

**HONOLULU POLICE DEPARTMENT**  
**POLICY**  
**LAW ENFORCEMENT OPERATIONS**

**January 1, 2020**

**Policy Number 4.22**

**MH-1: APPLICATION FOR EMERGENCY EXAMINATION AND HOSPITALIZATION**

**POLICY**

A fundamental duty of law enforcement officers is to safeguard lives and protect individuals' rights. The guidelines established in this directive shall be followed in determining the appropriate response to people who may be imminently dangerous to self or others as a result of a mental illness or substance use.

**PROCEDURE**

I. DEFINITIONS

- A. Dangerous to others: A person who is likely to do substantial physical or emotional injury to another, as evidenced by a recent act, attempt, or threat.
- B. Dangerous to self: A person who recently has threatened or attempted suicide or serious bodily harm or recently has behaved in such a manner as to indicate that the person is unable, without supervision and the assistance of others, to satisfy the need for nourishment, essential medical care, shelter or self-protection; so that it is probable that death, substantial bodily injury, or serious physical debilitation or disease will result unless adequate treatment is afforded.
- C. Imminently dangerous to self or others: Without intervention, a person likely to become dangerous to self or others within the next 45 days as defined in Section 334-1, Hawaii Revised Statutes.

- D. Mental health emergency worker (MHEW): A person designated by the Department of Health, State of Hawaii, to provide crisis intervention and emergency stabilization services and to assist in determining whether a mentally ill person is likely to meet the criteria for civil commitment.
- E. Mentally ill person: A person having a psychiatric disorder or other disease, which substantially impairs the person's mental health and necessitates treatment or supervision.
- F. MH-1: The application by a police officer for emergency evaluation.
- G. Person suffering from substance abuse: A person who uses narcotic, stimulant, depressant, or hallucinogenic drugs or alcohol to an extent which interferes with the person's personal, social, family, or economic life.
- H. Police psychologist: A clinical psychologist currently employed and/or authorized by the Honolulu Police Department.

II. PEOPLE WHO HAVE NOT COMMITTED AN OFFENSE

- A. A police officer may take into custody any person the officer has probable cause to believe is imminently dangerous to self or others based on the totality of circumstances and observations of behaviors believed to be associated with mental illness or substance use.
- B. The officer shall call for assistance from the MHEW.  
  
The officer shall provide information that is personally observed about the person's psychological state to the MHEW.
- C. If the MHEW determines that the person is imminently dangerous to self or others, the MHEW shall inform the officer to transport the person to a designated, licensed psychiatric facility (see the attachment for the list of designated facilities).

The MHEW may request a crisis mobile outreach worker or the person's assigned mental health caseworker to come to the scene and assist the person in receiving voluntary services provided by the State of Hawaii. It is at the supervisor's discretion whether the officer shall remain with the person until the crisis worker or mental health caseworker arrives.

- D. If a person is threatening or attempting suicide and the MHEW is not available after three documented attempts, the officer shall contact the police psychologist for an MH-1 evaluation.
- E. The officer shall make application for the examination of the person in custody by filling out an MH-1 form:
  - 1. The application shall state or shall be accompanied by a statement of the circumstances and reason under which the person was taken into custody, including the name of the MHEW/police psychologist making the determination;
  - 2. The MH-1 form shall be presented by the officer with the person in custody to the designated, licensed psychiatric facility; and
  - 3. The goldenrod copy of the MH-1 form shall be left with the facility personnel.
- F. A Miscellaneous Public (MH-1) report shall be initiated to document the facts and circumstances establishing probable cause that the person was an imminent danger to self or others.

The white original MH-1 form shall be attached to the MH-1 report.

III. PEOPLE WHO HAVE COMMITTED NONFELONY OFFENSES

- A. An officer should initiate the MH-1 process when the officer has probable cause to believe the person is imminently dangerous to self or others based on the totality of circumstances and observation of behaviors believed to be associated with mental illness or substance use. If probable cause for a criminal offense exists, the person should be arrested for the offense. Regardless of the arrest, a criminal case shall be initiated and the proper reports generated.
- B. The officer shall call for assistance from the MHEW.  
  
The officer shall provide information that is personally observed about the person's psychological state to the MHEW.
- C. If the MHEW determines that the person is imminently dangerous to self or others, the MHEW should inform the officer to transport the person to a designated, licensed psychiatric facility. The officer shall then ensure transport of the person by suitable means to the designated, licensed psychiatric facility.
- D. Notification shall be made to the officer in charge of the assigned receiving desk for the district in which the arrest occurred to initiate an absentee booking.
- E. After arriving at the designated facility, the transporting officer shall obtain the information needed to complete the required reports.
- F. The officer shall make application for the examination of the person in custody by filling out an MH-1 form:
  - 1. The MH-1 form shall accompany the person in custody to the designated, licensed psychiatric facility; and
  - 2. The goldenrod copy of the MH-1 form shall be left with the facility personnel.

- G. The officer shall complete the arrest report and the applicable incident reports:
  - 1. A Miscellaneous Public (MH-1) report shall also be initiated to document the facts and circumstances establishing probable cause that the person was an imminent danger to self or others; and
  - 2. The white original MH-1 form shall be attached to the MH-1 report.
- H. If the examining physician determines that hospitalization is not necessary, the person shall be returned to the custody of the officer for disposition of the criminal charges.
- I. If the person taken into custody is hospitalized, the person shall be released on their own recognizance (ROR) on the arrest report with the approval of the officer in charge of the receiving desk for the district in which the arrest occurred.

The person shall be assigned a court date for their case. The person shall sign the Released on Own Recognizance, HPD-457 form, to acknowledge receipt of the court date. The original shall be submitted to the Central Receiving Division and a copy shall be given to the hospitalized person. The cases (including copies of all reports) shall be forwarded to the Department of the Prosecuting Attorney.

IV. PEOPLE WHO HAVE COMMITTED FELONY OFFENSES

- A. If probable cause exists, the person shall be arrested for the offense and taken to the appropriate station for booking.

- B. If an officer has probable cause to believe the person is imminently dangerous to self or others based on the totality of circumstances and observation of behaviors believed to be associated with mental illness or substance use, the officer shall call the assigned investigator from the responsible investigative division (i.e., Criminal Investigation Division, Narcotics/Vice Division, or Traffic Division) and brief them.
- C. The assigned investigator shall then contact the police psychologist.
- D. The police psychologist should perform a face-to-face assessment of the suspect.

If the police psychologist is unable to perform a face-to-face assessment, the officer and/or the assigned investigator shall provide information that is personally observed about the person's behaviors or speech to the police psychologist via telephone.

- E. The police psychologist shall consult with the assigned investigator when determining whether a person presents issues beyond the capabilities of the Central Receiving Division. In those cases where the person needs an emergency evaluation, it will be done so only after agreement between the police psychologist and the assigned investigator.
- F. Upon agreement that the person needs an emergency evaluation, the assigned investigator shall ensure the initiation of the MH-1 process and have the person transported by suitable means to the designated, licensed psychiatric facility (see the attachment).
- G. After arriving at the designated facility, the transporting officer shall obtain the information needed to complete the required reports.

- H. The investigator shall ensure that the MH-1 application for the examination of the person in custody is completed and submitted:
  - 1. The MH-1 form shall accompany the person in custody to the designated, licensed psychiatric facility; and
  - 2. The goldenrod copy of the MH-1 form shall be left with the facility personnel.
- I. The officer shall complete the arrest report and the applicable incident reports:
  - 1. A Miscellaneous Public (MH-1) report shall also be initiated to document the facts and circumstances establishing probable cause that the person was an imminent danger to self or others; and
  - 2. The white original MH-1 form shall be attached to the MH-1 report.
- J. If the examining physician determines that hospitalization is not necessary, the person shall be returned to the custody of the officer for disposition of the criminal charges.
- K. If the person taken into custody is hospitalized, the person may be released pending investigation (RPI) on the arrest report with the approval of the assigned investigator.
- L. The police psychologist shall be consulted to assess the need for an MH-1 application prior to any release of the person by the assigned investigator during the investigation.

V. TRANSPORTING PERSONS IN CUSTODY FOR EMERGENCY EXAMINATION AND HOSPITALIZATION

If an officer takes a person into custody for an emergency medical examination and hospitalization, the officer shall:

- A. Use only restraining devices issued or approved by the department (e.g., handcuffs, body cuffs, flex cuffs, leg irons, etc.);
- B. Restrain the hands of the person in custody. Handcuffs should be used whenever possible.
  - 1. The person in custody shall be handcuffed with both hands behind his or her back unless facts or circumstances indicate otherwise.
  - 2. Handcuffs shall be secured and double-locked without causing the person in custody any unusual injury, pain, or discomfort.
  - 3. Circumstances where alternate, approved restraining devices may be used instead of handcuffs include:
    - a. The person in custody is injured, and the process of handcuffing could inflict additional physical trauma to the person;
    - b. Physical characteristics (e.g., size and missing limbs) of the person in custody prevents the use of handcuffs; and
    - c. Handcuffing the person in custody would be an excessive measure of restraint (e.g., the arrestee's age, physical health, or condition).

In all instances restraints shall be used to facilitate the safe transport of the person in custody;

- C. Immediately pat down the person in custody for any weapons, means of escape, and contraband. The appropriate reports shall be initiated;



- D. Place the person in custody in the back seat of the city-owned vehicle and properly secure the seat belt and any other restraint device; and
- E. Ensure that male officers only transport females in custody in the presence or with the escort of another officer.

VI. OFFICERS AT THE PSYCHIATRIC FACILITY

Once an officer delivers the person to a facility under an MH-1 application and gives the MH-1 form to the emergency room charge nurse, the officer may leave except under the following conditions:

- A. If the person is extremely combative, the officer shall stay and render assistance in restraining the person until he or she is restrained by hospital staff;
- B. If the facility does not have room to immediately evaluate the person, the officer shall stay with the person for up to 60 minutes.

If the facility is requesting assistance from the officer after 60 minutes, the officer shall contact his or her supervisor for further direction. The supervisor in turn may call the police psychologist for assistance; and

- C. If the person is under arrest.

VII. MINORS

- A. MH-1 cases involving minors shall generally be handled in the same manner as adults; however, minors can only be transported to The Queen's Medical Center for emergency psychiatric care.
- B. If the minor's parents or legal guardian cannot be contacted and the minor is not admitted to the designated facility, the officer shall maintain custody in accordance with Part IV, Chapter 571, Hawaii Revised Statutes.

The officer shall submit an incident report that shall include the attempts made to contact the minor's parents or legal guardian.

- C. If the minor is confined at the facility or released to a parent or guardian, the officer shall submit an incident report and attach the white original MH-1 form.
- D. The arrest, custody, detention, and hospitalization of the minor and the notification to parents/guardian shall be in accordance with Policy 4.33, HANDLING JUVENILES.

VIII. COURT-INITIATED EMERGENCY EXAMINATIONS AND AUTHORIZATION BY TELEPHONIC ORAL ORDER


- A. A law clerk or judge will call the watch commander or designee to notify the department that an ex parte order has been issued authorizing an emergency examination and treatment of someone.
- B. The law clerk or judge will provide identification (which may be verified through the state attorney identification code number) to confirm the order and identify the facility to which the subject of the order is to be taken.
- C. The watch commander or designee shall complete an incident report explaining the facts provided by the law clerk or judge. An officer shall be assigned to pick up the subject of the order.
- D. When the subject of the order is taken into custody, the officer shall transport the person to the designated facility. The officer shall also obtain the necessary information and complete the arrest and incident reports.
- E. If the subject cannot be located, the watch commander shall be notified. The commander of the next watch shall initiate additional checks to locate the subject. The officer assigned to the case shall submit a follow-up report.

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IX. ARREST FOR OTHER OFFENSES

The guidelines outlined in this directive are not designed to preclude arrests in situations where violations of state laws or city ordinances have occurred (e.g., Operating a Vehicle Under the Influence of an Intoxicant, consumption of liquor in public places, etc.).



SUSAN BALLARD  
Chief of Police

Attachment

Post on bulletin  
board for one week

Policy first issued  
March 29, 2002

DESIGNATED PSYCHIATRIC FACILITIES

1. Adventist Health Castle  
(Formerly Castle Medical Center)  
640 Ulukahiki Street  
Kailua
2. Kaiser Permanente Moanalua Medical Center  
3288 Moanalua Road  
Honolulu
3. The Queen's Medical Center (QMC)  
1301 Punchbowl Street  
Honolulu  
All minors shall be transported to the QMC
4. Straub Medical Center  
888 South King Street  
Honolulu
5. Tripler Army Medical Center  
Patterson Road  
Honolulu
6. Wahiawa General Hospital  
128 Lehua Street  
Wahiawa
7. Waianae Coast Comprehensive Health Center  
86-260 Farrington Highway  
Waianae