



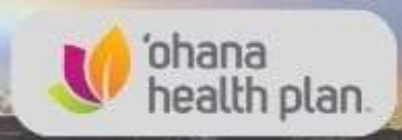
ALOHA & WELCOME

**NAMI HAWAII STATE
CONFERENCE 2025**

HELP
not handcuffs



Gold Sponsor



PRESIDENT'S WELCOME



**SPECIAL BLESSING
BY
KAHU JAZZY**

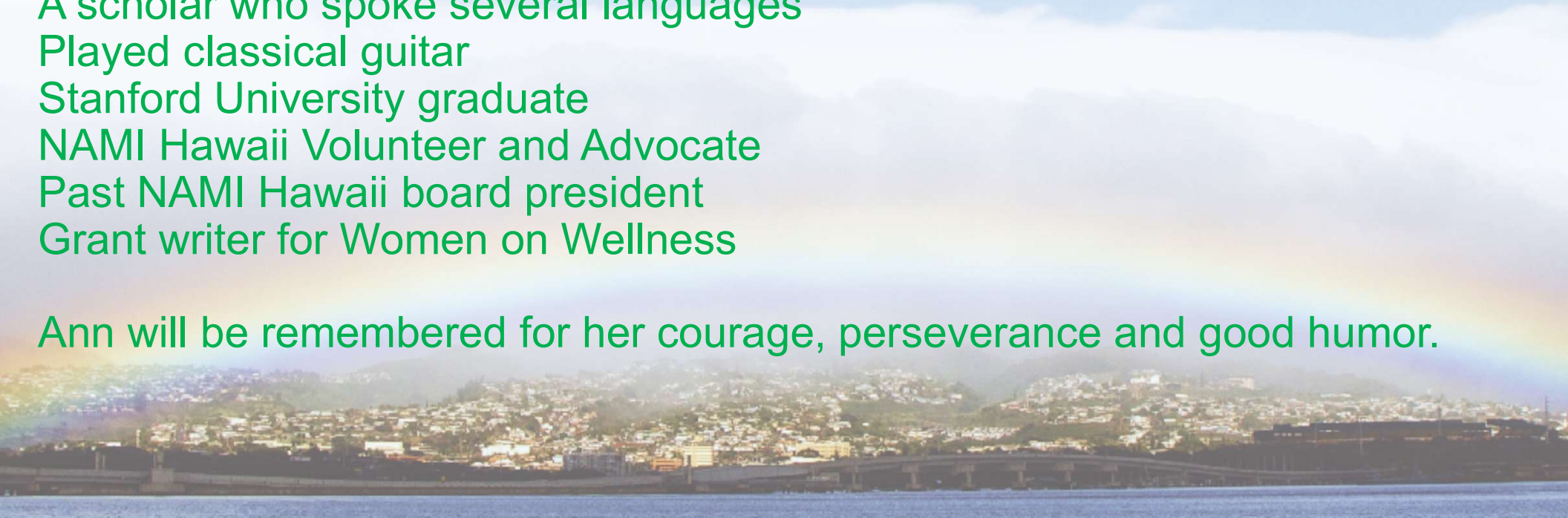


Today, we are remembering our dear friend and advocate, Ann Emura, who passed away last week.

SHE WILL BE REMEMBERED:

A scholar who spoke several languages
Played classical guitar
Stanford University graduate
NAMI Hawaii Volunteer and Advocate
Past NAMI Hawaii board president
Grant writer for Women on Wellness

Ann will be remembered for her courage, perseverance and good humor.



TODAY'S AGENDA

- 8:30 AM Registration, Resource Tables &
MHAH WELLNESS ROOM OPEN
- 9:00 AM Opening Remarks and Blessing
- 9:10 AM Crisis Intervention Team &
Sequential Intercept Model
Heather Lusk, LCSW, SGT Corbin
Matsumoto, and Tim Hansen, LCSW
- 11:00 AM CIT Success Stories
Anisa Wiseman & Peer & Family Panel
- 12:15 PM Lunch
Ohana Health, MHAH & NAMI Hawaii
- 1:15 PM The Future of CIT
Major Mike Lamber, Director of State
Department of Law Enforcement
- 1:45 PM Assisted Community Treatment Program
Connie Mitchell, APRN, Tim Hansen, LCSW,
& Dr. Chad Koyanagi, MD
- 3:00 PM Closing Remarks

VISIT RESOURCE TABLES

- Get 6 STAMPS
- Go to Registration Table
- Receive a prize while supplies last



SLIDES



namihawaii.org





HELP

Not Handcuffs

Crisis Intervention Team



Heather Lusk, LCSW

Executive Director, Hawaii Health & Harm Reduction Center

Tim Hansen, LCSW

Advocacy Director, NAMI Hawaii

Sergeant Corbin Matsumoto, MPA, MHT

Law Enforcement Coordinator, Honolulu Police Department

Crisis Intervention Team (CIT) Overview

“CIT is a community partnership of law enforcement, mental health, and addiction professionals, individuals who live with mental illness and/addiction disorders, their families and other advocates” CIT International

First known as the “Memphis Model” developed in 1988 through a collaboration with law enforcement, NAMI and other advocates



Crisis Intervention Team

CIT is a **COMMUNITY PARTNERSHIP** of:

1. Law enforcement
2. Mental health & substance use professionals
3. Individuals who live with mental illness, their families and caregivers
4. Other advocates



APR 1988

Furor sparks call for crisis team

New options needed on handling of mentally ill, says alliance

By William C. Devine
Staff Writer

Aggravated apparently, a person with mental problems may react aggressively — either fighting or fleeing from law enforcement officers or both — trying to help.

"Furor" might be the name," said Ann Clark, president of the Alliance for the Mentally Ill in Memphis, the organization that supported the anti-furor approach for dealing with mental-illness people with mental ill-

ness. "The anti-furor approach is simple. It's a 27-year-old man who was shot repeatedly and killed last Thursday by police, might have 'prevented the tragedy.'"

On Monday, Mayor Dick Bush, an advocate, he would spend his time to create a crisis intervention team, which would include mental health professionals, police and police officers, police officers and police officers.

His resistance has changed to state Robinson had a history of

mental illness. A man who had called police to help as his wife had "trying to call the police, saying 'I'm not OK,' says," police reported.

Mr. Clark said there was the alliance that with Police Director John W. Jones. That's why last year asking for a task force approach to handling the 10,000-12,000 mentally ill.

The task force would help to the idea and assigned Project Lead John Devine to research the program.

"I've been to have the re-

port to committee with the anti-furor team," he said yesterday. "Let's imagine the first case in the country, but it had been two years to build the task force to help."

Part of the research, the task force would be to help in the handling of emergency situations.

The project Devine's work as a consultant and the committee was announced Monday, the Police Department said. The task force will be to help in the handling of emergency situations.

... (text partially obscured)

... (text partially obscured)

... (text partially obscured)

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First known as the "Memphis Model" developed in 1988 through a collaboration with law enforcement, NAMI and other advocates.

Memphis Model Core Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership
3. Policies and Procedures Operational Elements
4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: 40 Hour Comprehensive CIT Training
6. Mental Health Receiving Facility: Emergency Services
7. Evaluation and Research
8. Extended and Advanced Training
9. Recognition and Honors
10. Developing CIT in Other Communities

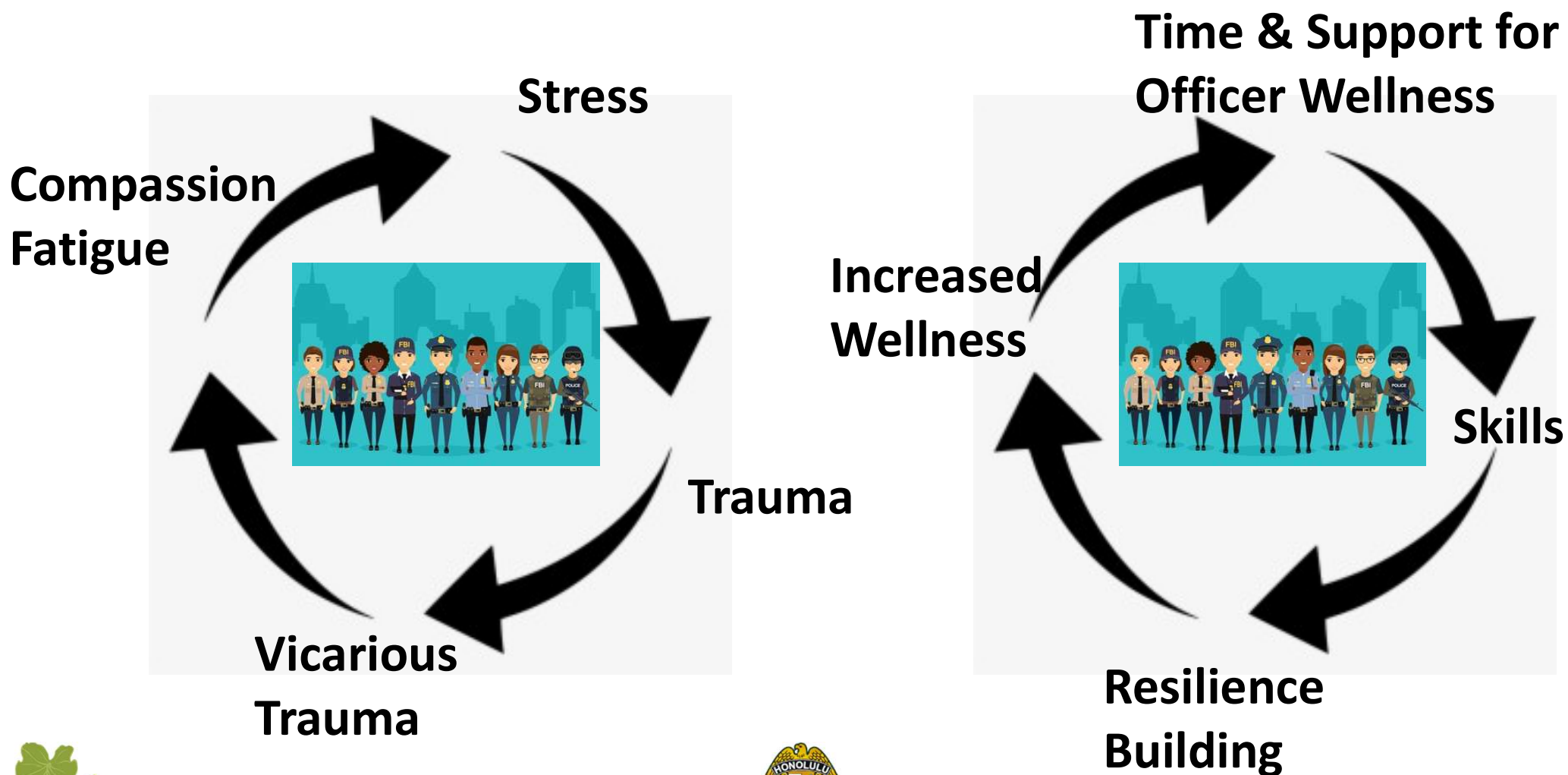
Goals

1. Develop the most compassionate and effective crisis response system that is the least intrusive in a person's life.
2. To help persons with mental health challenges and/or substance use access medical treatment rather than place them in the criminal justice system due to illness related behaviors.

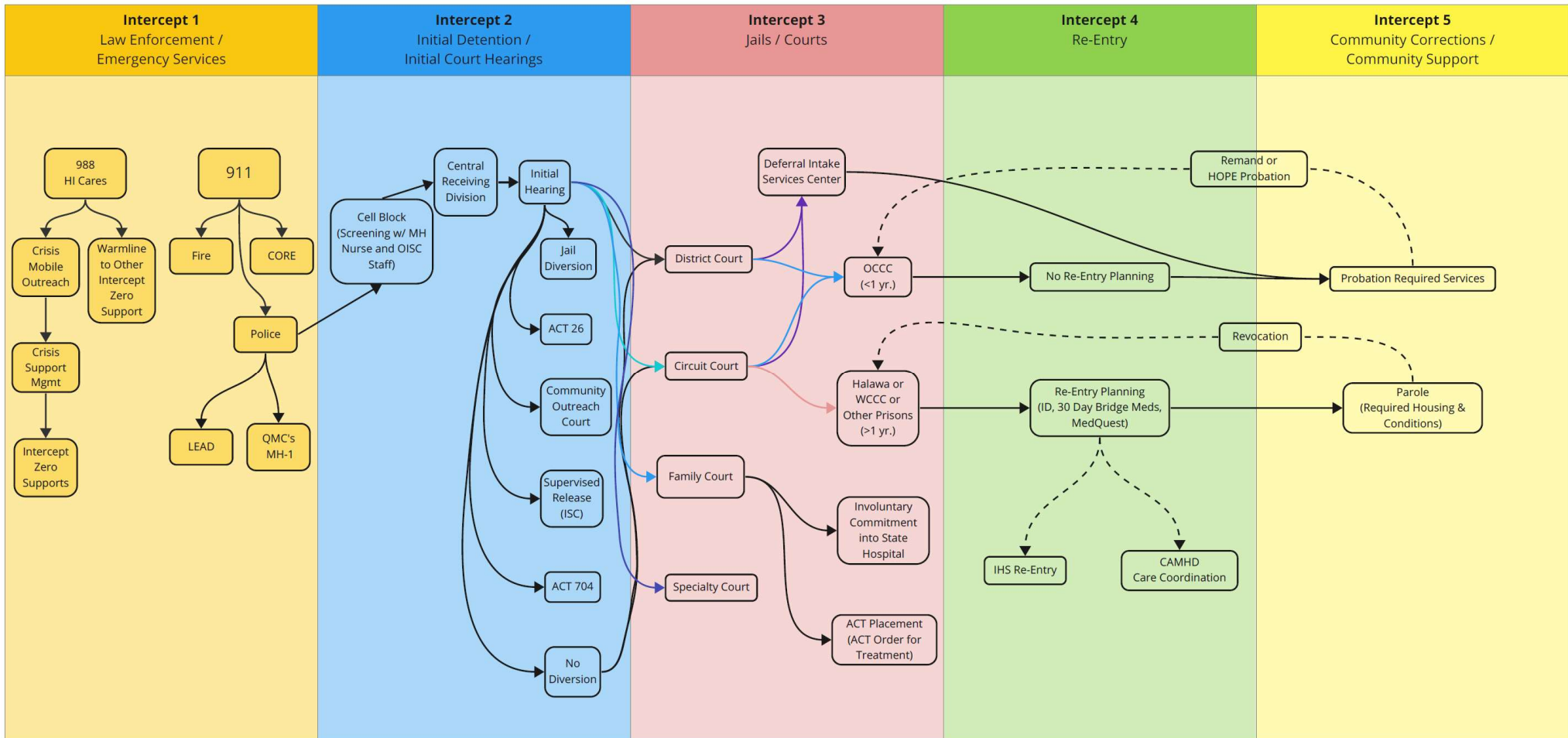
Benefits

1. Give police officers more tools to do their job safely and effectively
2. Keep law enforcement's focus on crime
3. Produce cost savings

Link between Trauma and Officer Wellness



Sequential Intercept Model 2023



Honolulu CIT History

HPD received grant for training and community building for Honolulu CIT from PRA and VALOR

- 2018 – SIM and community building
- 2019 – Held our First CIT 40 hour Training and Train-the-Trainer



Honolulu CIT

266 HPD Officers Certified to Date
Approximately 17% of total officers*

Outside Agencies: FBI, NSA, VA, USMC,
USFWS, State Judiciary

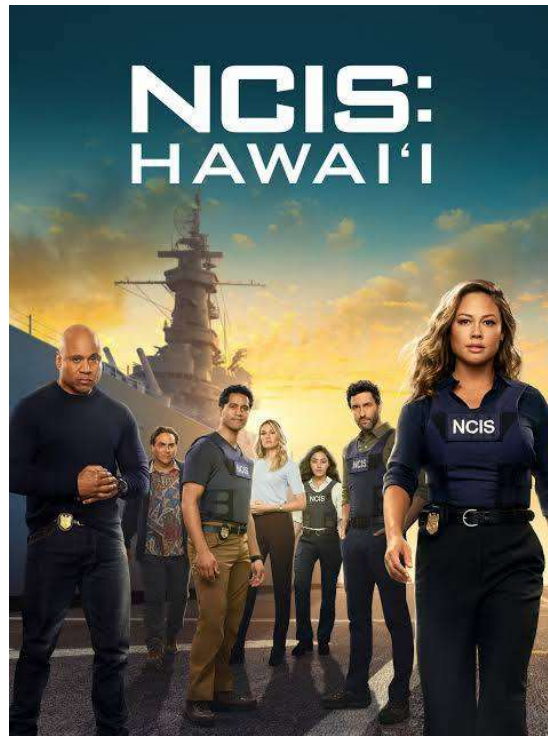
Upcoming Training:

April 28 to May 2, 2025





What do police officers do?



A Different Mindset



If you take a **less** authoritative, **less** controlling, and **less** confrontational approach, you will have **more** control.

You are trying to give the person a sense that he/she is in control.

Why? Because he/she is in a crisis, which, by definition, means that he/she is feeling out of control and normal coping mechanisms are not working at this time.

How Do We Do It?

Guidelines to defuse a potential mental health crisis

Remove distractions, disruptive or upsetting influences

Be aware of body language and congruency

Be aware that your uniform and your tools may be intimidating

Be consistent

Use “I” statements

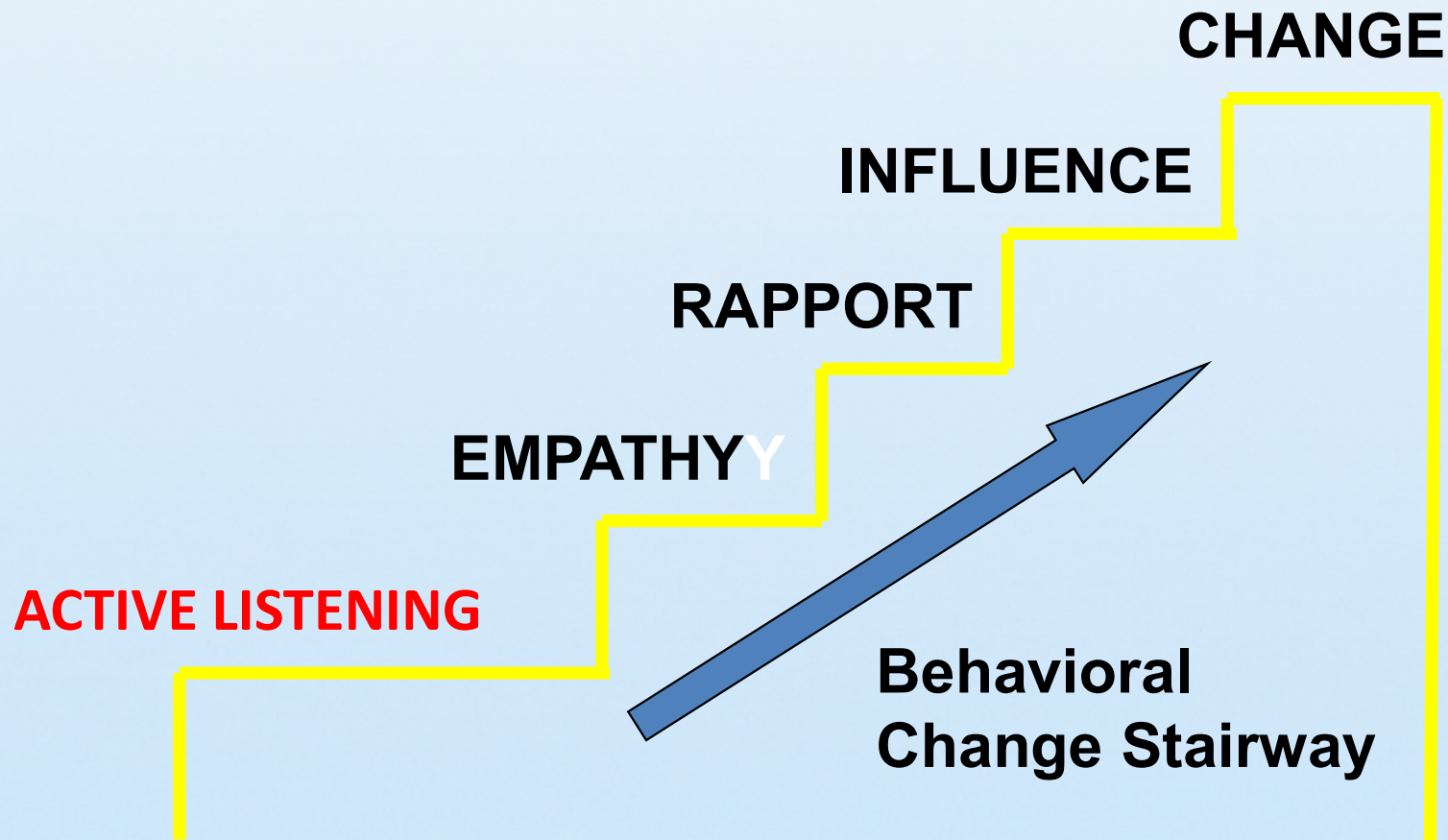
- Be in the here and now
- Validate and accept
- Make no promises you cannot keep
- Recognize that the person may be overwhelmed by sensations, thoughts, sounds, and the environment; provide careful, clear explanations and instructions

How Do We Do It?

Guidelines to defuse a potential mental health crisis

- Maintain a safe distance
- Use a clear voice tone
- Use a voice volume lower than that of the individual
- Use a relaxed, well-balanced, non-threatening posture (yet maintaining tactical awareness)
- Set limits
- Be active in helping
- Build hope
- Focus on strengths
- Present yourself as a calming influence
- Demonstrate confidence and compassion

Influencing Behavioral Change



Active Listening is the foundation that supports everything else

AUTHENTICITY
 SOUL RELATIONSHIP **HEAR** EMOTION UNDERSTAND
 SELF-EMPATHY COMMUNICATION **COMPASSION**
COMPASSIONATE INTERPERSONAL
 HEARING SPEAK REQUEST GIVING DIALOGUE INSIGHT
EMPATHY COMPASSION EMPATHIC ALIVE HEART MUTUAL AWARENESS
 PRESENCE I HEAR YOU MEETING **CONNECT** NEEDS PRESENT WARMTH
 CONSCIOUSNESS LISTENING SAFETY
 FEELINGS
 EMOTIONAL RESPONSIVE

Phrases That Damage Rapport

“Calm Down”

“Relax”

“I Understand”

“Why”

“You Should/Shouldn’t”

Tips for Effective Facilitation

1. Introduce / Greeting
2. Ask for the Person's Name
3. Expressing to the person what you are seeing
 - What do you see/hear?
 - Express the emotions you are seeing/hearing
 - Use reflection statements
4. Be an “active listener”
 - Communicate with the person in crisis
 - Summarize the information that you have learned

Why We Do It



Hawaii County CIT Testimonials

“I have been an officer for 13 years and this CIT class was by far the most impactful training I have attended!”

“I see things way different after going through CIT training . I now see PEOPLE and not just problems...”



Hawai'i County CIT



2022 - 2025

**Our grand total as of today 42
CIT Certified on the Big Island.**

**Over 21% of Hawaii County
Police Officers**



MAUI CIT



- 2013: Maui CIT launched
- 240 certified to date
- Maui PD, Maui FD, Maui Community Correctional Center, Sheriff's Office,
- LEAD Team:
- Lieutenant Jan PONTANILLA
CORE Officer Sonnie WAIOHU JR.
- Captain Joy MEDEIROS
- CORE Counselor & CIT Coordinator Krissy KAHUHU

KAUAI CIT

2017: 9 KPD Officers, 3 Maui Officers

2018: 9 KPD Officers, 2 KPD Dispatchers, 1 Maui Officer

2023: 16 KPD Officers

2024: 5 KPD Officers, 3 DLNR State Officers, 3 State of Hawaii Sheriffs, 1 Homeless Outreach Case Manager (Maui), 1 Security Guard (Maui), 1 Kauai County Homeless Program Coordinator.

LEAD

- Dr. Dara Rampersad
- ³² Mark Ozaki, Assistant Chief, KPD





CIT 40 Hour Curriculum

- Mood disorders
- Psychotic disorders
- Personality disorders
- Neurodevelopmental disorders
- Psychopharmacology
- Substance Use Disorders
- Culture and Diversity
- Trauma informed care
- Officer wellness
- Consumer and family perspectives
- Suicide
- De-escalation skills and scenarios

CIT OFFICERS



Honolulu 2018



Maui 2021



Kona 2025



Kauai 2024

Mahalo to the CIT Partners

- Hawaii Health & Harm Reduction Ctr
- Mental Health America of Hawaii
- NAMI Hawaii State
- Hawaii Dept. of Health
- City and County of Honolulu
- Institute for Human Services
- Ohana Health Plan
- Waikiki Health
- TACA
- Queens Medical Canter
- Dept. of Public Safety
- Hawaii Prosecutor's Office
- Public Defenders Office
- Hawaii Cares
- Hawaii Fire Dept
- Hina Mauka
- Salvation Army ATS/FTS
- Mental Health Kokua
- Veterans Administration
- Vet2Vet
- The Autism Community in Action
- Adventist Health Castle
- Dr. Chad Koyanagi
- Courtney Tanigawa
- Partners in Care
- United Self Help
- Governor's Office
- Hawaii Parole Authority
- Special Olympics
- AND MANY MORE

Get Involved!

1. CIT Steering Committee
2. Specialist who wants to train our officers
3. Peer or Family who wants to share their stories with law enforcement

Heather Lusk

hlusk@hhhrc.org

Tim Hansen

info@namihawaii.org

Corbin Matsumoto

cmatsumoto2@honolulu.gov

Questions?



namihawaii.org



MEDIATION MOMENT

The Orange Exercise

Dr. Mestisa Gass, PsyD,
Mental Health America of Hawaii



BREAK UNTIL 11 AM

**PLEASE VISIT
THE RESOURCE TABLES AND
WELLNESS ROOM**

PEER & FAMILY PANEL

Anisa Wiseman, Deputy Director, NAMI Hawaii
&
NAMI SYSLE PRESENTERS



Questions?



namihawaii.org



MAHALO TO OUR SPONSOR



'Ohana Health Plan is a wholly owned subsidiary of Centene Corporation, a leading multi-national healthcare enterprise committed to helping people live healthier lives. Since 2008, 'Ohana Health Plan has provided government-sponsored managed care services to families—from keiki to kupuna—and individuals with complex medical needs primarily through QUEST (Medicaid), Medicare Advantage and Medicare Prescription Drug Plans across the state.



Kelly Whipple, LCSW

Behavioral Health Manager, Community Care Services (CCS)

'Ohana Health Plan

MAHALO TO OUR SPONSOR

**Johnson & Johnson
Innovative Medicine**

Preeti Sodhi Jalli, PharmD, AAHIVP
Sr Medical Science Liaison
J&J Innovative Medicine - Medical Affairs
Neuroscience



MENTAL HEALTH PROMOTION & SUICIDE PREVENTION RESOURCES



National Suicide & Crisis Line

National 24/7 crisis line
988

Hawai'i CARES

Hawai'i's 24/7 crisis line
O`ahu: 832-3100
Neighbor Islands Toll Free:
1-800-753-6879



CRISIS TEXT LINE |

Crisis
Text Line

Free, 24/7
Text ALOHA to 741-741
www.crisistextline.org

Trevor Helpline

National 24/7 hotline for
LGBTQ Youth
1-866-4U-TREVOR (488-7386)
www.thetrevorproject.org

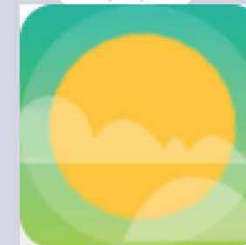


Online Screening

Free mental health
screenings
<https://bit.ly/3yGjJdN>

COVID Coach

Created to support self-care
and mental health during the
COVID-19 pandemic.





<https://namihawaii.org>



**FREE
Programs Statewide**



CIT Crisis Intervention Team

2025



We are NAMI Walks

namiwalks ²⁰²⁵

Hawaii

When: Saturday, October 11 2025
9am-12pm

Where: Frank F Fasi Civic Center Grounds
650 S King St. Honolulu, HI

How to Participate: Register at namiwalks.org/hawaii
*1K, 5K, & Virtual Options




Save the Date

- October 11, 2025
- Frank F Fasi
Civic Center
Grounds
- 9am - 12pm
- namiwalks.org/hawaii



Join the joy!

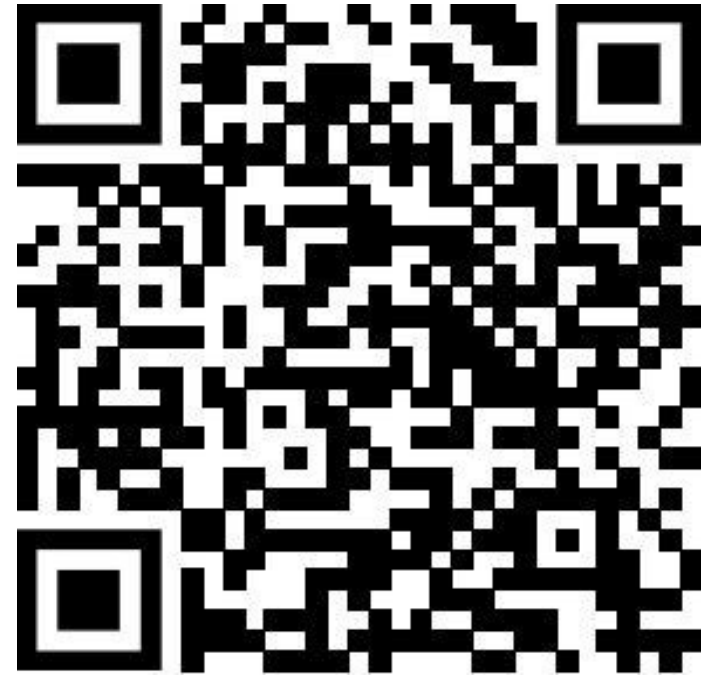
Why We Walk

-  To promote awareness of mental health and reduce stigma
-  To raise funds for NAMI's free, top-rated mental health programs
-  To build community and let people know they are not alone

How to Participate

Register at
namiwalks.org/hawaii

- Individual
- Team Member
- Team Captain
- Virtual Walker



How to Participate

Register at
namiwalks.org/hawaii

- Individual
- Team
Member
- Team
Captain
- Virtual
Walker



Register Now to Win!



nami

Hearts
 **Minds**

**Mental Health *is* Physical
Health:**

A Guide to
Self-Advocacy and Improved
Wellbeing

REGISTER TODAY:

CLASSES START APRIL 12, 2025

HOME

PARTICIPANT TOOLS

ALL-STAR INCENTIVE PROGRAM

DOWNLOAD THE FUNDRAISING APP

NAMI Do-It-Your-Way Hawaii

START YOUR CAMPAIGN



DO-IT-YOUR-WAY

Design your own campaign to raise awareness and support NAMI



MEMORIAL

Create a memorial page for a loved one lost as a meaningful, lasting tribute



ATHLETIC EVENT

Participate in or host an athletic event while supporting NAMI



STREAMING

Stream an event and raise awareness for NAMI



WITH YOUR COMPANY

Make teambuilding fun and memorable by uniting your employees with one common goal



CELEBRATE!

Celebrate a milestone, special occasion or holiday by supporting NAMI in lieu of gifts



Memorial for Heidi at Club Pilates

A personal campaign sponsored by Vanessa Huffman

April 26, 2025

SUPPORT ME

\$0 RAISED

GOAL \$2,500



MY BADGES



Questions or Comments?

CONTACT US

IF YOU WANT MORE INFO

namihawaii.org





NAMI

National Alliance on Mental Illness

do it
your way



Perspectives about A.C.T.



2025 NAMI Hawaii
Conference
March 24, 2025
Chad Koyanagi, M.D.

Assisted Community Treatment

- The law has been in existence for 11 years. Multiple revisions.
- Approximately 50 cases– one on Maui, two on Hawai'i island, none on Kauai, the rest on Oahu
- Overwhelming majority are largely untreated, chronically homeless individuals with schizophrenia or schizoaffective disorder (mostly affiliated with I.H.S.)
- Family member can file, but case management is needed
- Mandatory family notification

ACT vs. AOT

- Involuntary Medication Provision
- Meant for subset of behavioral patients-- SMI
- Also includes substance abuse only patients
- No much use of Black Robe Effect– ACT orders have utilized status hearings to a minimal degree
- 48 states have some type of AOT law

CARE Act (California)

- Schizophrenia Spectrum or Psychotic Disorder
- Unlikely to survive safely/independently and the condition is deteriorating OR services and supports are needed to prevent further deterioration
- Participation is least restrictive alternative
- Will benefit from process
- Housing resources

Issues with A.C.T. Law

- “Although AOT can benefit many individuals who struggle with substance use disorders in addition to their mental illness, there is no research supporting the efficacy of AOT when a substance use disorder is the primary diagnosis.” – TAC
- Transport to acute care facility is unclear
- Shortage of individuals willing to serve as *guardian ad litem*
- Long wait period from time of filing to evidentiary hearing
- Family notification is problematic

Downfalls and challenges

- Low participation from community outpatient providers
- Low participation from psychiatric hospitals. Only a couple of cases initiated by psychiatric hospitals.
- Process highly dependent on acute hospitals/ERs to administer medications, consider individuals for hospitalization.
- Lack of understanding about anosognosia
- Low utilization of LAIs
- Too much virtual care, not enough outreach

Transport Issue

- Statute provides provision for “transport” to ER by law enforcement in event of noncompliance.
- Concern by L.E. that this does not allow them to “detain” or “involuntarily transport” in the event the subject will not go voluntarily
- Kendra’s Law does not allow involuntary transport in the ABSENCE of imminent danger or clear decompensation

Observations

- Chronically homeless individuals with long periods of non-treatment get better but are resistance to accept housing
- SMI individuals with severe meth addiction get better on LAIs but also very slow to accept any type of housing from current array
- Agencies that provide split-care or telehealth-only care will not be successful with ACT

Last Thoughts

- If petition is generated on the outpatient side, there should be some effort to try to encourage voluntary care and employ assertive strategies.
- Case management teams should be willing/able to consider and file for ACT orders. Doing patients a disservice if patient would benefit and action is not taken.



The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

Assisted Community Treatment:

Providing Access to Treatment

March 24, 2025

NAMI Hawaii Conference

Connie Mitchell, MS APRN

IHS, The Institute for Human Services

Take heart and take charge.

Why Treat Over Objection?

- 8.8M live with Schizophrenia/severe Bipolar disorder (3% of U.S. adults)
- 50% go untreated, mostly due to lack of insight

Untreated are high risk for:

- Homelessness - 30% of chronically homeless
- Arrest - 1.8M booked into jails annually
- Incarceration - 20% of jail & prison inmates are actually SMI
- Suicidality - 50% attempt suicide (Schizophrenia /Bipolar)
- Family Violence - 29% of family violence committed by someone with SMI
- Danger to Others - 7% of homicides, 20% of Law Enforcement fatalities & up to 50% of mass homicides associated with SMI

Human, social and economic impact of NOT treating SMI is beyond calculation

Source: Treatment Advocacy Center



Evolution of Hawaii's A.C.T. Statute

- 2014 - Bill introduced, passed
 - Only ACT statute in the nation that covers both mental illness & substance use disorders
 - Modeled after Kendra's Law in New York, Treatment Advocacy Center
- HRS Chapter 334. 121-134
- 2017 Amended to condense (7) criteria into (4)
- 2019 Amended the definition of "*imminent dangerousness*" to mean posing a threat to self or others within 45 days.
- 2021 - Removal of the *Public Defender* from the process and auto appointment of a *guardian ad litem (GAL)*
- **2025 - Proposed changes:** 1) to allow law enforcement to aid in transport of ACT subject to hospital to receive treatment. 2) to allow licensed healthcare personnel, CIT trained officers to initiate MH1

Criteria for petitioning for Assisted Community Treatment:

A person may be ordered to obtain assisted community treatment if the family court finds that:

- (1) The person is **mentally ill** or suffering from **substance abuse**;
- (2) The person is **unlikely to live safely in the community without available supervision**; is now **in need of treatment in order to prevent relapse** or deterioration that would predictably result in the person becoming imminently dangerous to self or others, and the person's **current mental status or the nature of the person's disorder limits or negates the person's ability to make an informed decision** to voluntarily seek or comply with recommended treatment;
- (3) The person's mental illness has caused that **person to refuse needed and appropriate mental health services** in the community, or the person has a history of **lack of adherence to treatment** for mental illness or substance abuse, which resulted in the person becoming **dangerous to self or others**; and
- (4) Considering less intrusive alternatives, assisted community treatment is **essential to prevent the danger posed by the person, is medically appropriate**, and is in the **person's medical interests**.

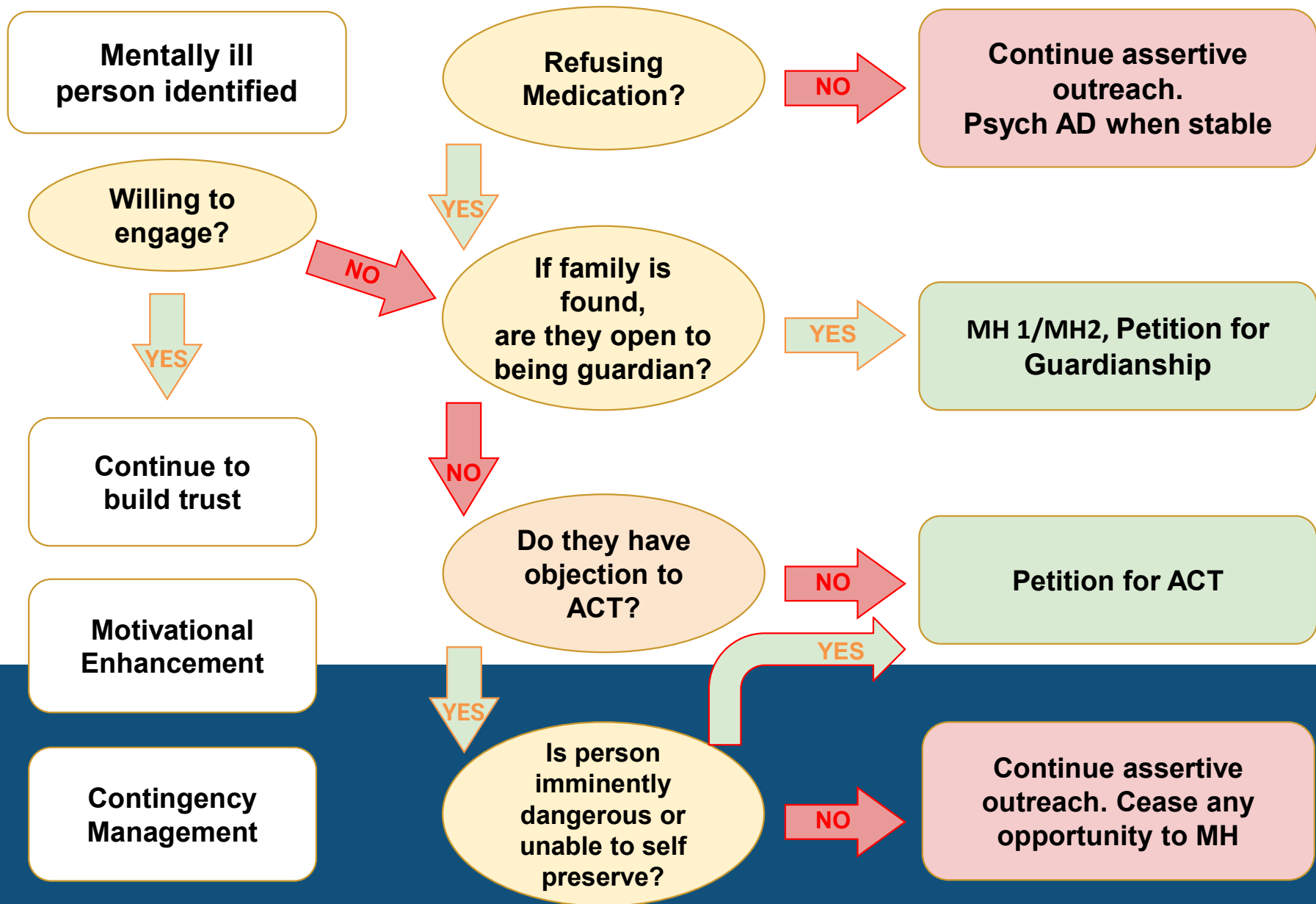
Homeless ACT Candidate Dx Profile

- × Psychotic Disorders
- × Methamphetamine Induced Psychosis
- × Post Traumatic Stress Disorder
- × Bipolar Mood Disorder
- × Major Depression
- × Developmental Disorders
- × Cognitive Disorders: Traumatic Brain Injury, Dementia
- × Chronic Health Conditions
- × Co-Occurring Substance Use Disorders
 - + Methamphetamine
 - + Alcohol
 - + Opioids, Fentanyl, “Spice”
 - + Marijuana

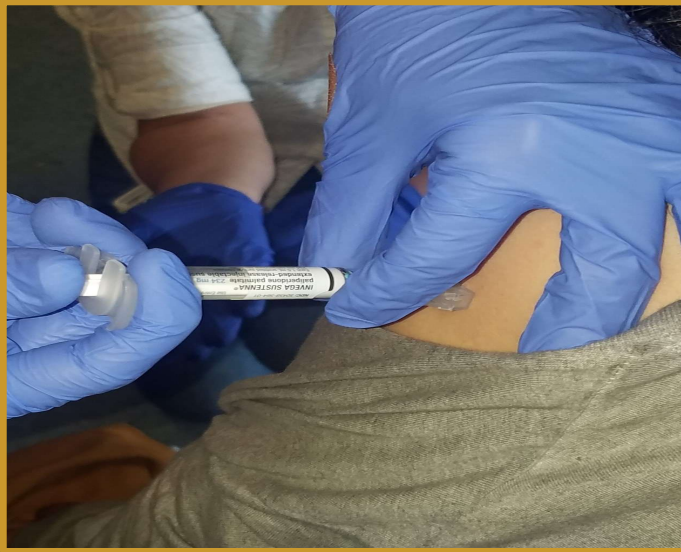
Frequently taken to HSH on an Act 26 diversion from prosecution







Long-Acting Injectables Antipsychotics (LAI)



Paliperidone
Invega Sustenna,
Trinza,
Hafyra
Uzedi
Aripiprizole
Abilify Maintena
Olanzapine
Zyprexa Relprev

Common Comorbid Medical Vulnerability

Chronic Health Conditions:

-  Diabetes
-  Cellulitis / Wounds
-  COPD / Heart Conditions
-  HIV / AIDS
-  Lung Diseases
-  Malnutrition
-  COVID-19
-  Sepsis









Essential Components of Assertive Outreach

- **Motivational approaches** to build trust
- Frequent **face-to-face visits** with clients
- Leverage hygiene, housing and programs to keep client and staff focused and incentivized (**Contingency Management**)
- Continuous **communication across team**
- Enlisting and collaborating with **natural supports** (e.g., friends, family, landlords, employers)
- ✗ **Crisis intervention (MH1, MH2)**
 - Carry a copy of the petition with you at all times
 - Emergency Room SW, Attending MD
 - Guardian

When to submit an ONP referral?

- ✗ Client consistently refuses meds in community >> deteriorating health, criminogenic behavior (Act 26)
- ✗ Client repeatedly exhibits behavior that is a risk/danger to themselves or others in community
- ✗ Hx of repeat MH1s, MH2s, ED visits, hospitalizations
- ✗ Stabilization in community unsuccessful despite assertive CM/OR



September 2024 Outreach Navigation Program Report	Total to Date	Current Month
<u>General Data</u>		
<i># of Clients Evaluated *</i>	380	9
<i># of times Clients Medicated *</i>	456	12
<i># of Clients that meet ACT criteria *</i>	185	0
<i># of ACT petitions being considered or in process *</i>	216	7
<i># of ACT Petitions resulted in an Order being granted *</i>	48	0
<i># of ACT Petitions resulted in an Order NOT being granted *</i>	2	0
<i># of Guardianships attempted *</i>	22	0
<i># of Guardianships approved *</i>	16	0
<i># of Clients being served in all ways linked to CM/Treatment Plan *</i>	203	4
<i># of Clients linked with outside provider *</i>	92	1
Deceased	12	1
Not pursued, "taking meds"	80	8

Guardianship & ACT Preparation

Past Medical History & Tx

- ✗ Access and attach medical records related to ER and inpatient admits for medical issues
- ✗ Chronic conditions untreated or inconsistently treated

Documentation of Mental Health Tx

- ✗ Collect and attach all QMC, CMC, HSH notes
- ✗ CM and outreach progress notes

Documentation of Arrests, Citations, Convictions

- ✗ Access and attach arrest records and dates of prior MH-1 and MH-2, arrests, citations

Treatment Plan and Assessments

- ✗ Access and attach all treatment / service plans and mental health assessments within the previous six (6) months

ACT Order Implementation

Locating the client...

- ✗ To offer opportunity to be medicated
- ✗ Observe current behaviors and symptoms
- ✗ Attempt to enlist consent to ***administer medications***
- ✗ If client refuses, arrange transport to hospital to initiate treatment.

Collaboration and communication with stakeholders

- ✗ Ensure that ***medication script*** are filled and current
- ✗ Work with PCM/guardian/repayee to ***ensure benefits and healthcare coverage are active***
- ✗ Work w/PCM/guardian/repayee to implement ***contingency management***
- ✗ Communicate ***consistently*** with PCP, guardian or outreach re: status of consumer





Earlier Treatment =
Improved Outcomes

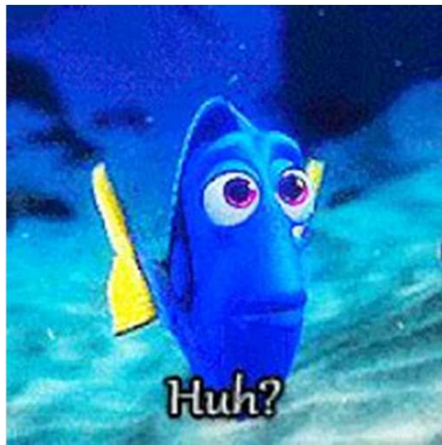


Mahalo for caring for those in
your family and community
wrestling with mental illness
and challenging our systems of
care to truly serve them!



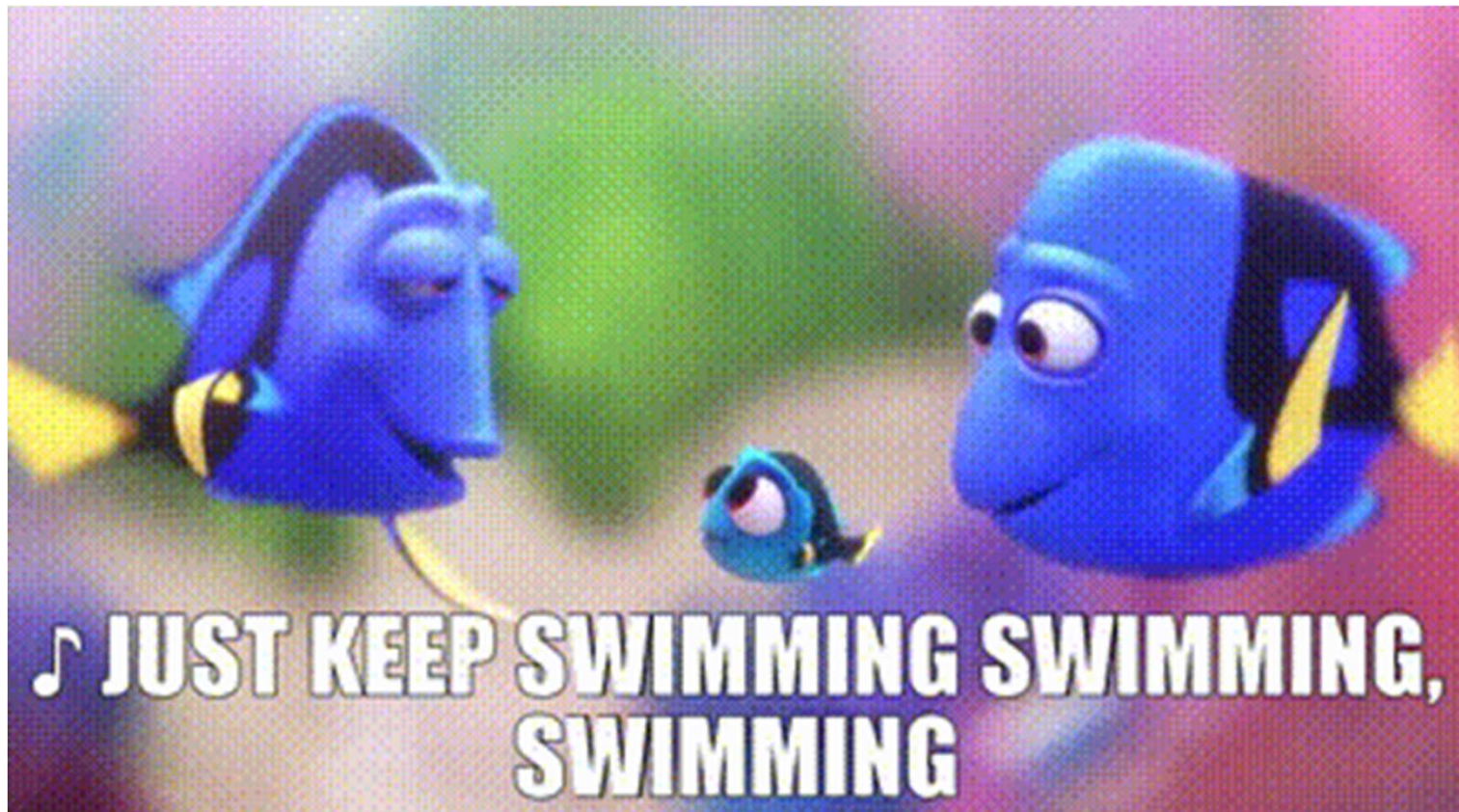
ACT Access for Families Program

~ Investing in Prevention ~



- Tim Hansen, LCSW
- Policy & Advocacy Director
 - NAMI Hawaii

Just Keep Swimming...
Just Keep Swimming...



Swimming Upstream

Families Need Support & Guidance



An investment in time and resources will help prevent loved ones from becoming justice involved and/or homeless on the streets.

Will prevent endless needless harm and suffering for all involved!

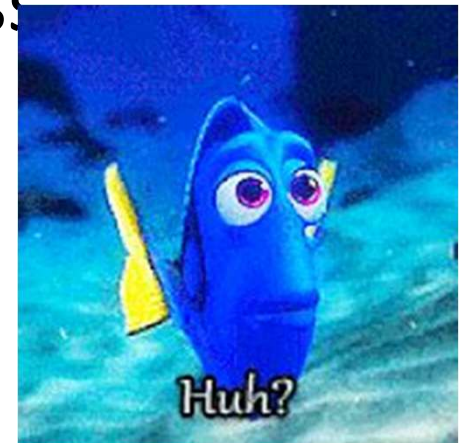
But What Happened to the Families?

- 2013 – ACT Law established in Hawaii
- 2023 – AG set up website to assist with ACT process
- An ACT petition may be sought by a concerned parent, grandparent, spouse, sibling, adult child, reciprocal beneficiary, service provider, case manager, outreach worker or mental health professional.

Isn't ACT already available to Families???

Yes, but.....

- AG deputy attorney reported only 2 ACT cases last year.
- Stated that their office often receives calls from family members but rarely hear back from them after explaining the whole ACT process
- ***It's too complicated***
- ***too time consuming***
- ***and too confusing!***



NAP = Non Agitated Presence



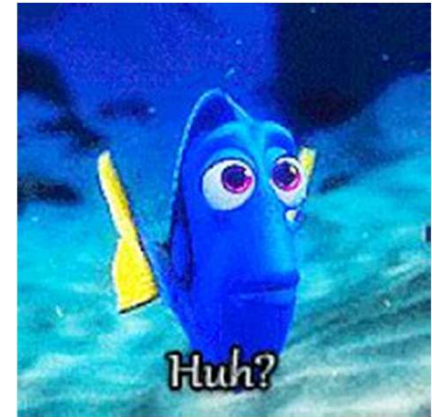
ACT Access for Families

- NAMI Hawaii proposes an ACT Access for Families program to assist families with completing the ACT filing process.
- This crisis prevention program will employ ACT Navigators who will help families through the ACT process of getting the critical help their loved needs –
 - * so that they do not become homeless
 - * so they do not become justice involved
 - * so they do not harm themselves
 - * so they do not harm the very ones that love and are trying to care for them.

Next Steps ~ or paddles...

We will build partnerships to make this needed program possible.

We must work together with service providers, DOH, the AG office and, of course, potential funders.





This service was needed in 2013 when ACT was established in Hawaii – It is even more urgent today. NAMI Hawaii hopes to begin filling this need in 2025. But we can't do it without you!

Mahalo!!!

Questions?



namihawaii.org



MAJOR MIKE LAMBERT



STATEWIDE CIT COORDINATOR

DIRECTOR MIKE LAMBERT
DEPARTMENT OF LAW ENFORCEMENT

Purpose

Funding

- Provide dedicated funding for continued Crisis Intervention Team programming throughout the State of Hawaii.
 - Training
 - SIM Mapping
 - Certifications

Pathways

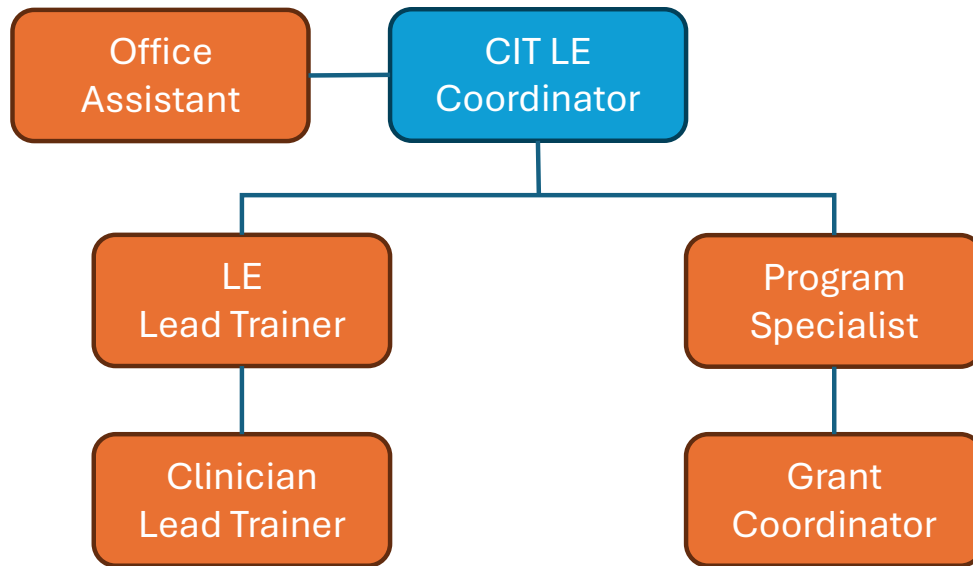
- Facilitate discussions between providers and law enforcement agencies to ensure diversion pathways are available in lieu of arrest in each county.

Coordination

- Coordinate and host quarterly or biannual meetings of a Statewide CIT Board made up of the respective chairs of each county to discuss training, legislation, funding, or other topics related to the administration of CIT.

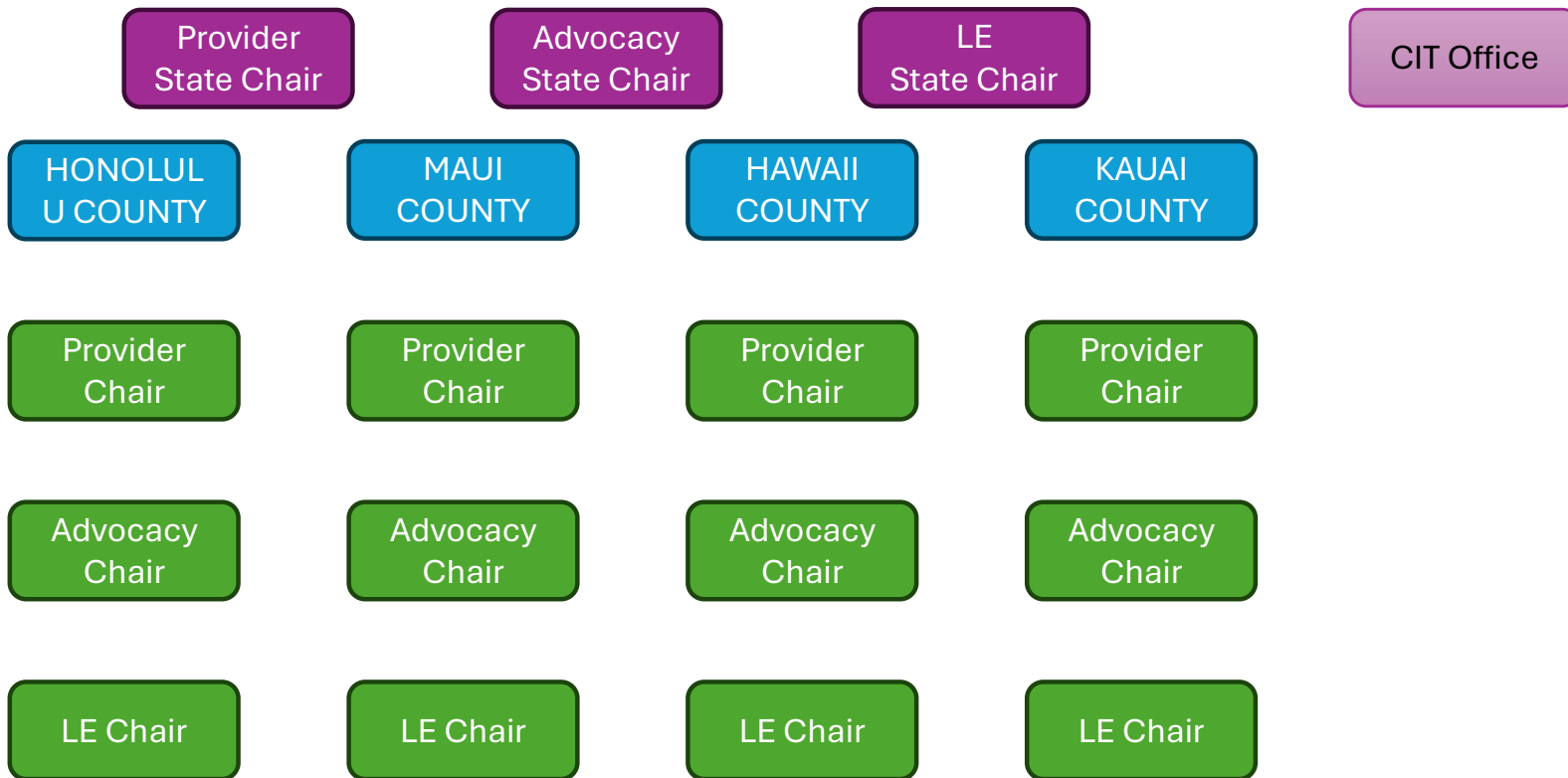
Crisis Intervention Team Office

****Proposed****



CIT STATE BOARD

****Proposed****



Questions





nami

Hope starts with you.



Thank You!