Care Team 2018-19 End-of-Year Report

PURPOSE

The Hawai‘iCC Care Team’s mission is to provide early identification of at-risk behaviors that impact a person’s ability to be successful and safe on campus. While the purpose of our Care Team is still to ensure the safety and success of our Kauhale, this year’s activities raised questions for our group. Given the huge jump in cases (340%) this year over last, we members asked ourselves if our mission was too broad, if we needed to narrow our focus. After much thought, the answer is no. Our purpose remains the same. What did become clear was that our processes needed work and our support network within the college is stretched thin. Changes have been put into motion to improve these areas.

Our purpose remains the same: to deal with and/or route concerns about anyone in our Kauhale - student, faculty, or staff - to the service(s) they need. We will take referrals anonymously or openly, on the Internet through our web-based referral form, on the phone, via email, face-to-face, any way one can get a message to us. Our goal is to work together, each member bringing his or her expertise, to get people the help they need in a timely manner.

This year, 2018-19, was the second year of Care Team at Hawai‘i Community College. Our group continued with six members representing both the Manono and Pālamanui campuses. The members of the team this year were the Chief of Security, the Dean for Liberal Arts and Public Services (serving as the Chair), the Mental Health Therapist, and two academic Counselors, one from the Pālamanui campus in West Hawai‘i, and the Coordinator/Counselor for Disability Services (two males, four females). An additional female mental health intern attended some meetings.

Vision: An open, supportive campus community where the well-being of our Kauhale is prioritized.

Mission: The mission of the Hawai‘i Community College CARE Team is to promote a safe, healthy and respectful environment for our Kauhale.
Problems faced include homelessness, drug or alcohol use, documented mental health issues, both major and minor conduct issues, law enforcement involvement, and a variety of academic, financial, and social stress problems.

In 13 cases (18%), we will continue to monitor the subject’s well-being into the next year. Problems faced include homelessness, drug or alcohol use, documented mental health issues, both major and minor conduct issues, law enforcement involvement, and a variety of academic, financial, and social stress problems. Last year, five cases involved homeless students; this year the number dropped to three. Six cases were transferred to staff in charge of Title IX. Six cases were categorized as a “threat to self” (two males and four females) and 15 as a “threat to others” (eight males and six females). The remainder were categorized as “general concerns.” Reports were made to the Care Team in person (five), online using the referral form (23, a jump from five last year), via email (27, up from five last year), and over the phone (13, up from two last year). Seven students withdrew, 17 were seen by a counselor (academic, disability, or mental health counselor), and 49 cases were closed. The mental health therapist may also have seen others, but these confidential records are not shared with anyone, including Care Team, so we only report numbers for those we know of because they signed waivers.

Last year, the vast majority of cases were reported at the Manono campus in Hilo. Only one of 20 cases was reported at the Pālamanui campus in West Hawai‘i (WH). In 2018-19, 21 out of 68 cases (31%) were at Pālamanui, which, we believe, reflects an increase in West Hawaii reporters rather than an actual increase in WH cases. Left, in Table 1, is the number of new cases by month. It should be noted that cases often continued for months, with some persisting into the following academic year. The average length of a new case was 5.5 weeks, and the range was one to 35 weeks for a case.

<table>
<thead>
<tr>
<th>TABLE 1—CASES PER MONTH</th>
<th>17/18</th>
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<tbody>
<tr>
<td>Month</td>
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<td>Sept</td>
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<td>Oct</td>
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<td>Nov</td>
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<td>Dec</td>
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<td>7</td>
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<td>Jan</td>
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<td>7</td>
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<td>Feb</td>
<td>1</td>
<td>4</td>
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<td>Mar</td>
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<td>Apr</td>
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<td>May</td>
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<td>Jun</td>
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<td>July</td>
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<td>Aug</td>
<td>0</td>
<td>TBD</td>
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FACULTY SURVEY

Following the end-of-year breakfast, a survey was sent out to faculty. Following are the questions and responses in Table 2 (page 4). What we learned from this survey is while the majority of our Kauhale knows of the existence of Care Team, few know exactly what the team is for nor what we do. It also highlighted that our limitations have been a source of frustration for our community. In two out of nine cases documented by this survey (22%), the Care Team response was too slow. One instructor said, “Mostly I rate below expectations here because student need is so high and resources to meet those needs not adequate even if the desire to help them is there.”

Another thing we need to do better is to communicate with referrers on the status of the person and the action taken. This is often complicated by issues of confidentiality. Nevertheless, Care Team can do better to respond to referrers quickly and with the information they can. While the team does not make excuses for less than excellent handling of cases, it’s important to highlight some of the reasons that action is sometimes slow or unable to be taken in some situations.

The Care Team is limited in their authority to recommend a student for conduct related actions. This request must come from the referrer, usually an instructor, in a signed statement. The team has worked with the Vice Chancellor for Student Affairs this year to request a change in the Student Conduct policy, which would allow Care Team to formally bring such cases to the VCSC. Even in cases where the student has, for example, disruptive behavior complicated by mental health or disability, sometimes the best case of action is to make a formal com

(Continued on page 5)
<table>
<thead>
<tr>
<th>SURVEY QUESTION</th>
<th>NUMBER OF RESPONDENTS</th>
<th>SUMMARY OF ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to the end-of-year breakfast in May 2019, did you know about the existence</td>
<td>26</td>
<td>Yes - 77% (20) No - 23% (6)</td>
</tr>
<tr>
<td>of the Care Team?</td>
<td></td>
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<tr>
<td>Did you make one or more referrals to the Care Team this academic year?</td>
<td>28</td>
<td>Yes - 36% (10) No - 64% (18)</td>
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<tr>
<td>Was your referral for a student, staff, or faculty member? (Check all that apply.)</td>
<td>17</td>
<td>Student 90% (9) Staff member 0 Faculty member 10% (1) Other 0</td>
</tr>
<tr>
<td>Did the amount of time it took to respond to your referral meet your expectations?</td>
<td>9</td>
<td>Exceeded expectations 11% (1) Met expectations 67% (6) Below expectations 22% (2)</td>
</tr>
<tr>
<td>Did the Care Team response to the concern meet your expectations?</td>
<td>9</td>
<td>Exceeded expectations 11% (1) Met expectations 89% (8) Below expectations 0</td>
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</tbody>
</table>
| Please tell us what the Care Team did well or what they could have done better | 11                    | • Kept me more informed of what happened after the referral? I made it, it was confirmed and put into action, but didn’t hear back, other than from the student.  
• This is the first I’ve heard of this unless there’s another name for the referrals I made to Student Services.  
• We really need more resources—food, emergency housing, employment opportunities, legal resources, etc.  
• I hardly heard back from the Care Team.  
• In the future, I would like to know that the individual referred received the assistance needed.  
• It will be helpful to make the process of how the referral is handled more clear. I am still not very clear as to what happens to the referral. How is a referral reviewed (does it get immediately reviewed? by who?), and what are the possible outcomes of the case, and how and when the referer is notified so that he/she knows the case is dealt with (and don’t have to worry about it anymore).  
• Concerns were addressed in a timely manner. Advice was given at the proper time as well.  
• I am not clear what the care team actually can and cannot do with a referral about a student if the student does not contact them for help or have behavioral problems in class. What is the mandate and scope of the care team? Or is that evolving? What happens after a referral is given for a student with a mental health issue?  
• I’m not sure what they do to be honest. From other faculty I have learned that when they send some one to the Care Team the issue is not solved. Perhaps we need to actually deal with students that violate the Student Code of Conduct and put an end to disruptive, abusive, bullying students being in our classrooms. It is just a matter of time before a student actually hurts a faculty member or staff. A professor [deleted] was threatened with physical violence and the student told her “I know where you live.” What does the “care” team do then? Hold his hand and tell him that’s wrong? [Remainder of this comment edited for reasons of professionalism].  
• Informing the CARE team of students of concern provides some reassurance to me, that if others report this student, we can see any patterns of behavior that may allow us to problem solve collaborative ways to intervene. In circumstances where the student communicates that they want support, I tell the student that we have a CARE team and inform them that I will be notifying them, so that the student knows that our kauhale is concerned about their success and well-being.  
• Follow up and follow through to completion was excellent. |

(Table continued on page 6)
Instructors have the right to have a student temporarily removed from class for violation of the Student Conduct Code.

plaint so that the student can get the help they need at the same time the conduct problems are being dealt with.

Care Team is also limited in their authority to compel students to comply with recommended actions, to come to meetings, etc. The team can contact the student, request meetings, put the student in contact with resources, and suggest a course of action, but if the student refuses to communicate or comply, there is currently no recourse. The only exception is if the student presents a clear and present danger to him/her/themself or others.

If a student’s case includes details that must be kept confidential, the Care Team can reach out to an instructor to offer support but may not be allowed to share what the student is facing. For example, if the case crosses over with Title IX or mental health issues, the Care Team may not be allowed to share the information, but they can reach out to instructors to request that the student be given extra attention. In cases like these, it can be frustrating for instructors to not know the details of the case while being asked to keep an eye on a student. The Care Team has unintentionally raised an alarm in this way.

In a final example, the Care Team may not intervene to discipline a student in cases where the instructor has not first attempted to use classroom management techniques or to communicate openly with the student about the problem. As always, in any situation where the instructor or other students in the class feel unsafe, security is available and should be called immediately.

Instructors have the right to have a student temporarily removed from class for violation of the Student Conduct Code, including, but not limited to: showing up to class under the influence of alcohol, disrupting classroom teaching/learning, physically or verbally harassing another student or the instructor, etc. Long-term removal is determined by the Vice Chancellors.

The Vice Chancellor for Student Affairs (VCSA) provides advice to instructors on student conduct issues (Dorinna Cortez, 934-2410, dorinna@hawaii.edu), and the Deans or the Vice Chancellor for Academic Affairs can assist with classroom management (Melanie Wilson, Dean for Liberal Arts and Public Services, 934-2519, mfwilson@hawaii.edu; Jessica Yamamoto, Interim Dean for Career and Technical Education, 934-2688, jpky@hawaii.edu; Joni Onishi, VCAA, 934-2514, jonishi@hawaii.edu). The administrative “owners” of the team are the VCSA and the VCAS, Vice Chancellor for Administrative Services. The Care Team does not fall under the academic umbrella, although many cases have academic significance for the student, instructor, and academic administrators.

When asked what faculty were most interested in learning about regarding the Care Team, the top response was “Your rights as a faculty regarding student behavior and communications” (74%). Tied for second were “What Care Team does” and “Services available to support students with social issues” (70%). A training session is scheduled for Fall 2019 convocation week that will cover these topics and others as time allows, including “How to handle difficult student behavior and communications” (52%), “Personal support available to you as an instructor (43%), and “Student conduct code” (43%).
The Care Team remains committed to attending to the physical, mental, and emotional health needs of all members of our Kauhale to the best of our ability. We will dedicate ourselves in the coming year to increasing our response times, improving our communication with referrers and relevant parties, and negotiating policies that make our campus a safer and better place for everyone.

**GOING FORWARD**

**HAWAI‘I COMMUNITY COLLEGE CARE TEAM**

You may make a referral to the Care Team by completing the online reporting form or by sending an email to care@hawaii.edu. When referrals are received, the Care Team will assess the situation and develop a supportive intervention plan to help the community member and avoid crisis.

If you need to report an emergency, call 911. If you need Hawai‘i CC Campus Security call:

- Manono Campus: 808-854-1420
- Upper Campus: 808-974-7911
- Pālamanui Campus: 808-640-6515

http://hawaii.hawaii.edu/careteam

Continued from page 4, Table 2-Survey Results

| Did someone from the Care Team follow up with you to give you an outcome? | Yes, and the update was appreciated. 60% (6) | Yes, but I didn’t require an update. 0
| | No, but an update would have been appreciated. 40% (4) | No, but I didn’t require an update. 0
| | I don’t remember. 0 |

| In what ways would you like to learn more about the Care Team? | Email newsletter 40% (10) | Paper newsletter 0
| | Department meeting updates 44% (11) | Required trainings 20% (5)
| | Optional trainings 32% (8) | Care Team Handbook for Faculty 48% (12)
| | Annual End-of-Year Care Team Report 28% (7) | Other, please specify 24% (6)

- I am a lecturer so I am not always at dept meetings although that might be the way I’d like to be informed. I am always at the all college meetings, so an update report might help. Other than that, I have to admit that a required meeting might be the only real way to educate a lecturer on this much needed service.
- Notifications of students/employees of concern? Not to put them on blast, but to help the front-line people know what’s going on.
- Palamanui meeting updates.
- They need to step aside and put these students up before the Student Code of Conduct committee. If that committee deems that the Care Team is needed or would help then fine. Right now the system is failing and is backwards.
- It’d be good for there to be Care Team Handbook that basically provides a quick summary of our processes if you encounter a student with some of the common CARE team issues (suicide, depression, DV, etc).

| Which topics are you interested in learning more about? | What Care Team does 70% (16) | Safety and security on campus 61% (14)
| | How you can be involved with Care Team 17% (4) | Confidentiality regarding student issues 26% (6)
| | Personal support available to you as an instructor 43% (10) | Services available to support students with social issues 70% (16)
| | Services available to support students with mental health issues 47% (11) | How to handle difficult student behavior and communications 52% (12)
| | Your rights as a faculty regarding student behavior and communications 74% (17) | Student Conduct Code process 43% (10)

- Comments:
  - no need
  - I don’t need a hard copy of these, but having a place (perhaps on the CARE team website?) with all of these information will be very helpful, so that I can look it up easily.
  - Self Care, Vicarious Trauma
  - Maybe CARE Team could have a workshop covering a brief overview of services