



SEOW Quarterly Meeting Minutes
Thursday, November 5, 2021
1:00 pm – 3:00 pm

Time	Thursday November 5, 2021; 1:00 – 3:00 pm
Location	Zoom Webinar
Address	-
35 Attendees	

Meeting Minutes

1:00pm-1:05pm Welcome and Introductions

1:10pm-1:40pm *David Jackson*, from the State of Hawaii Department of Health Child and Adolescent Mental Health Division (CAMHD), will present CAMHD data

- **Overview:**

- Service ages 3 -18 years old
- More common diagnosis - disruptive, impulse control, and conduct disorders (24.1%)
- Eligibility: met federal definition of a serious emotional disturbance (SED)
- Services:
 - intensive case management services as part of a clinical team with a psychologist and/or psychiatrist
 - Partners with private agencies
 - Offers wide range of home and community-based mental health treatment services
- Substance Use Disorder on their own do not qualify for their CAMHD services but can co-occur with another psychiatric disorder
 - All contracted providers should have substance use treatment integrated into their care

- **Yearly trends in CAMHD Youth**

- Usually, serve about 2000+ youth in any given year
- Saw a decline during the pandemic and in 2021 have seen lowest number of youth ever - may clue to financial constraints during the pandemic

- **Percent of CAMHD Youth with Substance Use Problems**

- Lowest percent (0.4%) - Youth with primary Dx of substance related and addictive disorder

- Largest percent (18.5%) - Youth with any Dx of substance-related and addictive disorder
- Percent of CAMHD Youth Substance Use Problems: Since FY 2009
 - Treatment targets of substance use has been decreasing, but not sure why
 - Substance-related and addictive disorder has stayed relatively consistent, with a slight drop in 2020
- Substance Use as a Mental Health Treatment
 - Targets should be the needs identified for the youth and reflected in the treatment plan
 - What treatment practice should we use for a specific treatment target?
 - Practice Elements definition: the discrete clinical intervention strategies applied by the therapist and/or treating provider within a treatment session
 - In selecting a targeting substance use (4 evidence bases)
 1. What does the research literature say is effective in treating substance use problems?
 2. What does our local research say is effective with our youth in HI?
 3. What does my clinical expertise and experience say?
 4. What has been working and not working for this particular youth?
- We want to see more kiddos using the more evidence based practices
- **CAMHD Substance Use Research**
 - Have done a number of studies with our youth and families
 - We found a large percentage of disruptive behavior problems with substance use
 - Substance use and commonly endorsed in the first 6 months of intensive in-home treatment (23.8% of youth)
 - Substance use treatment target reached an average highest progress rating of 3.58 (SD =1.88; between “some improvement” and “moderate improvement”? On a scale of 0-6
 - Took an average of about 100 days in treatment to reach
 - For kids in residential treatment facilities, 3 major motivation categories were found
 1. Peer influence
 2. Escape from negative stimuli within the facility
 3. Running towards stimuli from outside the facility
 - Geographically isolated kids often had poor substance use rating and given stressor that are common to more isolated stressors
 - Our local findings suggest that sometimes a more family based approach or individual approach might be more beneficial for the youth, it depends on the situation

- Please find information on CAMHD services, research and evaluation, and how to refer here: <https://health.hawaii.gov/camhd/>

1:40pm-1:50pm Presentation Q&A

- **Q:** How has the pandemic affected CAMHD?
 - **A:** When kids are in services or activities we see a decline in referral. Particularly, at the start of the pandemic in March (54% drop). Over time, we have started to see a comeback, but still not at the level it was before. Since we are getting more applications, I'm not sure what the discharge rate is and if it is keeping up with applications.
 - Coming april of 2020 to the prior year, we had about 66% fewer apps than we would typically see. I think other child caring services reported something similar. Other systems did see an uptick like the crisis text line.
- **Q:** What are some of the primary reasons for the decline in CAMHD applications during 2020 - current? Were any services able to be adapted for online delivery?
 - **A:** We were really fortunate before the pandemic to start making use of Zoom a lot more and got used to it and could adjust easier when the pandemic started. We have transitioned pretty well, all things considered. We developed a telehealth format. We have been able to expand our reach and have had the opportunity to serve therapists across islands. What we are finding is that although telehealth isn't a right help for some families, it's been a huge help for other families.
- **Q:** How does CAMHD categorize a significant functional impairment vs a non-significant functional impairment when determining eligibility?
 - **A:** We use a variety of measures and environments. There is also a version of our measure that is for preschoolers and younger youth. We use a rating of about 80 to see who is really in need of our services. There are some services where the kiddo has an issue that may not be easier seen through that measure.
- **Q:** Is the patient's insurance used and the costs by type of insurance (ex. Medicaid vs. private) in your annual report or in some other source?
 - **A:** Unfortunately we haven't reported insurance and costs in our annual reports for a while, due to system transitional issues, as mentioned. We are not able to provide services for those with private insurances. We do serve youth based on educational needs also. On occasion, we do have specialized programs that offer other funding streams as well.
- **Q:** How does CAMHD work with schools in the state?
 - **A:** CAMHD receives educationally supported IDEA referrals from the DOE. Further, the CAMHD treatment team typically collaborates closely with

youth's school-based behavioral health providers, depending on the needs of the youth.

1:50pm-2:00pm Break

2:00pm-2:30pm *Kyle Ishizaka and Jaunette DeMello*, Branch Directors from the Kalihi YMCA, will present on the Substance Abuse & Treatment Program for Teens

- We started providing adolescent substance abuse treatment programs in the 1980s,
 - It was more for those highschool, but now we are going more towards adolescent
- We do provide individual and group counseling and use various curriculum.
- Our program is year-round and although we are school-based, we still meet with kids during the breaks and after school is over.
- Our philosophy for the YMCA is to meet the youth where they are at, whether they may be in precontemplation or ready to make a change. We also believe that adolescents are the most safe during school hours since they have structure.
 - We meet them at school, home, or in the community - wherever they feel safe.
- Group session provide the youth opportunities to build and identify positive support network
 - We want our youth to see there are others their age that they can connect to and possibly. learn social skills and participate in skill building activities
- Adolescent Substance Abuse Trends
 - Dramatic increase over the last few years of vaping among adolescents
 - Increase of crystal meth, cocaine, and heroin use
 - Alcohol and marijuana continue to be most commonly used drugs
- **COVID-19 Impact**
 - In the beginning, there was a slight decrease in marijuana use since they couldn't leave, but an increase in alcohol use
 - We used telehealth, but after they were on the computer all day, the last thing they wanted was to talk to us through Zoom or on the phone.
 - Now that we are able to do face-to-face, there is an increase.
 - During the summer time as we were coming out of covid restrictions, we began to do mini groups or small groups.
- We feel that the relationship between the counselor and youth is really important. We focus on motivational enhancement to build that relationship.

- With COVID, our ability to meet face-to-face has made it difficult to build that relationship, but Zoom. Now that things are opening back up, we are going to see the impact on the youth - mental health, substance use, etc.
- We are happy we can get back out into the community and see them face-to-face. With our outer islands (Lana'i and Moloka'i) for the past 2 years, we had the opportunity to bring some of the youth to the ropes course. So they could see something more than what they had grown accustomed to.
 - These are some examples how the Y has had the ability to meet face-to-face and empower youth to see there are other things beside drug use to get involved in.

2:40pm-2:50pm Presentation Q&A

- **Q:** For Molokai and Lanai are there other Camp Erdman activities or similar?
 - **A:** We are in the process of connecting back up and hoping we can go there again. Because of the pandemic we don't want to be the ones to transmit covid to the islands so we are starting to open up and hope to bring youth back up to oahu and do what we have done in the past. At least 2 a year, we bring kids to camp eerdman to challenge themselves in different ways
- **Q:** What were some of the online tools/platforms you used for telehealth and outreach with the youth?
 - **A:** We utilize part of our curriculum to continue sessions through telehealth. One of the biggest barriers was that some kids don't have access to their own cell phones. So we tweaked our curriculum to be more educational based. Our staff was able to find sites that had interactive games and we incorporated into our online session - scategory, jeopardy. To have fun and then connect. Our counselor had to adapt
- **Q:** Were you folks noticing increases in substance use just as things are opening up more, or did it start earlier?
 - **A:** When we were going through the shut down there was a reduction in Marijuana use, but an increase in alcohol use. After that initial part, we did see an increase in both as well as over-the-counter drugs. So, through the pandemic and now there has been an increase. School administration is already catching students on campus with alcohol and there has been an increase in fighting. I think we're only beginning to see what it's going to look like moving forward.
- **Q:** During the pandemic was there a change in the % of individuals referred by others that accepted/rejected participation in the program?
 - **A:** Not much of a change, but not many referrals from school. The referrals have increased now and youth are pretty receptive now because it is in person.

- **Q:** How do you see things looking in the future?
 - **A:** Not knowing what the impact is and we are starting to see how things unfold and we open up more and kids come back. So, we see what behavior of the youth is. A lot more opportunities for mental health, parents, students bc of isolation from the virus and employment issues. I think people are going to need more resources. As a provider, there are possibly more opportunities, but as far as services, how do we be creative in meeting the needs of the community? I believe with us being funded by the alcohol and drug division, we need to look at prevention, intervention, and treatment. So, how can we braid services and see what our strengths are? Now that school is back, some schools previously didn't feel a need for services, but now they are calling to see if we can come and provide our services. So, more people are looking at what we need to do. We can only be better from this.
- **Q:** Do you see any difference between Hawaii and the mainland?
 - **A:** Issues seem to be the same with education and mental health needs so in that way we are along the same lines. Mainland there are not as many treatments because gotta go through medical treatment or residential treatment. So, in some ways we are ahead of the game. And, our philosophy is that we meet students where they're at so we go to the schools.

2:50pm-3:00pm Closing