

**The Bobby Benson Center**

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**ANNUAL REPORT**

**Fiscal Year 2009-2010**

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## Board of Directors

<u>NAME</u>	<u>BOARD POSITION</u>
Mr. William E. Aull (Deceased)	Director (open)
Mrs. Joan S. Bellinger	Director
Mr. Robert Bunda	Legislative Committee
Morris Graham, Ph.D	Chairman of The Bobby Benson Center
Open	Secretary
Mr. Fritz Johnson	Facilities Committee
Mr. Kevin Katayama	Director
Mrs. Sharon McPhee	Capital Improvement Committee
Ms. Judith Moeai	Director
Mr. Michael W. Perry	Marketing Committee
Mr. Richard C. Sutton, Jr.	Vice-Chair/Treasurer
Mr. Peter Lee	Chairman Bobby Benson Foundation
Mr. Robert C. W o, Jr.	Investment Committee
Ms. Pauline Osborn	Director

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## Director Emeritus

Major David C. Benson

Merry Lee Corwin

William Stryker

Mr. Laurence Vogel

Ms. Harriet C. Haneberg

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## Report Approved by the Chairman of the Board

# Annual Report Summary 2009-2010

Blossom Fonoimoana, Clinical Director

In July 2010, the Board of Directors and staff of the Bobby Benson Center planned for some major changes that were implemented in the beginning of August 2010. Our Acting Executive Director, Morris Graham stepped into his former position as Chairman of the Board, and Irene Carpenter was brought on as our new Executive Director. Irene Carpenter was brought on as a consultant by our board to assist us in preparing for our accreditation. She comes to us with many years in the field helping with community/agency organization and planning. She also has been a board member in one of our community's organization. She is familiar with the community needs of our geographic area. She sees the strength of the Bobby Benson Center as having expertise in the field of adolescent treatment and recovery and sees the potential it has to offer to our community and state. Morris Graham and Irene Carpenter both have the vision of Bobby Benson and will work together in addressing the strategic planning process presented in the Bobby Benson Center Strategic Plan 2009-2011. The main goal of this strategic plan at this critical time is to ensure the sustainability of the Bobby Benson Center, and the role it has of offering the very best in residential treatment services to Hawaii's youth. With input from funding agencies, community organizations, private consultants, families, and substance abuse and mental health experts we are refining our vision to maintain our standard of excellence, address the economic gaps, and sustain quality services to our youth.

From May 2009- July 2010 our strategy to address the decreased beds funded by state funds was to increase our efforts to attract private insurance agencies. Private insurers have usually limited residential stays at the Bobby Benson Center to a 30 day stay, then place their client/ patient on a lower level of care through their own services. What has been successful with our private insurers this past year has been their approval to have their referrals stay up to 60 days, which is a increase in payment for the private insurance agencies and a decrease in our average stay that has ranged from 130-180 days. The private insurance companies have helped sustain us through the decreased referrals from our state funding agents as CAMHD and Judiciary-Drug Court referrals.

In 2009, we reduced our own operating budget in excess of two hundred thousand dollars through lay-offs, eliminated employee meals, and put a freeze on annual increases and bonuses. In 2010 we continue to look at ways to be cost effective and reduce our expenses, and still maintain high standards of care. In June 2010 we dissolved the position of Operations Director when our then operations director made a decision to move to the mainland with his family to pursue an employment opportunity. We announced and implemented furloughs in July 2010. We also dissolved our facilities maintenance manager position in September 2010, which gives our clients the opportunity to develop and gain skills in maintenance, housekeeping, landscaping and gardening. We continue to strive to meet set measures for adherence to quality assurance, evidence-based best practices, and prepare to pass our three year accreditation review/renewal this coming October/ November this year. We continue to professionalize our staff by utilizing the skills of each employee in their particular area of expertise.

Our number one goal is to sustain the Bobby Benson Center and services and look for opportunities for growth and expansion, especially during this period of decreased funding sources. We will continue our current 2009-11 strategic plan: (1) improving evidence-based best practices in all operations; (2) sustaining a most capable and talented staff of professions through skillful hiring and human resource development/training practices; and (3) identifying opportunities for future growth and expansion (i.e., Intensive Out-Patient (I.O.P)) care in the Central/Leeward Oahu area.

I would like to personally thank the dedicated employees during this interim period of change for their dedication to a noble cause, their wisdom, and support needed to sustain our position as Hawaii's best-practice for adolescent substance abuse/addiction residential treatment center. I would also like congratulate our new Executive Director for taking the opportunity and challenge in seeking opportunities for change and growth for the Bobby Benson Center and her immediacy in making challenging decisions. I would like to encourage our Board of Directors to continue to fully be engaged with us during this upcoming year.

Blossom Fonoimoana  
Clinical Director

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## Mission Statement

The mission of the Bobby Benson Center is to *“Free youth in Hawaii from chemical dependency and co-occurring disorders through residential treatment services employing best practices for the youth and their families.”*

## Strategic Plan

To meet this mission, the Center continues to focus on the January 2008 Strategic Plan. This plan continues to be revised and extends through 2011.

The plan goals:

1. improving evidence-based best practices in all operations
2. sustaining a most capable and talented staff of professions through skillful hiring and human resources development/training practices
3. identifying opportunities for future growth and expansion i.e. IOP

## Overview of Delivery of Services

94 youth were served at the Bobby Benson Center during fiscal year 09/10. There were 73 admissions (52% female, 48% male). The average client census for FY 08/09 was 22.30.

The general profile of the client population at the Bobby Benson Center includes adolescents between the ages of 13 and 18 with an average age of 16 who require alcohol/drug addiction residential treatment services. The majority of clients identify themselves as “Mixed – Part Hawaiian” and they come from Oahu, Big Island, Maui, and Kauai. Most clients were referred and funded by CAMHD (65%) over the past fiscal year. ADAD referred and funded 0% of clients, Judiciary referred and funded 6% of clients, HMSA referred and funded 18% of clients, Kaiser referred and funded 5% of clients, and other insurances referred and funded 5% of clients.

The range of services provided at the Bobby Benson Center include individual therapy, cultural awareness, cognitive-behavioral group therapy, chemical dependency education, life-skills education, continued school program, work-study, recreational activities, psychiatric monitoring, pottery, Hawaiiana, medical services, family therapy, parent education, physical education, relapse-prevention education, and after-care groups. The environment is highly structured and staffed with experienced, caring professionals.

The average length of stay at BBC for fiscal year 2009/2010 was 112 days. It is found, at six-month follow-up that clients who complete treatment are more apt to attend after-care services and maintain sobriety.

## ***Unique Qualities of Program***

The Bobby Benson Center is located on Oahu’s North Shore in a beautiful residential campus setting. Up to 28 youth can be treated simultaneously. In addition, families from neighbor islands stayed at the nearby Laie Inn, (which has been taken down this year to make room for a new hotel), Shradder’s on the Windward side, or on the beautiful North Shore, free of charge, when visiting and participating in their son or daughter’s care.

The Bobby Benson Center is fully accredited by CARF, The Rehabilitation Accreditation Commission, and is licensed by the State Health Department.

The program emphasis is on a holistic, team approach to therapy in a non-restrictive treatment environment. This community of recovery’ includes a dedicated staff of trained professionals: medical director, psychiatrist, certified chemical dependency counselor, masters level therapist, licensed clinical social worker, licensed marriage and family therapist, college educated youth counselors, teacher, and educational assistant We offer our clinical team opportunities for professional training and growth. This past year, some of our therapists have received training in Dialectical Behavioral Therapy (DBT) and gone for substance abuse training provided by Alcohol and Drug Abuse Division (ADAD). And in

house training was also provided to our therapists on Evidence Based Techniques and Interventions (EBTI).

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## Program Strengths

The Bobby Benson Center provides best practice methods that are culturally sensitive and client-centered to support clients in their recovery process. Emphasis is placed on family participation, aftercare, and transition into the community. The treatment model has been enhanced with additional clinical staffing, training, and supervision. Starting May 1, 2009, all CAMHD credentialed employees receive at least 1 hour of monthly individual supervision with a master's level therapist and 1-3 hours of monthly group supervision depending on job duties. Therapists meet for weekly clinical case reviews led by the Clinical Director and Clinical Supervisor, averaging 10 hours a month. The Center has stepped up to meet the challenges that come when admitting clients with dual diagnosis, conduct disorders, and other "higher end" psychological needs. In the past year, at least one out of five of our admissions have had increased mental health needs.

In the fall, satisfaction surveys assessed staff morale as low due to leadership. However, staff remained committed to the safety, welfare, and recovery of our clients and families. Since new leadership has been instated, staff morale has improved. The annual employee leadership survey and community satisfaction surveys are expected to yield an 85% or higher satisfaction rate. Out of the 70 Leadership surveys sent out to staff, 37 were completed and turned in. Leadership scored high for supporting BBC operations consistent to Bobby Benson Center's mission and values, 81 % for treating staff and clients with fairness and respect, 78.3 % for effective orientation, training, supervision and evaluation, 77.4 % for communicating policy and procedures, changes, and general BBC information, and 74.5 for effective orientation, training, supervision and evaluation of position expectations and if the employee is meeting those expectations. The overall satisfaction rate was 80.46.

We have since reviewed and updated all the job descriptions with each of the employees to clarify tasks and expectations. We have implemented a new orientation and training program for our staff. We have ensured routine individual and group supervision for credentialed staff. We have implemented monthly birthday cake celebration of employees at our staff meetings to validate our employees.

### Areas of Accomplishments

- level therapists staffed on Sunday for family day
- Parenting Classes for all clients
- Risk and Accessibility Committee created
- Chemical Dependency (CD) Committee created to support employees pursuing CSAC certification
- 1 Year CARF Accreditation
- Hired full-time CD Education Facilitator
- Back up Intake Counselor position filled
- 2QMHPs on Clinical Staff
- 3CSACs on Clinical Staff

- Clients selected for Crystal Meth Project Radio Ads
- All staff on agency email system
- Consistent monthly staff meetings
- Life Space Crisis Intervention (LSCI) training utilizing the Conflict Cycle Model to all employees and debriefing form training completed sponsored by CAMHD behavioral health grant
- Partnership with CAMHD in EBS research and training- Local Champions
- BBC Website updated
- School lunches were subsidized by the National School Lunch Program grant.
- New kitchen equipment purchased by DOE grant was installed.

**Some of the client recommendations that were approved included:**

- More movies
- That the Bobby Benson home group was approved to be put on the island wide NA meetings list
- Water Cooler for PE
- Start garden
- Pool outing
- Some opportunities to wear hats
- Books to the beach
- Coins for AA/ NA meetings
- Play Frisbee during leisure time
- More exercise equipment
- Garden back on activity schedule
- Soccer net
- Coloring books
- Approve Chinese jump Rope, Hula Hoop, Jump Rope
- More books
- New phone for cabin 2
- Some new desks and dressers
- New games for sensory
- Recorded sports events to watch
- Staff being certified as life guards
- Phase 3 reward outing
- Slip and Slide
- 12 Step and 12 Traditions Banners in Cabin More food servings

## ***Areas Needing Improvement***

### **Facility Improvements**

The Bobby Benson Center made many facility improvements this past fiscal year. New cabin curtains were ordered for all cabins, new staff laptops were purchased, and the agency server was replaced. The schoolroom is now connected to the internet and phone system.

Some additional improvements made to our facilities this past fiscal year were: the entire interagency server was updated where email communication was accessible to all staff. HR developed and improved orientation training program for new employees, new kitchen equipment was installed in our kitchen through a grant, and routine staff facility clean-up was implemented.

## ***Areas Needing Improvement***

- Less turn over in staff
  - Bed expansion/ Levels of Care expansion
  - New roof for Administration Building
  - Industrial strength furniture for the cabins
  - Install sink, remove carpet and install easy to clean flooring in nurses office
  - Install Tele-health equipment by CAMHD by end of 2010
  - Re-evaluate Clinical discharge criteria.
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## ***Outcomes Measures***

Out of the client satisfaction surveys sent out, 33% of those surveys were completed. Of the surveys completed, 100% of the respondents were satisfied with services received from The Bobby Benson Center.

The annual employee satisfaction survey and community surveys yielded an 80.46% or higher in their satisfaction rate.

## ***Admissions***

73 admissions occurred at the Center between July 1, 2009 and June 30, 2010.

Female = 38 (52%)      Male = 35 (48%)

## ***Discharges***

67 youth were discharged from the Center between July 1, 2009 and June 30, 2010

Female = 34 (51%)      Male = 33 (49%)

## ***Geographic Data***

Youth admitted to the Center came from O'ahu, Big Island, Maui/Moloka'i, and Kaua'i.

## ***Ethnicity Data***

Youth admitted to the Center during fiscal year 2009-2010 represented the cultural diversity of the state of Hawaii. Youth came from different ethnic background such as:

- Caucasian
- Filipino
- Mixed - Part Hawaiian
- Mixed - Not Hawaiian
- Hispanic-Mexican
- Korean
- Other

## ***Age***

The average age of a client at the Bobby Benson Center remains at 16 years old, the same as in the last fiscal year. The majority of clients fall between the ages of 15 and 17 years old, also the same as in previous years.

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## ***Outcome Measures***

### **Staffing**

As of June 30, 2010, at the end of the fiscal year, BBC had **69** employees.

Throughout fiscal year 09/10, a total of **45** employees were hired at BBC with **32** terminations occurred. The average number of employees through the year was **67**, which results in an overall **48%** turnover rate.

Reasons for employee separation included: moved off island (**9%**), terminated involuntarily due to inability to follow BBC policy and procedures (**29%**), other employment (**9%**), return to school (**3%**), medical—voluntary (**50%**).

BBC is proud to maintain a highly qualified, professional staff. The average length of service for BBC employees is 2.5 years. Staff service ranges from one month to **18** years:

**35** employees who have worked at BBC for less than one year,

**12** employees who have worked one to two years,

**10** employees have worked between two and three years,

**4** employees has worked three to four years,

**3** employees have worked four to five years,

**3** employees have worked five to eight years,

**0** employees have worked nine to twelve years, and

**2** employees have worked thirteen to fifteen years.

40 employees worked 40 hours each week (full-time)

3 employees worked between 32 and 40 hours each week (part-time A).

2 employees worked between 8 and 24 hours each week (part-time B).

13 employees were contracted on a per-diem basis

Our current Staff-to-Client ratio is dictated by both clinical needs and contract requirements. As a Special Treatment Facility, CAMHD standards require a Staff-to-Client ratio of one staff to four clients (1:4) at all times.

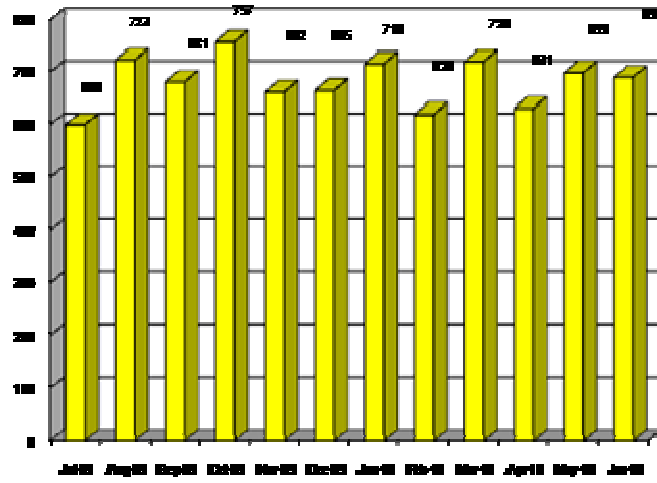
### **Payroll**

The Center's average payroll for this fiscal year is \$81,227.22 as compared to \$86,267.53 average during fiscal year 2008/2009.

## ***Total Bed Days***

Total bed days in fiscal year 2009/2010 was 8164 (80% capacity) of a possible 10,220.

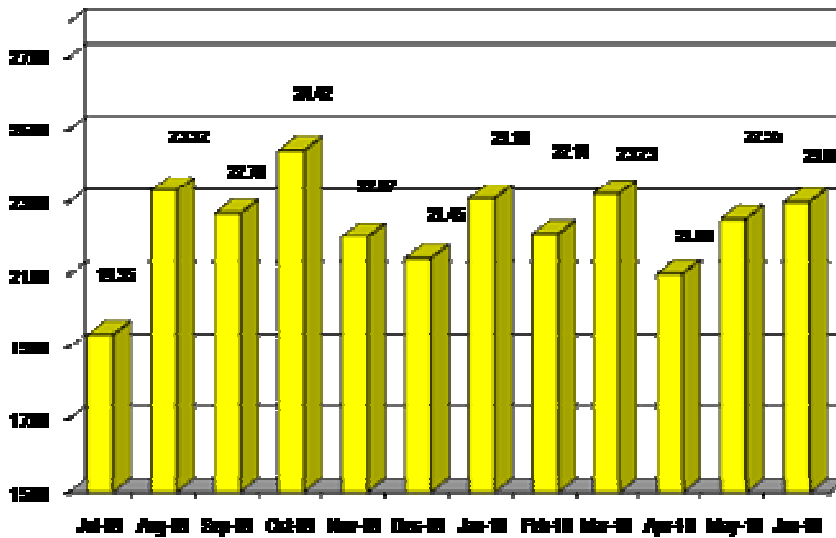
**BORSTRENSON CENTER - TOTAL BED DAYS  
FY 2009 - 2010**



## ***Daily Average Census***

Average daily census for fiscal year 2009/2010 was 22.30.

**MONTH PERSON CASE-DAILY AVERAGE  
FY2009-2010**



## ***Funding Sources***

The funding sources for youth receiving services at BBC are:

- Department of Health – Child and Adolescent Mental Health Division (CAMHD) 65% of funding
- Judiciary 6% of funding
- HMSA 18% of funding
- Kaiser 5%
- Other Insurance 5% of funding

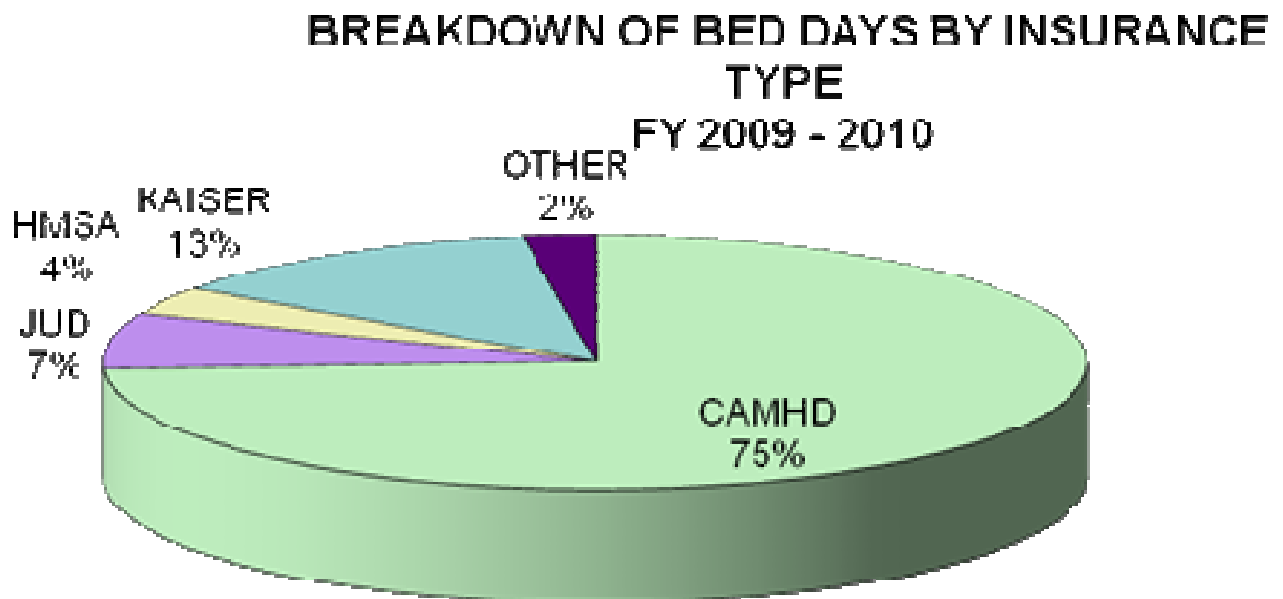
There continues, this fiscal year, to be the majority of referrals coming from CAMHD. For Felix-class youth, which CAMHD is mandated to service, this funding source is allocated before any other state and/or private insurance funding. On the occasion that CAMHD does not pay the total cost of treatment, families then access alternate forms of insurance pay.

The Center does not make selections for treatment based on funding source. Once deemed eligible and appropriate for BBC services, youth are placed on the wait list in the

order they were referred. The only exceptions are the Alcohol and Drug Abuse Division requirements that pregnant teens and intravenous drug using teens be placed at the top of the wait list.

In total, over the past fiscal year, 88% of youth receiving treatment at BBC were funded through state/federal money. Currently, the State of Hawaii continues to place high budget priority on addressing the special needs of its youth. The Center is committed to keeping abreast of state policies to continually assess the availability of funds for treatment services.

## ***Funding Sources***



# ***Budget***

## **Bobby Benson Center**

	Actual	Budget
	Jul '08 - Jun 09	Jul '09 - Jun 10
<b>Ordinary Income/Expense</b>		
<b>Income</b>		
DOE (Salary Reimbursement)	165,000.00	180,000.00
Program Fees	3,362,527.77	3,005,784.00
<b>Total Income</b>	3,527,527.77	3,185,784.00
<b>Expense</b>		
Advertising	9,340.09	3,600.00
Training	12,876.78	4,800.00
Depreciation Expense	55,548.00	72,000.00
Insurance	70,956.25	73,760.00
Interest	549.14	
Kitchen	88,353.33	83,004.00
Miscellaneous	12,662.73	12,548.00
Payroll Benefits	222,814.53	222,820.00
Payroll Expenses	2,161,165.55	2,000,008.00
Payroll Taxes	235,479.27	206,763.00
Professional Fees	265,549.40	237,898.00
Program Expense	47,915.09	85,272.00
Rent	225,736.36	42,000.00
Repairs & Maintenance	85,626.82	61,220.00
Supplies	68,074.76	64,900.00
Telephone	26,538.44	28,800.00
Travel	4,781.63	
Utilities	86,057.12	84,000.00
<b>Total Expense</b>	3,680,025.29	3,283,393.00
<b>Net Ordinary Income</b>	-152,497.52	-97,609.00
<b>Other Income/Expense</b>		
<b>Other Income</b>		
Donation	641,551.58	14,400.00
Interest Income	37.70	
<b>Total Other Income</b>	641,589.28	14,400.00
<b>Net Other Income</b>	641,589.28	14,400.00
<b>Net Income</b>	<b>489,091.76</b>	<b>-83,209.00</b>

