calls

Proposed Model

Envisioning the **creation of an in-house, in person, crisis response team for students, faculty and staff that can ultimately serve all campuses in partnership with security**

Core Team



Assessment

Dec. 2020 – Feb. 2021:

- **Comprehensive assessment**
- **Review of best practices**
- **Pioneering effort**
- **Captured institutional knowledge from our Ad Hoc Working Group**
- **Tapped into the vast expertise across Hopkins**

Current Efforts

- **Socialization**
- **Organizational Structure**
- **Community Partnership(s)**

Timeline



Role of the Community

- **The community is integral to this project**, shaping its framework and uplifting our most vulnerable.
- With your support, we are confident that **the pilot will be more robust, equitable, and human-centered** than we could ever design alone
- **Your input is invaluable here and we welcome your feedback**

Discussion Questions

- What is a must have that should be built into the pilot model?
- What do you anticipate the biggest challenges might be?
- How might we ensure continuity of care after the initial crisis response?
- How should we tailor this model differently when we scale across other campuses? Are there different needs or factors we might take into consideration based on geographic location? (e.g. Charles Village/Homewood, E. Baltimore, Harbor East, Mt. Vernon)

Additional Feedback?

Please send future comments and questions to: bhresponse@jhu.edu

Call Scenario

Residence Halls: Wellness Check

Resident Director receives a call for wellness check (from parent, faculty, Student Affairs). Resident Director meets with the student, and there is not initial indication of acute mental health crisis upon assessment. However, the situation escalates to a crisis (e.g. suicidal ideation with a plan). Resident Director can call BHRP directly (who will then call Security for partner response) or Security (who will call BHRP for partner response). BHRP takes lead on crisis communication and response with student. Security takes supportive role, assisting with hospital transportation, police communication or de-escalation, if needed. Resident Director will support BHRP clinician in arranging acute care if needed.

Depending on disposition, BHRP to coordinate communication with hospital and be potential option for discharge plan. Alternatively, they will coordinate and participate in ongoing monitoring of the case until care can be transitioned to another provider (e.g. HCC, Student Assistance Clinicians, outside provider).

Call Scenario

Residence Halls: Student in Crisis (e.g. severe distress, homicidal, actively suicidal, psychotic)

Resident Director receives a call for a student in crisis (from parent, faculty, Student Affairs). Call for such might come from Student Affairs, Protocall or Security and would be directed to the BHRP. Collaborative response occurs initially with BHRP, Security and Resident Director. Upon arrival, BHRP would take the lead on crisis communication and response with student. Security would take a supportive role and assist with hospital transportation, police communication or de-escalation, if matters worsen. Resident Director will support BHRP clinician in arranging care.

Depending on disposition, BHRP to coordinate communication with hospital and be potential option for discharge plan. Alternatively, they will coordinate and participate in ongoing monitoring of the case until care can be transitioned to another provider (e.g. HCC, Student Assistance Clinicians, outside provider).

Call Scenario

Off Campus: Wellness Check and Affiliate in Crisis

Call for such crises could come from any source. Depending on who gets called first, BHRP and Security would then alert the uninformed partner. Collaborative response occurs with BHRP and Security. Upon arrival, BHRP would take the lead on crisis communication and response with student/faculty or staff member. Security would take a supportive role and assist with hospital transportation, police communication or de-escalation if matters worsen.

Depending on disposition, BHRP to coordinate communication with hospital and be potential option for discharge plan. Alternatively, they will coordinate and participate in ongoing monitoring of the case until care can be transitioned to another provider (HCC, UHS, Student Assistance Clinicians, outside provider).

Student Refusing Support/Intervention

Calls for Wellness Check of an off-campus student who is reportedly exhibiting symptoms of psychological distress (isolating, paranoia, substance misuse, not attending classes/lab and depressed/negative cognitions) and does not respond to phone calls, texts, or other forms of communication and refuses to answer the door. Student has had recent communication with another party (family, classmate, faculty/staff), and while it is believed the student is impaired in some way there is no overt threats of harm to self. BHRP to work to engage university staff/faculty or family resources to leverage access to student (family to reach out and come to student, roommate or classmate who has access to student). Enlist Divisional Student Affairs to consider academic intervention (i.e., leave of absence, fitness for study). Case management and perpetual efforts to connect to attempt to determine mental status and identify necessary resources and possible interventions.

Call Scenario

Nonaffiliate in crisis

Call for such crises could come from any source. Depending on who gets called first, BHRP and Security would then alert the uninformed partner. Collaborative response occurs with BHRP and Security. Upon arrival, BHRP would take the lead on crisis communication and response with student/faculty or staff member. Security would take a supportive role and assist with hospital transportation, police communication or de-escalation if matters worsen. If able to discern that the call is related to a non-affiliate in crisis, 3rd party vendor would be alerted immediately to meet at the scene to support the crisis response. The 3rd party vendor could help coordinate communication with hospital, assist in discharge planning, complete a follow-up report to BHRP of proposed disposition, and support transition to community services.