	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: June 14, 2021	POLICY NO.: COR.18.08
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.18.08 & 05/01/2020	
	SUBJECT: TRANSFER OF ADULT INMATES		Page 1 of 9

1.0 PURPOSE

To ensure that inmate transfers are conducted in an appropriate and expeditious manner.

2.0 SCOPE

This policy and procedure applies to all correctional facilities, including the Mainland Branch, and all assigned personnel. To the extent any individual facility's policy conflicts with the statewide policy, COR.18.08 shall control.

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

- a. Department of Public Safety (PSD), Policy and Procedures (P & P), COR.13.03, Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.
- b. PSD, P & P, COR. 14.03, Prescriptive Program Plans.
- c. PSD, P & P, COR. 14.15, Inmate Furlough Program.
- d. PSD, P & P, COR. 14.22, Electronic Monitoring Service (EMS).
- e. PSD, P & P, COR. 14.26, Offender Assessment Protocols.
- f. PSD, P & P, COR. 14.27, Inmates with Disabilities.
- g. PSD, P & P, COR. 14.30, Communication Access.
- h. PSD, P & P, COR. 16.07, Return of Inmate to Island of Commitment.
- i. PSD, P & P, COR.18.01, Inmate Classification System.
- j. PSD, P & P, COR.18.04, Reclassification of Prison Inmates.
- k. PSD, P & P, COR.18.07, Exception Case.
- l. PSD, P & P, COR.18.09, Prison Program Committee.

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- m. Hawaii Revised Statutes (HRS) § 26-14.6, Department of Public Safety, Function and Authority.
- n. HRS § 353-16, Transfer of Prisoner to Federal Institution.
- o. HRS § 353-16.2, Transfer of Inmates to Out-of-State Institutions.
- p. HRS § 353C-2, Director of Public Safety, Powers and Duties.
- q. HRS Chapter 353H, Comprehensive Offender Reentry System.
- r. HRS Chapter 355, Western Interstate Corrections Compact.
- s. HRS Chapter 355D, Interstate Corrections Compact.
- t. HRS Chapter 706, Disposition of Convicted Defendants.
- u. HRS § 706-672, Relating to Place of Imprisonment.
- v. Intergovernmental Agreement, State of Hawaii, ICA # 1GA-152-0.
- w. Intergovernmental Agreement between Hawaii Department of Public Safety and United States Department of Justice Federal Bureau of Prisons, Federal Detention Center, IGA Number 1GA 661-02.

.2 Definitions

- a. Adult Substance Abuse Survey (ASUS) – A 64-item self-report survey designed to assess an individual’s perceived alcohol and other drug use.
- b. Custody Changes - Increases or decreases in custody levels, which may be indicative of a need to transfer to a higher or lower security facility.
- c. Emergency Condition - A situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate action. Exists when, in the facility administration’s discretion, there is reasonable cause to believe that there is a threat to 1) life or limb, 2) the security or good government of the facility, and/or 3) the community.
- d. ICO - Inmate Classification Office.

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- e. Initial Prescriptive Plan (IPP) – A report, generated by the RAD unit for all newly-sentenced felons that identifies programs and activities (using the LSI-R, ASUS and Pre-Sentence Investigation (PSI) report) in preparation to satisfy parole eligibility requirements and that which is appropriate to their needs and custody classification.
- f. Interstate Compact or Dual Jurisdiction Cases – Where a convicted felon is placed in a state/federal facility that differs from the jurisdiction his criminal offense was originally set.
- g. Jail Inmate - Any individual who is convicted of a crime and committed by the courts for a period of LESS THAN one (1) year (this includes probation violators awaiting adjudication of their violation hearings, pretrial detainees, Federal/other State holds).
- h. Level of Service Inventory-Revised (LSI-R) – A predictive risk and needs scale that assesses an offender’s propensity for further unlawful and rule-violating behavior based upon criminal history and dynamic risk factors.
- i. Mainland Branch (MB) - The office designated to monitor the care and custody of inmates located on the Mainland.
- j. Prison Inmate - Any individual who is convicted of a crime and sentenced by the courts for a period of MORE THAN one (1) year (this includes CONSECUTIVE terms of more than one (1) year combined) and parole violators returned to custody.
- k. Reception, Assessment, Diagnostic (RAD) – A separate unit that temporarily houses all newly-admitted, sentenced felons for evaluation to determine initial programming and custody designation, using tools such as the LSI-R, ASUS, PSI and any other relevant sources.
- l. Recommended Treatment Level (RTL) – An offender’s substance abuse treatment level as determined by the LSI-R and ASUS.
- m. Summary Score Sheet – Scoring sheet that combines the LSI-R score with the ASUS disruption score to determine a Recommended Treatment Level (RTL).

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.3 Forms

- a. PSD 8203 – Inmate Transfer Request form (attached).
- b. PSD 8802 – Inmate Reentry Case Plan Checklist (Prison).

4.0 POLICY

Transfer of inmates under an Interstate Compact Agreement, intra-state (between facilities), or between branches or other agencies, shall be based on the inmate's classification, individual needs, resources and facilities available to the Department of Public Safety (PSD), the exigencies of the community, and in consideration of the provisions of HRS Chapter 353H.

In emergency situations, facility Wardens may recommend and initiate immediate transfer of an inmate. It is also possible for the receiving facility to refer back to the department's Inmate Classification Office (ICO) on any newly transferred inmate that is believed to be inappropriate for their facility.

5.0 PROCEDURE

.1 Transfer Criteria

- a. Transfer of inmates to other facilities may be initiated as a result of change in classification as indicated by the computed custody level on the appropriate classification forms, and/or as part of the sequential phasing process to begin, and/or complete appropriate institutional rehabilitation, educational, vocational and furlough programs, and in consideration of the provisions of HRS Chapter 353H. Transfer preclusions may occur and can include the consideration of parole violators who recently absconded from parole. ICO will consider how recent the abscond incident occurred, and how long the period of absconding was.
- b. Transfers may also be initiated through PSD, P & P, COR.18.07, Exception Case.
- c. Transfer of an inmate may be warranted in instances when an inmate's single act (such as those in the Greatest or High categories on the Institutional Misconduct Severity Scale, refer to PSD, P & P, COR.13.03), indicates the inappropriateness of the current place of confinement, regardless of computed custody level.

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.2 Intra-State Transfer Actions

- a. The inmate should fall into one of the above categories. Form PSD 8203, Inmate Transfer Request along with materials outlined below b.1) through b.8), shall be initiated and forwarded to the Warden or designee for review.
- b. Upon completion of the review by the Warden or designee, the following materials will be included when submitting a transfer request packet to the ICO for final review and approval/disapproval:
 - 1) Form PSD 8203, Inmate Transfer Request, briefly describing the reasons for transfer.
 - 2) The current classification instrument (summary form).
 - 3) The initial or most recent update of the Prescriptive Program Plan, and any certificate of program completion.
 - 4) Documents substantiating active convictions (CJIS, eCourt, Judgments)
 - 5) Documentation verifying that any outstanding felony charge (within two (2) years on CJIS) has been dismissed or dropped (documentation shall include case manager's case notes on conversations he/she has had with the police department and/or prosecutor's office detailing content of conversation, and the date and time of said conversation).
 - 6) Relevant forms as needed (e.g.: Sex Offender Custody Level Review (SOCLR), Recommended Treatment Level (RTL) overrides, etc.).
[Forms included in transfer packet requests without being signed, and final decisions rendered shall be rejected.]
 - 7) LSI-R, ASUS, and Summary Score sheet – LSI-R to be within six (6) months of transfer request submission.
 - 8) Health Status Classification Report (HSCR) or Medical Clearance to be within twelve (12) months of transfer request if move is to a minimum facility.

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- 9) Updated Inmate Reentry Case Plan Checklist (Prison), Form PSD 8802, when moving an inmate to a minimum custody facility or furlough. PSD Form 8802 will not be required when increasing an inmate's custody **and**, the inmate's maximum expiration date is greater than 6-months. If the inmate's maximum expiration date is 6-months or less from the date of the transfer request, Form PSD 8802 will be required.
- c. ICO shall review the material and render a decision on PSD 8203, Inmate Transfer Request form, within ten (10) working days of receipt.
- d. If transfer is disapproved, written notification shall be forwarded to the referring branch with reasons for disapproval.
- e. Should the ICO disapprove the request for transfer of a case, the Warden may appeal this decision by submitting PSD 8203, Inmate Transfer Request Form with the appeal for re-determination to the Deputy Director for Corrections (Dep-C).
- f. Should the ICO approve the request for transfer of a case, ICO shall forward all pertinent documents to the sending and receiving facilities/branch upon approval. The sending and receiving Wardens shall be responsible for arranging the transfer of the inmate upon receipt of the final decision. Actual movement shall be dependent upon available vacancy, and assessments based on priority considerations.
- .3 Interstate (Compact Agreement Transfer Action) State Transfers
- a. Inmate should fall under one of the categories listed in Section 5.0.1 above, "Transfer Criteria." The Warden shall create a satellite file containing the following documents and forward it to the ICO:
- 1) The current classification instrument.
 - 2) The initial and the most recent update of the Prescriptive Program Plan, including a description of the commitment offense, criminal history, institutional adjustment and any certificate of program completion.
 - 3) Form PSD 8203, Inmate Transfer Request, documenting reasons for transfer.

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- 4) The Judgment and Mittimus document for all offenses.
- 5) The Order Fixing Minimum Terms and the most recent parole document.
- 6) Misconduct Hearing results from the last 24 months, including any High or Greatest misconduct that is still active.
- 7) Program Hearing results (if applicable).
- 8) Detainer(s) if applicable.

- b. Upon approval by ICO, all materials and accompanied by a letter to the selected facility requesting that it consider the transfer, shall be submitted to the Director through the Dep-C.
- c. Upon formal acceptance of transfer, ICO shall inform the respective facility to make all arrangements and forward written confirmation of travel back to the PSD.

.4 Out-of-State Transfer Actions

- a. Inmate should fall into, but not limited by, the categories listed in Section 5.0.1 above, "Transfer Criteria." In addition, the MB shall further review the eligibility status of each inmate screened for out-of-state transfer based on the following qualifications:
 - 1) Time left to serve on sentence.
 - 2) Program refusals, non-clinical discharge, or misconducts incurred.
 - 3) Parole violators with more than twelve (12) months to serve.
 - 4) No pending criminal charges.
 - 5) Medical or mental health factors which may preclude an inmate from being transferred to PSD's contracted agency of private prisons for a particular transport.
 - 6) Inmates that volunteer and have cleared all facility holds.

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7) Consideration of the provisions of HRS Chapter 353H.

- b. Upon selection of inmates for out-of-state transfer, PSD's contracted agency of private prisons shall complete the final screening and selection, in accordance with the appropriate state statutes.
 - c. MB shall make all transfer arrangements with the contracted agency.
 - d. For out-of-state transfers, the receiving facility shall make all necessary accommodations/reasonable modifications for inmates with a disability, in accordance with PSD, P & P, COR.14.27, Inmates with Disabilities and PSD, P & P, COR.14.30, Communication Access.
- .5 Emergency Transfers
- a. In the case of emergency transfers, the personal appearance of the inmate is not necessary.
 - b. All courtesies will be made to ensure that movement in an emergency condition, occurs within 24-hours of making the request.
 - c. The requesting Warden shall contact PSD's Institutions Division Administrator (IDA) or the Dep-C by phone requesting emergency transfer.
 - d. The requesting Warden shall confirm with IDA or Dep-C that the provisions of HRS Chapter 353H were considered.
 - e. IDA or Dep-C shall approve or disapprove the request.
 - f. IDA or Dep-C shall designate and inform the receiving facility that the inmate shall be placed in that facility.
 - g. The Warden initiating the request shall make all transfer arrangements with the receiving facility.
 - h. Due process safeguards shall be provided to the inmate as soon as possible following the transfer.

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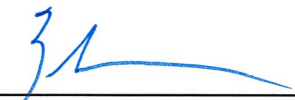
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.6 Notification of Transfer

- a. All inmates shall be given written notification of their transfer, this includes inter-facility and out-of-state transfers. At a minimum the written notification shall include the following:
 - 1) Name and location of the facility the inmate will be transferred to.
 - 2) Reasons for the transfer.
 - 3) A statement that the provisions of HRS Chapter 353H were considered in the transfer decision.
- b. In accordance with PSD, P & P, COR.14.30, Communication Access, inmates with communication disabilities shall be provided with notice of transfer in an appropriate and understandable mode of communication.
- c. At the discretion of the Warden, written notification of transfer may be given to the inmate prior to or after the transfer. A post-transfer notification shall be given to the inmate **no later than five (5) working days** after the transfer is completed.


.7 Wardens, in coordination with the Department Inmate Classification Office, will have the responsibility of administering this policy.

APPROVAL RECOMMENDED:



Deputy Director for Corrections June 14, 2021
Date

APPROVED:



Director June 14, 2021
Date

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**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

INMATE TRANSFER REQUEST

DATE: _____

INMATE NAME: _____ SID: _____

SENDING FACILITY: _____ RECOMMENDED TRANSFER FACILITY: _____

CUSTODY LEVEL: _____ POINT TOTAL: _____ DATE COMPLETED: _____

REASON FOR TRANSFER: _____

Classification Committee Chair or UTM/Designee: _____
Signature Date

Review by Branch Administrator/Designee: _____
Signature Date

MAIL OR FAX (587-3481) TO CENTRAL INMATE CLASSIFICATION

RECOMMENDATION OF CLASSIFICATION OFFICER: APPROVED DISAPPROVED

Classification Committee Chair or UTM/Designee: _____
Signature Date

Sending Facility Notified Yes No Receiving Facility: _____

Receiving Facility Notified Yes No Transfer Date: _____

COMMENTS:

NAME: _____ SID #: _____ DOB: _____

INMATE REENTRY PLAN FOR THE DEPARTMENT OF PUBLIC SAFETY #: _____

This form shall be completed with the inmate while going through RAD and updated **every six months** in conjunction with the Reclassification Instrument or when significant changes occur, but especially if the offender has been designated minimum custody. Please **PRINT legibly and attach** all required documents to this form. **Inmates are to be informed that they will be responsible** for obtaining letters to confirm residence or employment and notify staff of any changes. Do not leave any blank spaces; if unknown, write "N/A" but the inmate will need to continue his/her efforts to fill in ALL BLANK SPACES. This and any other subsequent forms are to become part of the offender's Institutional Record and filed accordingly.

Facility: _____ Date: _____ Custody Level: _____

1. RESIDENCE

Things to consider when filling out this section:

- Is the residence and where it's located, appropriate?
- Are there geographical restrictions preventing you from living where you want?

The inmate shall be held accountable for contacting the person (responsible for the rent/mortgage) at the place they want to live, or whom they will ask to help them financially, in order to obtain the information needed to complete this form. **It will be the responsibility of staff** to confirm that the information on this form **is always current and correct**.

Name of Contact: _____ Address: _____
(#Street/City, State, Zip Code)

Relationship to inmate: _____ Phone: _____

Number of people that will live there: _____ Ages: _____

Number of bedrooms/baths: _____ / _____ will you be renting a room? Yes/No (circle one)

What will be your share of the rent and utilities: _____ How long do you plan to live here? _____

If you plan to stay less than six months, what is the reasoning? What are your alternatives? _____

Is a letter verifying residence attached?

No changes to existing information.

2. EMPLOYMENT

Things to consider when filling out this section:

- Is there a job waiting for you upon release? **If yes**, fill out the sections below.
- If you lack specialized job skills, what type of job would interest you?

Assigned case managers are to assist in researching programs, work lines and classes available in the facility. Acquiring a skill set and saving money prior to release is the first step towards avoiding returning to custody and being independent.

Name of Company: _____ Address: _____ Phone: _____

Contact person/Title: _____ Job duties: _____

If you don't already have a job waiting for you, do you at least have a job offer? Yes/No (circle one)

Company Name: _____ Address: _____ Phone: _____

Contact Person/Title: _____

Job duties: _____ Starting salary: _____

If you have nothing set up, what types of job or vocational training or schooling would you be interested in? _____

Is a letter verifying employment attached?

No changes to existing information.

3. PROGRAM PARTICIPATION

- List all programs you have **completed** and the date of completion.
- Attach copies of certificates of completion and/or achievement. Copies help with keeping track of your accomplishments.

Inmate Name: _____ SID #: _____

Indicate recommended programming you haven't completed to date or programs you are interested in attending:

Are letters/certificates verifying completion attached? No changes to existing information.

4. **FINANCIAL RESOURCES**

Things to consider when filling out this section:

- Have all financial assets been listed (inmate account, outside bank accounts, trusts, etc.)?
- Have all debts been listed (restitution, court fees, fines etc.)?
- How do you plan to support yourself upon release? Have you ever received financial assistance before? If yes, what type (SSDI, Food Stamps, etc.) and when? _____
- Are you interested in learning how to create and maintain a budget?

You will be charged rent wherever you choose to live, this includes residing at a furlough program. You will be required to have in your spendable/restricted accounts, enough funds to pay for documents you will require but don't already have in order to secure employment/go to school, etc. and also to live on when placed on extended furlough or paroled. You are responsible for monitoring your own finances, in order to prepare yourself to live on your own and reenter society. Restitution orders that are attached to any of your convictions will be automatically deducted from your account while you are incarcerated, on furlough or on parole.

Current balances:

Spendable account: _____ Restricted Account: _____ Personal: _____
Restitution owed? _____ Court Fines? _____ CVCC? _____ Current Balance Owed? _____

Business Office verification form attached?

If you have less than \$100 in all of your accounts combined, do you have a plan in mind in order to avoid being homeless?

Do you plan to apply for financial assistance (e.g.: SSI or SSDI benefits, food stamps, etc.) or will family members provide financial assistance? Are you a beneficiary for a cash settlement or trust fund? (Circle all that apply)

Is a letter verifying benefits attached? No changes to existing information.

5. **SPECIAL NEEDS/ASSISTANCE REQUIRED (check all that apply)**

- | | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Outside Identification (Driver's License, etc.) | <input type="checkbox"/> Bus Pass/Taxi Voucher (outer island) | <input type="checkbox"/> Citizen [Yes/No] |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Clean & Sober House |
| <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Language Interpreter:
(what language?) _____ |
| <input type="checkbox"/> Handivan access | <input type="checkbox"/> Different Medical Plans | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Cane/Walker | <input type="checkbox"/> Hospice | <input type="checkbox"/> Other Accommodation:
_____ |
| <input type="checkbox"/> SSI/R | <input type="checkbox"/> Med Quest/Medicare/Medicaid | |
| <input type="checkbox"/> Financial Assist (EBT/Food Stamps) | <input type="checkbox"/> SNAP | |

Other concerns: _____

No changes to existing information.

6. **TRANSPORTATION UPON RELEASE**

Do you have plans to be picked up? If yes, by whom? _____ Contact # _____

Relationship to you: _____

No changes to existing information.

Inmate Name [PRINT & Sign] Date Assisted by [Print & sign] Date