	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: April 14, 2020	POLICY NO.: COR.14.03
		SUPERSEDES (Policy No. & Date): COR.14.03 & 07/30/1996	
SUBJECT: PRESCRIPTIVE PROGRAM PLANS		Page 1 of 4	

1.0 PURPOSE

To establish procedure for initiating and updating prescriptive program plans for inmates who are sentenced felons.

2.0 SCOPE

This policy applies to all correctional facilities. To the extent any individual facility's policy conflicts with the statewide policy, COR.14.03 shall control.

3.0 REFERENCES, FORMS AND DEFINITIONS

.1 References

- a. Department of Public Safety (PSD), Policy and Procedures (P&P), COR.18.01, Inmate Classification System.
- b. PSD, P & P, COR.18.02, Prison Classification Committee.
- c. PSD, P & P, COR.18.03, Initial Classification and Facility Assignment of Prison Inmates.
- d. PSD, P & P, COR.18.04, Reclassification of Prison Inmates.
- e. *Hernandez v. Johnston*, 833 F.2d 1316 (CA9 1987).
- f. *Stanley v. Litscher*, 213 F.3d 340 (CA7 2000).

.2 Forms

- a. PSD 8732, Prescriptive Plan Update (attached).
- b. PSD 8731, Initial Prescriptive Plan (attached).
- c. PSD 8743, RAD Substance Abuse Assessment Instrument (SAAI) (attached).
- d. PSD 8775, Inmate Notification (attached).

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.3 Definitions

- a. **ADA (Americans with Disabilities Act):** Federal civil rights law prohibiting discrimination based on disability.
- b. **Durable Medical Equipment (DME):** Any single or combination of an orthotic device, mechanical device, dental appliance or hearing aid needed to prevent or treat an illness, injury, condition, disease, or its symptoms, that reduces the effects of impairment and assists a patient in performing their activities of daily living.
- c. **Prescriptive Program Plan:** a Prescriptive Program Plan is an integral part of case management, which is the process through which the Department links inmates with programs and activities appropriate to their needs and their custody classification. It is an ongoing, individualized process which begins at the Reception, Assessment, and Diagnostic (RAD) Unit and continues until discharged from parole. The case management process has four distinct phases: (1) RAD, where assessment data, case reviews, and interviews with the inmate lead to a delineation of problem areas and the establishment of the Prescriptive Plan for addressing those areas; (2) the institutional phase, where the inmate is directed to a variety of activities and programs by the case manager; (3) the transitional phase, which occurs during the last eighteen months of incarceration and which focuses on issues related to reintegration into the community; and (4) parole.

4.0 POLICY

A prescriptive program plan shall be established for all sentenced felons. The plan shall be tailored to the needs, progress, and custody classification of the individual and updated accordingly as these factors change. The plan shall adhere to the following principles:

- .1 There shall be a continual reassessment of the inmate's needs, behavior, and goals. The Prescriptive Plan shall be adjusted in accordance with these reassessments.
- .2 The inmate must understand and accept the goals and must be motivated to achieve these goals. Therefore, the inmate shall be involved in the process of establishing and adjusting the Prescriptive Plan.

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- .3 The case manager must have an understanding of the inmate's needs, motivate the inmate to participate in programs, coordinate with programs, and track progress made by inmates in their prescribed programs.
- .4 The case manager must have an understanding of available programs, their eligibility criteria, their goals and methods, and the sequence of programs that make the most sense for the inmate.

5.0 PROCEDURES

- .1 The RAD Section shall complete form PSD 8731 Initial Prescriptive Plan. To complete this, the information from the following will be considered: criminal history; Pre-Sentence Investigation Report; pretrial behavior (if available); interviews by RAD staff; observations of the inmate's behavior while in the RAD; classification data; results of assessments; and comments and recommendations of professionals who interpret assessment results. A review shall also be made for any reasonable modifications, auxiliary aids or services, removal of architectural, communication, and transportation barriers, and/or DME requests granted. Refer to form PSD 8731 - Initial Prescriptive Plan.
- .2 The RAD Unit will complete form PSD 8731, Initial Prescriptive Plan. Upon completion, one (1) copy shall be forwarded to the Department's Inmate Classification Office (ICO) for filing. Before leaving RAD Unit, one (1) copy shall be forwarded to the unit manager of the new housing assignment to acquaint themselves with their new arrival.
- .3 Upon transfer to a facility, including the initial facility at which an inmate is placed, the Transfer Assessment Committee will establish a specific Prescriptive Plan for the inmate. This will consist of a statement of goals for the ensuing six months, specific interventions proposed, responsible programs, and target dates for implementation. This shall be documented on form PSD 8732, Prescriptive Plan Update.
- .4 The Prescriptive Plan and Prescriptive Plan Updates will be reviewed every six months by the institutional classification committee. This review will note the progress made by the inmate on form PSD 8732, Prescriptive Plan Update. The Committee may also modify the plan if necessary, using the Prescriptive Plan Update form.
- .5 For inmates with a disability, any approved reasonable modification, removal of architectural, communication, or transportation barrier, auxiliary aid or service,

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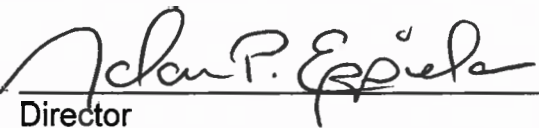
and/or DME shall be documented in the Parole Plan section of form PSD 8732, Prescriptive Plan Update.

- .6 The following forms shall be included in the official case file of all inmates who are processed through the RAD Section:
 - a. PSD 8731, Initial Prescriptive Plan
 - b. PSD 8732, Prescriptive Plan Update
 - c. PSD 8743, RAD Substance Abuse Instrument
 - d. Any document approving accommodations/reasonable modifications for inmates with disabilities.
- .7 Copies of the Initial Prescriptive Plan and the Prescriptive Plan Update shall be made available to the Hawaii Paroling Authority.
- .8 If an inmate has an Accommodation/Modification Review Committee – form PSD 8775, Inmate Notification, approving an accommodation or modification, shall also be made available to the Hawaii Paroling Authority.

APPROVAL RECOMMENDED:


 _____ April 14, 2020
 Deputy Director for Corrections Date

APPROVED:


 _____ April 14, 2020
 Director Date

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**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
PRESCRIPTIVE PLAN UPDATE # _____**

(Name of Facility)
(Complete Address)

NAME:

DATE:

SID:

PAROLE ELIGIBILITY DATE:

CUSTODY LEVEL:

<u>Circuit</u>	<u>Criminal Number</u>	<u>Offense</u>	<u>Minimum Term/Expiration</u>	<u>Maximum Term/Expiration</u>
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PREVIOUS INITIAL/PRESCRIPTIVE PLAN RECOMMENDATIONS:

- 1.
- 2.
- 3.
- 4.

ADDITIONAL GOALS IDENTIFIED:

- 1.
- 2.
- 3.

FINANCIAL STATUS:

Restricted Account Balance: \$-	_____	Restitution Amount Paid: \$-	_____
Spendable Account Balance: \$-	_____	Restitution Amount Owed: \$-	_____
Total: \$-	_____	Restitution Amount Balance: \$-	_____

Prescriptive Plan Update #: _____

Name:

Page 2

MISCONDUCTS: (Guilty)

<u>DATE</u>	<u>CATEGORY</u>	<u>DESCRIPTION</u>
-------------	-----------------	--------------------

INMATE HAS A DISABILITY: NO ____ YES ____

[Explain any issue that may inhibit their ability to participate in recommended programming or any disabilities that require accommodations (Example: Inmate is deaf or hard of hearing and requires a sign language interpreter, inmate has low vision and requires large print, inmate has mobility disability that prevents him from performing manual labor, etc.)]:

INSTITUTIONAL BEHAVIOR/ADJUSTMENTS:

PAROLE PLAN:

COMMENTS/SUMMARY (historical assessment):

CLASSIFICATION COMMITTEE MEMBERS:

Completed by: _____
Case Manager

INITIAL PRESCRIPTIVE PLAN

FACE SHEET

Date: _____ Completed By: _____
Name: _____ DOB: _____
SID: _____ SSN: _____
Date of Commitment: _____ RAD Admission Date: _____

OFFENSE:
Court Criminal Number Judge Restitution Max Term

OFFENSE:
Court Criminal Number Judge Restitution Max Term

OFFENSE:
Court Criminal Number Judge Restitution Max Term

Notifiers: _____ If Yes, describe:
Maximum Sentence (Longest)
Mandatory Minimum Length
Pre-Confinement Credits

CIRCLE ONE (verified):

MEDICAL **TRADE SKILLS** **NO** **YES**

Restrictions: NO YES

Temporary/Permanent/Long Term _____ **MENTAL HEALTH HISTORY**

NO YES

EDUCATION

GED/H.S. Diploma NO YES

SUBSTANCE ABUSE HISTORY

Previous Vocational Training NO YES

NO YES

College Degree NO YES

(see below for LSI-R/ASUS RTL Level)

SECURITY RESTRICTIONS

SEX OFFENDER HISTORY

Protective Custody NO YES

NO YES

Separatee NO YES

SOCLR Submitted (date) _____

Gang Affiliations NO YES

Escape History NO YES

SPECIAL NEEDS

NO YES

Describe _____

Initial Prescriptive Plan

Name:

Date

Page _____

—

Summary of Current Offense(s):

Criminal History:

Refer to attached CJIS printout.

I. ASSESSMENT RESULTS

- A. Medical: Any medical condition which would preclude participation in programming? No Yes
Describe program/institutional restrictions:
- B. Any physical/mobility disabilities?
No Yes
Temporary Permanent
Durable Medical Equipment Issued:
- C. ADA: Accommodation/Modification Needed or Approved? No Yes
Specify Need (Example: sign language interpreter, large print, wheelchair access, modification to policies, practices, or procedures):
- D. Mental Health: Any mental health condition which would preclude participating in programming? No Yes
Describe program/institutional restrictions:
- E. Educational:
H.S. Diploma or GED? No Yes

Initial TABE Assessment Results:

Reading	<u>To Be Assessed</u>
Math	<u>To Be Assessed</u>
Overall	<u>To Be Assessed</u>

Initial Prescriptive Plan

Name:

Date

Page _____

F. Sex Offender: Any conviction for or history of sexual deviance?

No

Yes

If yes, describe needed assessment or treatment interventions:

G. Family/Community Ties:

H. Institutional Behavior/Summary (List all misconducts, including those incurred as a jail inmate):

I. Additional Comments: (include information (past and present) that provides an, overall historical assessment of the inmate)

Completed By: _____

Date: _____

RAD Case Manager

Initial Prescriptive Plan

Name:

Date

Page _____

II. INITIAL TREATMENT PLAN

A. Problem: Substance Abuse

Recommendations: a. Treatment Level:
b.

B. Problem: Education

Recommendations: a.
b.

C. Problem: Social Skills/Criminal Behavior

Recommendations: a.
b.

D. Problem: Marketable Job Skills

Recommendations: a.
b. Available Workline

E. Problem: Other

Recommendations:
a.

III. Program Intervention Summary:

A. Substance Abuse

B. Education:

C. Social Skills

D. Marketable Skills

Initial Prescriptive Plan

Name

Date

Page _____

I have read my Initial Treatment Plan and have received a copy.

INMATE

DATE

CASE MANAGER

DATE

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

SECTION I

DATE: _____ SEX: M / F FACILITY: _____
NAME: _____ SID: _____
DATE OF RAD ADMISSION: _____ DATE OF BIRTH: _____
MANDATORY MINIMUM SENTENCE: Yes/No _____ MAXIMUM SENTENCE: _____
(length in months) (length in months)
PAROLE ELIGIBILITY DATE: _____

SECTION II

1. Any Incident of Sex Offense(s)? Yes / No If yes, when: _____
Most Serious Current Offense: _____
Is the current conviction a drug offense?: Yes / No (Yes = 1 pt) _____
2. Where were you born? _____ Where were you raised?: _____
Primary Ethnicity: _____ Secondary Ethnicity: _____
- PRIOR HISTORY**
3. Were you continuously employed for the 2 years prior to your arrest? Yes / No (No = 1 pt) _____
Employment status before this confinement: _____
(FULL-TIME, PART-TIME, JOB SEEKING, INTERMITTENT, UMEMP-ABLE, UMEMP-DISABLE)
Highest schooling completed: _____
(K-12, GED, TECH-TRADE SCHOOL, SOME COLLEGE, BACH, MASTERS, DOC)
Were you enrolled as a Student prior to your arrest?: No / Full-time / Part-time
4. Were you ever arrested/adjudicated as a Juvenile? Yes / No (Yes = 1 pt)
If YES, how old were you at your first arrested/adjudication? _____
As a juvenile, were you ever arrested/adjudicated for a drug offense? Yes / No (Yes = 1 pt)
Were you arrested 3 or more times prior to your RAD admission date? Yes / No (Yes = 1 pt)
Were you ever arrested for DUI as an adult? Yes / No (Yes = 1 pt)
Were you ever arrested for a drug offense as an adult? Yes / No (Yes = 1 pt) _____
5. Were you ever in a drug or alcohol treatment program? Yes / No (Yes = 3 pt) _____
If YES, list the two most recent programs:
- Program 1:
Program Name & Entry Date: _____
Type of Treatment: _____
Voluntary or Involuntary: _____
Why Terminated: _____
Date of Discharge or Termination: _____
Length of stay in weeks: _____

HISTORY POINT TOTAL (1,3,4,5): _____

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

NAME: _____

Program 2:

Program Name & Entry Date: _____
 Type of Treatment: _____
 Voluntary or Involuntary: _____
 Why Terminated: _____
 Date of Discharge or Termination: _____
 Length of stay in weeks: _____

6. SUBSTANCE ABUSE DRUGS EVER USED ONE MONTH BEFORE ARREST

ALCOHOL		
AMPHETAMINES (uppers)		
CRACK*		
COCAINE*		
HALLUCINOGENS (mushrooms)		
HEROIN*		
INHALANT (glue, paint, gasoline)		
MARIJUANA (THC, pakalolo)		
METHAMPHETAMINES (ice, batu*)		
NON-PRESCRIPTION MEDICATION		
PCP		VAR:
PRESCRIPTION MEDICATION		FREQ:
SEDATIVES (downers)		HARD:

*(FREQ. RATING SCALE: NEVER USED 0 PT, LESS THAN WEEKLY 0 PT, SEVERAL TIMES A WEEK 1 PT, DAILY 1 PT)
 (HARD DRUG SCORE: TOTAL *, 1 PT EACH) (VARIETY SCORE: 1 PT FOR EACH DRUG USED)*

ALCOHOL SELF CONCEPT

7. I am concerned about my alcohol problem. 1 2 3 4 5
 I spend too much time drinking 1 2 3 4 5
 I sometimes drink more than I intend to. 1 2 3 4 5
 I consider myself an alcoholic. 1 2 3 4 5
 Drinking has caused problems for me. 1 2 3 4 5
 I would like to get into an alcohol program. 1 2 3 4 5

(RATING SCALE: STRONGLY AGREE 1 PT, AGREE 2 PT, NEUTRAL 3 PT, DISAGREE 4 PT, STRONGLY AGREE 5 PT)

DRUG SELF CONCEPT

8. I spend too much time using drugs. 1 2 3 4 5
 I have gotten in trouble because of using drugs. 1 2 3 4 5
 I am not able to control my drug use. 1 2 3 4 5
 I consider myself a drug addict. 1 2 3 4 5
 Drugs have caused problems for me. 1 2 3 4 5
 I would like to get into a drug program. 1 2 3 4 5
 I usually can't handle my problems by myself. 1 2 3 4 5

(RATING SCALE: STRONGLY AGREE 1 PT, AGREE 2 PT, NEUTRAL 3 PT, DISAGREE 4 PT, STRONGLY AGREE 5 PT)

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

NAME: _____

9. What have you lost because of your alcohol and/or drug use? _____

10. Would you participate in a residential &/or outpatient substance abuse program? _____ (SPECIFY)

ABUSE HISTORY

11. Were you ever physically abused as a child? Yes / No
 Were you ever sexually abused as a child? Yes / No

If YES, to either of the above:

Did you or anyone else report it? Yes / No
 Have you talked to a counselor about the abuse? Yes / No

12. Have you ever been physically abused as a child? Yes / No
 If YES:

Have you ever gotten a temporary restraining order? Yes / No
 Did you ever see a counselor about domestic violence? Yes / No

13. Were you ever sexually abused as an adult? Yes / No
 If YES:

Did you ever report the incident? Yes / No
 Have you talked to a counselor about the sexual abuse? Yes / No

14. Do you have a problem controlling your anger or temper? Yes / No
 Have you ever physically harmed another person? Yes / No
 If YES, were you under the influence of alcohol or drugs? Yes / No

PERSONAL INFORMATION

15. Current Marital Status: _____
 (SINGLE, WIDOWED, DIVORCED, SEPARATED, MARRIED, LIVING TOGETHER)

16. FEMALES ONLY: Have you ever been pregnant? Yes / No
 If YES:

How many times have you been pregnant? _____
 Were you using alcohol during the pregnancy? Yes / No (Yes = 2 pt) _____
 How often did you use alcohol? _____
 Were you using drugs during the pregnancy? Yes / No (Yes = 2 pt) _____
 How often did you use drugs? _____
 Did any of your children have health problems? Yes / No

17. Who did you live with before you were arrested? _____
 How many children do you have or have had? _____
 Please give their ages from youngest to oldest. _____
 Who presently has custody of the children? _____

18. Did your spouse/significant other take part in your present offense? Yes / No
 Do you think you committed your offense because you needed money? Yes / No
 Did you ever sell/deal drugs to support your addiction/habit? Yes / No
 Do you think that if drugs were legal you wouldn't be in prison? Yes / No
 Do you think that alcohol use is related to violence? Yes / No
 Do you think that alcohol caused your problems? Yes / No
 Do you think that drug use is related to violence? Yes / No
 Do you think that drugs caused your problems? Yes / No

HISTORY POINT TOTAL (16): _____

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

NAME: _____

SECTION III

If Male, Eligible for WCF: Yes / No Dual Programming for Sex Offender Yes / No
& Substance Abuse:

SECTION IV

COMMENTS: _____

Case Manager

Date

SECTION V

SCORES

USE VARIABLES

History score: (#1, #3, #4, #5, & #6. MAX 14 pt) _____

Variety of drugs used score: (#6. MAX 13 pt) _____

Frequency of drugs used score: (#6. MAX 13 pt) _____

"Hard" drug use score: (#6. MAX 4 pt) _____

NON-DISCRETIONARY JUSTIFICATIONS FOR LEVEL 3 TREATMENT

- 1. Is the inmate's current offense a drug charge? Yes / No
 - 2. Was the inmate in a residential treatment program within the last 36 months? Yes / No
 - 3. Did the inmate use any hard drug (*) several times a week or more? Yes / No
- If any factor is answered yes, then inmate requires level 3 treatment.

TOTAL USE SCALE SCORE: _____ **TREATMENT LEVEL:** _____

LEVEL 3 (RESIDENTIAL/TC)	15 - 44 POINTS
LEVEL 2 (OUTPATIENT/COUNSELING)	07 - 44 POINTS
LEVEL 1 (SUB. ABUSE EDUCATION)	00 - 06 POINTS

SELF CONCEPT VARIABLES

Self-concept alcohol score: (37. MAX 30 pt) _____

Self-concept drug score: (#8. MAX 35 pt) _____

TOTAL SELF CONCEPT SCORE: _____ **SELF-LEVEL:** _____

SELFCON 3 (In Denial or Non-User)	45 - 65 POINTS
SELFCON 2 (Indifferent)	32 - 44 POINTS
SELFCON 1 (Motivated)	00 - 31 POINTS

Referred to program: _____

Program entered & date of admission: _____

Original - Institutional File

Copy - CPS



DEPARTMENT OF PUBLIC SAFETY
**ACCOMMODATION/MODIFICATION REVIEW
COMMITTEE –
INMATE NOTIFICATION**



Date:

Accommodation/Modification request for _____
was reviewed by the Accommodation/Modification Review Committee on _____
and was:

Approved – See Comments.

Not approved – See Comments.

Deferred at this time – See Comments.

Comments:

STATEWIDE ADA CORRECTIONS COORDINATOR

Date:

Distribution: ORIGINAL – Inmate COPY – Inmate File, Facility ADA Coordinator, Statewide ADA Corrections
Coordinator, Program Administrator (if listed or appropriate)