NOTE: MEETING MINUTES ARE IN DRAFT FORMAT AND HAVE NOT BEEN APPROVED BY MEMBERS OF THE STATE ADVISORY COUNCIL ON JUVENILE JUSTICE, AS SUCH, INFORMATION IN THE MINUTES HAS NOT BEEN APPROVED FOR CONTENT AND ACCURACY.

JUVENILE JUSTICE STATE ADVISORY COUNCIL Department of Human Services, State of Hawaii Office of Youth Services

Prevention and Accountability Standing Committee (P&A SC)
Zoom Video/Audio Meeting
Thursday, April 18, 2024
1:00 p.m.-3:00 p.m.

NOTICE: Should you need this or any notice in an alternate format, please e-mail: DHSCivilRightsBox@dhs.hawaii.gov. The Hawaii Relay Service 711 is available to hearing impaired and deaf individuals as needed as are video phones where required.

Members Present: Rick Collins, August Suehiro, Joe Los Banos, Dane Ka'ae, Shawn Kana'iaupuni
Members Absent:
Members Excused: Charity Dudoit
Guests Present:

Staff Present: John Paekukui, Norene Machida

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
I. Call to Order/Establishment of Quorum Introduction of Members & Guest Establishment of Quorum (4/6)	 Meeting called to order at 1:02 p.m. by Chair Rick Collins Introduction of Attendee Rick Collins, JJSAC Member, Chair P&A Committee Joe Los Banos, JJSAC Member & P&A Committee Member August Suehiro, Member P&A Committee Member Dane Ka'ae, JJSAC Member Shawn Kana'iaupuni, JJSAC Member John Paekukui, Office of Youth Services, Compliance Monitor Norene Machida, Office of Youth Services, Office Asst 			
II. Consideration and Approval of Minutes for the following Meeting: • March 7, 2024 ○ Please review prior to the meeting and bring any suggested revisions to the meeting.	 (1:06) R. Collins Consideration for approval of minutes for March 7, 2024 Motion to approve minutes by R. Collins Motion approved by J. Los Banos Motion seconded by S. Kana'iaupuni All in favor 			

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III. Community Input [Pursuant to section 92-3, Hawaii Revised Statutes, Community Members will have 3 mins. to speak, i.e., per person, per item, or written testimony can be submitted on agenda items]	(1:07) R. Collins • No community in attendance • No community written testimonies received.	ACTIONS/CONCLUSIONS	KESPUNSIBLE	DOE
IV. Old Business (Open for Discussion) 3-Year State Plan: • Goal 2.2 – Objective 2.2.1: Review and finalize the youth and provider surveys and draft a dissemination plan.	 (1:08) R. Collins Propose to work on the adult survey before the youth survey. S. Ahu and S. Kana'iaupuni contacting resources related to other groups who have done youth survey (1:09) S. Kana'iaupuni Contacted the University of San Diego Spoke to someone in mental health and juvenile intervention. Connected me with a survey developer. Hoping we can use whatever we need from it. 			

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	 Work on a draft of the adult survey and ask a few Providers for their feedback. How easy was it to take the survey. Any confusing questions 	ACTIONS/CONCLUSIONS	RESPONSIBLE	DOE
	Adult Survey:Demographic 1. What type of agency do you work for? a. State or county government b. Non-profit organization c. Independent contractor d. Other (fill in the blank)			
	 Can For-Profit apply for OYS funding? How long have you worked in your current position? a. Less than a year b. 1-2 years c. 3-5 years d. 6-10 years e. Over 10 years 	Can For-Profit organizations apply for OYS funding?	S. Ahu	
	 3. What best describes your position? a. Program Specialist/Direct Service Staff b. Program/Administrative Assistant c. Program Director/Supervisor d. Organizational Leadership Team e. HR or other admin support 	When testing see if we can categorize job titles	R. Collins	

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		ACTIONS/CONCLUSIONS	RESPONSIBLE	DUE
	f. Other			
	4. Which best describes your primary job			
	responsibilities. (check all that apply)			
	a. Director service provider with			
	program participants			
	b. Supervise program staff			
	c. Budget oversight			
	d. Program administrative duties			
	e. Program reporting (e.g., grant			
	reports)			
	f. Program develop, selection, and/or			
	evaluation			
	5. Where do you spend the majority of your			
	work time?			
	a. Indirect care duties (e.g.,			
	administrative duties, program			
	oversight, evaluation)			
	b. Direct care duties (e.g., working			
	directly with program participants)			
	c. Other: fill in the blank			
	6. Sex assigned at birth	Look up proper language	S.	
	a. Male	for question 6	Kana'iaupuni	
	b. Female			
	c. Intersex/X			

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/	PERSON(S)	DATE
AGENDA ITEM	d. Prefer not to share 7. Current gender identity a. Male/Man b. Female/Woman c. Transgender Male d. Transgender Female e. Non-binary f. Genderqueer/Gender non- conforming g. A different identity (please specify:) 8. With which ethnic group do you primarily identify? a. Native Hawaiian/Part-Hawaiian b. Filipino c. Japanese d. Chinese	How does OYS look at ethnic groups	PERSON(S) RESPONSIBLE	DATE
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AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/	PERSON(S)	DATE
	a. Marshallese b. Chuukese c. Kosraean d. Pohnpeian e. Palauan f. Yapese g. Other i. Hispanic j. Other k. Prefer not to share (1:41) S. Kana'iaupuni • How many providers are we planning to survey? • May only need a drop down for detail if the survey is not widely disseminated as the aggregated sample could only be a few (1:42) R. Collins • People may think its disrespectful if their ethnicity is not noted • This survey is considered a convenient size survey	ACTIONS/CONCLUSIONS	RESPONSIBLE	DUE

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
AGENDA ITEM	Program Qs: 9. Which of the following programs and/or interventions are core to your delivery of services. Check all that apply. a. Positive Youth Development programs b. Day Treatment services c. Residential services (e.g., safe house, transitional family homes, group home) d. Assessment/diagnosis services e. Intensive supervision (e.g., detention home, HYCF) f. Individual, group and/or family counseling g. Violence prevention h. Independent living skills training i. Alternative educational services j. Substance use prevention and treatment		· ·	
	k. Family strengthening activitiesl. Runaway and homeless youth services			
	 m. Teen pregnancy and STI prevention programs n. Bullying prevention o. Confinement services (e.g., DH, HYCF, Bobby Benson) p. Other (fill in the blank) 			

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/	PERSON(S)	DATE
		ACTIONS/CONCLUSIONS	RESPONSIBLE	DUE
	(2:00) S. Kana'iaupuni If the goal for the survey is to find gaps for programs not funded by OYS, then we can narrow down the selection (2:01) D. Ka'ae It would be of interest to know what these different agencies provided as well as finding gaps and working with specific agencies 10. What is the primary setting for your services? a. In-school b. After-school/Evening c. Virtual (e.g., Zoom services) d. Community-based (e.g., outreach services) e. Outdoor learning programs f. Residential g. Other 11. Did you receive training on the programs and/or interventions that you checked above? a. Yes			

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/	PERSON(S)	DATE
	b. No c. I don't know d. If yes, approximately how many hours of training did you receive? i. 1-2 hrs. ii. 2-4 hrs. iii. More than ½ day of training e. Have you received any refreshers or updates on this training? i. Yes ii. No iii. I don't know f. Do you feel the amount of training you received was sufficient? i. Yes ii. No iii. I don't know g. What additional trainings would be beneficial to you in your work? i. Fill in the blank 12. Do you and/or your agency collect data on the effectiveness of the programs and interventions you implement? i. Yes	ACTIONS/CONCLUSIONS	RESPONSIBLE	DUE

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	ii. No iii. I don't know b. If yes, what data do you collect? i. Survey data ii. Interview data iii. Other data: (fill in the blank) c. How is the data used? (open-ended response)	Rework question to be more specific	S. Kana'iaupuni	DUE
	 13. What types of supports are available to you in your organization when handling difficult situations? a. My supervisor or other staff with expertise are available when I have questions b. I have a mentor within my organization that supports me c. I participate in a community of practice or learning exchange d. I participate in ongoing individual and/or group supervision with a focus on improving the quality of care e. Other (fill in the blank) 14. Cultural Competence question 	Draft question for cultural competence	S. Kana'iaupuni	

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	15. Describe services that are available and the location of those services. a. Where do you provide services? i. Honolulu ii. West Oahu iii. Windward Oahu iv. Central Oahu v. Maui vi. Kauai vii. East Hawaii (Big Island) viii. West Hawaii (Big Island) b. In your experience, are there gaps in services that need to be addressed? i. Yes ii. No If yes, briefly describe those gaps. c. Is there any overlap or duplication of services that you're aware of? If yes, briefly describe the overlap and the	ACTIONS/CONCLUSIONS	RESPONSIBLE	DUE
	geographic area(s) where it occurs. (fill in the blank) (2:52) S. Kanai'iaupuni It would be helpful to know from OYS and	Does OYS and Hale Kipa have duplication of services, ie., 2 different contractors doing the same work?	S. Ahu/ S. Kana'iaupuni	

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/	PERSON(S)	DATE
		ACTIONS/CONCLUSIONS	RESPONSIBLE	DUE
	Hale Kipa who do the work, if there are			
	duplication of services			
	 Will call Venus at Hale Kipa to 			
	inquire			
	(2:53)			
	A. Suehiro			
	 It would be better to ask about what they 			
	think then providing examples to keep the			
	reporting anecdotal			
	 What are you familiar with 			
	 What example do you have 			
	 Programs that were successful for kids were 			
	fair, fun (not boring), and is there fame for			
	them			
	16. Do you have opportunities to collaborate			
	with other agencies for planning and staff			
	development?			
	a. Yes			
	b. No			
	If yes, briefly describe some of those opportunities			
	 Training opportunities 			
	 Inter-agency collaboration, 			
	collaborative projects			
	 Other opportunities: fill in 			
	the blank			
	17. What are the greatest challenges you face in			

AGENDA ITEM	DISCUSSION	RECCOMMENDATIONS/ ACTIONS/CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
	providing access to these services for your clients? (open-ended response)			
V. New Business (Open for Discussion)	Tabled until next meeting			
VI. Future Agenda Items: (Open for Discussion) • Review trend analysis and finalize for JJSAC board	Tabled until next meeting			
VII. Announcements (Open for Discussion)	Tabled until next meeting			
VIII. Next scheduled meetings:	(3:01) R. Collins • Next meeting May 21, 2024, 1:00pm-3:00pm			
IX. Adjournment	(2:14) R. Collins Meeting adjourned at 3:07pm			