



Graduate Representative Organization

GC Meeting Minutes

Date/Time: 18:00 PM ET February 12th, 2024

[Zoom](#)

Meeting Agenda:

- I. Call to Order and Agenda Review
- II. Approval of [Jan 29th Meeting Minutes](#) (ID: 92).
- III. SHWB (Kevin Shollenberger and staff): (30-40 mins)
Discussion Pointers:
 - A. Data Collection
 - B. New Electronic Health Record system (difficulty navigating the new system and solutions)
 1. Health clinics were previously assigned by school, now, there is a single, shared Integrated Health Record (EHR) system that enables SHWB clinicians and administrators to promote campus well-being by providing holistic, comprehensive care to students and learners.
 2. System is now an integrated, collaborative unit across all three locations: Homewood, East Baltimore, and DC.
 - C. New additions:
 1. “You decide” website, born out of a partnership with a student-leader based study investigating gender-based violence prevention, education and responses
 - a) New programming and outreach, as well as new [website](#)
 - b) Exploratory study on how-to’s for using health insurance
 2. Single-session interventions
 - D. Services in development
 1. Online scheduling capabilities
 2. ADHD medication protocol and support
 - E. Challenges:
 1. National demand for healthcare workers

- F. Services available at MHS Homewood
 - 1. Goal oriented therapy
 - 2. Therapy groups
 - 3. Skill based drop in groups and workshops
 - 4. Psychiatric evaluation and medication management
 - 5. Chat with a counselor
 - 6. Suicide prevention training
- G. Alternate mental health services
 - 1. Hotline (410-516-WELL)
 - 2. TalkNow: on-demand telehealth counseling 24/7
 - 3. 12 free scheduled counseling visits per academic year
 - 4. Psychiatric evaluation and medication management (no controlled substances)
- H. “Primary care” (rebranded from student health and wellness center)
 - 1. New positions added: medical assistant, nurse supervisor, nurse practitioner
 - 2. SDS accommodation policy
 - a) Application form can be found on SDS website
 - b) Student uploads documentation
 - c) Student has initial meeting with SDS to discuss accommodations
 - d) Student requests semester letters and meets with relevant faculty
 - 3. Services in development: university-wide vaccination policy implementation, online scheduling capabilities, ADHD medication protocol in collaboration with mental health services
 - 4. No more QR codes in primary care, using iPads for check-in now
- I. Q&A (Led by Qiong)
 - 1. Q: With the transition to the new system, some students are having a hard time. There’s a QR code, but it’s not working well, and many students didn’t know that after scanning, they have to fill out a form before they can be seen. Are there current measures to address this and challenges in navigating the system?
 - a) A: for the primary care side. We did notice that at home when people were having a lot of difficulty with that process. So we actually have changed it since then to be iPads that people check in on now, so that they don't have to worry about the QR code and then the iPad will sort of walk them through all the different forms that they need to fill out. And they're not confused about whether or not they're finished with the check in process. So that has been hopefully fixed and addressed already.

- b) Follow up: You know, it is an adjustment to move from one system to the next and on the mental health side that. And the way that we send out our pre visit questionnaires changed a little bit. It's a much more secure way now and allows us to actually have folks fill out those questionnaires in the right time frames. But it is a change and so that first appointment does take a little bit of adjustment. We're trying to connect with everyone is, you know, often as possible around how to navigate that just in case they have a hard time.
2. Q: So, more on the primary care side. I know you guys know there's a kind of large need for people, especially because during the weekend and off working hours, people are still in need of some physical care. But students have found it really hard to get an appointment or consultation. So I'm wondering whether there's some kind of solution to this problem for students that really, really need to see a doctor in a timely manner, because it's not always achieved.
- a) A: I think we have a couple responses to that. One is that, as I mentioned before, we offer a lot of same day availability. So if people call in the morning, your chances are really good that you can get a same day appointment. We understand that a lot of times that means it will conflict with your class schedule. But we really encourage you to prioritize your health, even if that means that you might have to miss a lecture. We can generate a visit verification for you, even though theoretically, people are not supposed to require this. But if you're in need, ask for some kind of verification that you went to the doctor's office, we can provide that. Again, we just really encourage you to prioritize your health, even if that means that you have to take a moment out, you know, from school in order to make the appointment. We have the Saturday hours, like I mentioned, for more urgent concerns. And then we have our after hours nurse triage so that if it's like the evening and you're kind of wondering, is this so bad that I should go to an urgent care or the ER right now, or can I wait to call the Health and Wellness Center the next day, the nurse can sort of assist in that decision making process. : So I do think that's a really valuable service if you're kind of wondering like, oh, you know, do I need to address this now or can it wait.
3. Qiong followup: Thank you so much. I guess, relatively, I think, you know, there's a great need for health care, but also preventative care is also really important. I'm wondering whether there's reminders of annual checkups, or is the primary care center capable of doing this kind of

annual checkup above and beyond all the like appointments, like the regular appointments you guys are receiving and also relatively regarding like the vaccines, whether there's any reminders or kind of easier ways to get the vaccines either recommended where people opt out kind of opt in for some like optional vaccines.

a) A: Yeah, absolutely. And we do tons of preventive care: our number one coded diagnosis is immunization. So we do thousands of vaccines every year. And so there's a lot of different pathways, you know, either you can call, you can ask for a routine physical if you just want vaccination, you can make an appointment with one of our nurses. There's now three nurses full time nurses at home would who can do vaccination based off of standing orders. And we do offer like the full array of vaccines like we don't there are only very few like travel vaccines that we don't have on site. But we have all of the routine preventative vaccines that people could want like including, you know, HPV meningitis B, you know, pneumococcal, we have all of them. So if you have the student health insurance, those are all covered at 100%. The new electronic medical record does have the capacity to set up health reminders for things, e.g. you're due for your physical/ you're due for your pap smear. But there's no like formal like email reminders or something like that, but that is something that the new system is capable of.

4. Qiong Q: Can we talk about insurance coverage and policies because people have a lot of confusions about this. For instance, a lot of people don't know about the coverage, they don't know what's in network versus out of network, how things work. And one student mentioned that the STI testing screening is fully covered for preventative reasons, but there will be a copay if there's a potential exposure or symptoms, which is unfair for various reasons. I'm wondering if you could comment on things like that, rather than the coverage and whether there's any possibility that students could get like a better coverage in the future.

a) A: I just want to also just go back to the last question around vaccination. We do a lot of communication to both incoming students and even then current students about vaccination clinics and what's available. And we're always open to feedback if there's better ways to communicate. We sometimes, but like we're over communicating. So when we hear folks want different or more, if you have any suggestions of how to get that information out, we're certainly open to that. As far as the health coverage, we do do

sessions during orientation around the health insurance and how that works. And I know last semester, we actually co sponsored a program with you all with GRO, particularly around how to navigate the health insurance in the US. So we're more than willing to do more of those sessions. If folks find that useful, like Jackie said, we're also looking at if there are ways to expand, you know, videos or things that we can do on our website to better explain the insurance coverage. We're certainly open to ideas of how we can better get educate folks around their benefits and, you know, what's available to them. Regarding STI screening, that is correct in terms of what is mandated of insurance companies to cover at 100%. So the Affordable Care Act mandated that preventive care should be covered at 100%. Anything that is coded with a diagnosis code for preventive screening will be covered fully by insurance. And that's a law of like insurance has to comply with our insurance policy shows that anything that's otherwise other than just fully preventive care is covered at 90% if it's in network, which is fantastic insurance coverage is really good. So what you were referring to is if the issue is considered to be problem based as opposed to preventive, it will be covered at 90% instead of 100%. I know it may or may not make a lot of sense, but that's the reason why there's that sort of slight change if somebody has symptoms that's considered a problem based diagnosis, whereas if somebody has no symptoms and it's fully for screening that's considered a preventive diagnosis. That's why one is covered up fully and one is covered only at 90% which is still great. And then, in terms of understanding the student health insurance benefits, there's the benefits website.

5. Qiong: Maybe if there are better communications, probably students won't get confused.
 - a) A: I think for last semester's housing insurance workshop, people did like that. So Jack and I were talking about this how to series and maybe some Instagram posts. Maybe those could be a different way to help with communicating with the students. And I guess lastly, we can transition into the mental health service. I know it sounds like the whole mental health service is already pretty overloaded.
6. Qiong: Many students suffer in silence from mental health issues like depression, which prevents them from seeking help. Is there any kind of

preventative or screening care in place for these students who may not actively seek help?

- a) A: Yes, there is a program in place that includes a stress and depression questionnaire as part of a larger screening program across Hopkins. Every student receives this questionnaire annually to assess their symptoms. It also offers a way to communicate anonymously with a clinician, providing support and understanding of barriers to care. This interaction is not for a full course of therapy but for initial engagement and guidance.
7. Qiong: Is this screening tool available to all students? Can they access it without waiting for an invitation?
 - a) A: The screening tool is available to every student at any time, not just upon invitation. It's accessible on the website, where students can also engage in a chat with a clinician. Additionally, there are assessments for alcohol and other drug use on the website.
8. Qiong: Are there any broader initiatives or different approaches being explored for student mental health screening and care?
 - a) A: Yes, the institution is exploring larger screening days and other methods for providing screening opportunities. There's also a focus on single-session interventions and developing stronger liaisons with each school or division to understand and meet the specific needs of students in those areas. Programs like wellness Wednesdays for residents are examples of such initiatives.
9. Qiong: What about faculty and staff? Are there resources or training for them to support students in distress?
 - a) A: A "Students in Distress" guide has been developed and distributed to faculty and staff. This guide helps them identify and refer students in need of resources. Training and workshops around mental first aid are also available, providing an opportunity for partnership in supporting graduate students' mental health.
10. Qiong: Is there any feedback regarding the ease of booking appointments for mental health services, particularly concerning the preference for online booking?
 - a) A: Yes, there has been feedback about the preference for online booking of appointments. Plans are in place to make this option available through the online portal, with hopes to have it fully operational by fall. There's also consideration of piloting this feature earlier.

IV. Discussion surrounding upcoming Ron Daniels meeting

- A. The meeting is one, hour-long, in-person session. Attendees include the executive board and administrative figures: Ron Daniels, the Provost, and Rachelle.
 - 1. [Review current questionnaire](#): A compiled list of questions linked in the meeting agenda, originating from the last GC meeting, can be found here. Goal is to review these questions for relevance and prioritization due to the one-hour time constraint.
 - B. Are there concerns about the order of questions, particularly those related to TRU? We want to ensure they are not overlooked.
 - C. Michael: initial topics were consulted with eboard, we planned to raise questions about the involvement of TRU in framing questions under contract negotiations. The order you see is the current order we plan to go in, but the floor is open to suggestions to improve it, considering potential trimming for time.
 - 1. We should discuss the need to adjust the tone of some questions, especially those from TRUE, to maintain a productive relationship with the administration. We might want to 1) prioritize a set of top questions and 2) be cautious about aggressive framing.
 - D. Should we be sharing detailed questions with the administration beforehand?
 - 1. Concerns about giving administrators too much preparation time are weighed against the benefits of spontaneity.
 - E. Michael proposes vote on whether to share the questions in full before the meeting.
 - 1. The motion to share the questions does not pass, leading to the decision to share only the topics.
 - F. Michael: We will keep the question document open for further comments.
- V. Focus Group Updates (10 mins)
- A. Focus Group Leads?
 - 1. Advisor-advisee:
 - a) Meeting with Sabine to discuss implementation
 - b) Also talking with TRU
 - B. Reminder for [Sign up link](#)
- VI. Executive Board Updates (5 min):
- A. Reminder for upcoming Dean meetings:
 - 1. WSE Dean Ed: Feb 14th, 12 to 1 pm (Suggest agenda items here: [Dean Ed Meeting 02.14.24](#))
 - 2. KSAS Dean Favret and Dean Celenza: Feb 22nd, 12 to 1 pm
 - a) The meeting with Dean Celenza was supposed to be this Wednesday but got moved to the 22nd at the same time. We'll be putting together, in the same way that we did for Dean Ed, meeting points for feedback and a discussion form for folks to fill out. If you would like to attend this meeting you can just directly either message us in the chat or email us after the fact.
 - B. Winter Conference Grant and Group Funding

1. Reminder to dispute attendance by EOD for eligibility (Contact Caroline)
 - a)
- C. Intercampus Spring Formal
 1. Trying to do a joint formal with the SoM, but advisors, for various reasons, said they wanted their own formal. So we'll collaborate with the school of nursing and school of education. Previously, we've hosted at the Engineers Club, but we're currently looking at other venues just because of price options and space and whatnot so we'll keep you all updated as we continue along that.
- D. Town Hall
 1. Meeting Format and Dates
 - a) two potential dates for the Town Hall: one in March and another in late April or early May.
 2. Discussion Topics and Format
 - a) There is a need for an open format to allow attendees to freely express their concerns and questions. Discussed the possibility of making the Town Hall more structured versus keeping it open and less restrictive.
 3. Suggestions for implementing a system to manage question-asking, such as a microphone queue, to prevent any single participant from dominating the discussion.
 - a) Let's consider the appointment of a moderator to facilitate the transition between different topics and manage the flow of the meeting.
 - b) How to select a moderator- what's the potential process for this?
 - c) Various options for moderators discussed, including an e-board member or a GRO advisor
 4. Michael opens the floor for additional feedback or suggestions regarding the Town Hall's format and content.
 - a) Discussion surrounding a plan to reach out and need for a strategy for publicizing the Town Hall, including considerations for presentation, food, and other logistics.
 5. Content and Structure Suggestions
 - a) Consideration of starting the Town Hall with focused questions to gain insights from attendees before opening up to broader questions.
 - b) Stressing the importance of selecting relevant and meaningful topics and questions for the initial part of the Town Hall.
 6. Open discussion:
 - a) Should we have a "plant" in the audience to initiate questioning if necessary, to encourage participation from others?
 - (1) Michael agrees to the idea but suggests instead inviting a genuine participant interested in the topic rather than directing them on what to ask.
 - b) We should also monitor registration numbers to gauge if initiating participation would be necessary.

E. Final reminder to record votes in voting form: this is the sole way of attendance tracking and voting from here on out!

F.

VII. Adjournment: meeting adjourned at 7:41 PM.

	A	AK	AL	AM
1				
2	Voting Motion ID	92	93	94
3	Motion	Approval of Jan 29	Motion to send que	Adjournment 2/12
4	Anthropology			
5	Applied Mathematics & Statistics (AMS)	Yea	Abstain	Yea
6	History of Art			
7	Biology	Yea	Nay	Yea
8	Biomedical Engineering (BME)			
9	Biophysics			
10	Chemical & Biomolecular Engineering	Yea	Nay	Yea
11	Chemistry	Yea	Nay	Yea
12	Civil Engineering	Yea	Yea	
13	Classics			
14	Cognitive Science	Yea	Nay	Yea
15	Computer Science	Yea	Yea	Yea
16	Economics	Yea	Abstain	Yea
17	Electrical & Computer Engineering (ECE)	Yea	Nay	Yea
18	Engineering Management	Yea	Nay	Yea
19	English	Yea	Nay	Yea
20	Environmental Health and Engineering (formerly DOGEE)	Yea	Nay	Yea
21	EPS (Earth and Planetary Sciences)	Yea	Nay	Yea
22	Modern Languages and Literatures (Formerly GRLL)	Yea	Nay	Yea
23	History	Yea	Nay	Yea
24	History of Science and Technology	Yea	Abstain	Yea
25	Comp Thought and Literature	Yea	Abstain	Yea

Voting Motion ID	91	92	93	94
Motion	Special vote: group funding	Approval of Jan 29	Motion to send que	Adjournment 2/12
Information Security Inst		Yea	Abstain	Yea
Materials Science & Engineering		Yea	Nay	Yea
Mathematics				
Mechanical Engineering		Yea	Yea	Yea
Near Eastern Studies (NES)		Abstain	Yea	Yea
Philosophy				
Physics and Astronomy		Yea		Yea
Political Science		Yea	Yea	Yea
Psychological and Brain Sciences		Yea	Nay	Yea
Sociology		Yea	Nay	Yea
Writing Seminars				
Robotics				
Co-Chair 1	Yea	Yea	Abstain	Yea
Co-Chair 2	Yea		Nay	Yea
Secretary				
Treasurer	Yea	Yea	Abstain	Yea
Admin & Funding				
Social 1		Yea	Nay	Yea
Social 2	Yea			
Advocacy 1	Yea	Yea	Nay	Yea
Advocacy 2				
Communications		Yea		
Diversity				
Intercampus Chair				
Summer sports coordinator				
Health & Wellness	Yea	Yea	Abstain	Yea
Security Concerns Chair	Yea	Yea	Abstain	Yea
Yea	9	31	5	32
Nay	0	0	17	0
Abstain	0	1	9	0