	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: May 1, 2020	POLICY NO.: COR.18.03
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.18.03 & 02/19/09	
	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES		Page 1 of 6

1.0 PURPOSE

To establish a uniform procedure within the Department of Public Safety (PSD) for designating the initial classification level and institutional placement for all newly committed prison inmates, in accordance with best practices.

2.0 SCOPE

This policy shall apply to all personnel involved with the RAD assessment process. To the extent any individual facility's policy conflicts with the statewide policy, COR.18.03 shall control.

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

- a. Hawaii Revised Statutes (HRS), § 26-14.6, Department of Public Safety.
- b. HRS § 353C-2, Director of Public Safety, Powers and Duties.
- c. HRS § 353E, Statewide Integrated Sex Offender Treatment Program.
- d. HRS § 353G, Criminal Offender Treatment Act.
- e. Department of Public Safety (PSD), Policy and Procedures (P & P), COR.11.01, Administrative Segregation and Disciplinary Segregation.
- f. PSD, P & P, COR.18.04, Reclassification of Prison Inmates.
- g. PSD, P & P, COR.18.07, Exception Case.
- h. PSD, P & P, COR.14.27, Inmates with Disabilities.
- i. Department of Public Safety, Classification Coding Instructions Manual (Revised 2016).

NOT-CONFIDENTIAL

COR P & P M	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	POLICY NO.: COR.18.03
		EFFECTIVE DATE: May 1, 2020
		Page 2 of 6

.2 Definitions

- a. **ASUS – Adult Substance Abuse Survey (ASUS).** A 64-item self-report survey designed to assess an individual’s perceived alcohol and other drug use.
- b. **LSI-R – Level of Service Inventory – Revised (LSI-R).** A predictive risk and needs scale that assesses an inmate’s propensity for further unlawful and rule-violating behavior based upon criminal history and dynamic risk factors.
- c. **Pre-Sentence Investigation (PSI) Report –** A report generated by the Adult Probation office that investigates the history of a convicted felon prior to sentencing to identify any extenuating factors that might decrease or increase the harshness of the sentence.
- d. **Prison Initial Classification Instrument –** A tool used to determine the initial custody designation of a newly admitted, sentenced felon, for the sole purpose of identifying a housing assignment.
- e. **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 anyone that has been SENTENCED to a CONSECUTIVE term TOTALLING more than one (1) year combined) and parole violators returned to custody.
- f. **Prison Reclassification Instrument –** A tool used to record adjustments toward an inmate’s custody designation that either follows the outcome of a misconduct(s) or involves new information received.
- g. **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.
- h. **SOCLR – Sex Offender Custody Level Review.**
- i. **SOTPA – Sex Offender Treatment Program Administrator.**

NOT-CONFIDENTIAL

COR P & P M	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	POLICY NO.: COR.18.03
		EFFECTIVE DATE: May 1, 2020
		Page 3 of 6

.3 Forms

- a. PSD 0498 – Medical/Mental/Dental Health Intake Screening form (attached).
- b. PSD 8760 – Sex Offender Custody Level Review form (attached).
- c. PSD 8731 – Initial Prescriptive Plan form (IPP) (attached).
- d. PSD 8801 – Inmate Reentry Plan for the Department of Public Safety form (attached).

4.0 POLICY

It is the policy of the Department of Public Safety to provide a systematic and objective evaluation of prison inmates for their initial classification and appropriate facility placement. In order to accomplish this, the Reception, Assessment, and Diagnostic (RAD) Unit shall complete the IPP (PSD 8731), Reentry Plan (PSD 8801), and the Initial Classification Instrument, in order to designate an initial custody level, facility assignment, and program recommendations for the offender.

5.0 PROCEDURES

- .1 Newly sentenced male prison inmates shall be initially assigned to the Reception Assessment and Diagnostic (RAD) Unit at Halawa Correctional Facility.
- .2 Newly sentenced female prison inmates on Oahu shall be initially assigned to the RAD Unit at Women’s Community Correctional Center (WCCC).
- .3 Each inmate shall be assigned to the least restrictive environment required based on the risk the offender presents to the community and others within the correctional system.
- .4 Inmates with a disability, in accordance with PSD, P&P, COR.14.27, Inmates with Disabilities shall be provided with all approved reasonable modifications, auxiliary aids or services, and removal of architectural, communication, or transportation barriers. Documentation of all such actions provided shall be

NOT-CONFIDENTIAL

COR P & P M	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	POLICY NO.: COR.18.03
		EFFECTIVE DATE: May 1, 2020
		Page 4 of 6

written into the Initial Classification Instrument under Section 10. Medical/Physical Problem, and the IPP.

- .5 Sentenced male inmates with “maximum” custody designations shall be housed at the Halawa Correctional Facility (HCF) maximum-security unit.
- .6 Sentenced female inmates designated “maximum” shall be housed in the segregation unit at WCCC, due to the custody level requirements in accordance with PSD, P&P, COR.11.01, Administrative Segregation and Disciplinary Segregation.
- .7 Inmates with pending charges listed under “Greatest” or “High” on the Severity of Offense Scale shall be assigned no lower than Medium custody to be reviewed once a judgment has been rendered.
- .8 Each inmate shall have their RAD Assessment process completed to include a completed Initial Classification no later than 60 days from admission to the unit. A copy of the completed IPP “packet” shall be submitted to the Department’s Inmate Classification Office.
- .9 If documents are not received within the 60-day time frame allocated to the RAD Unit, inmates shall be given an initial classification of “medium” until documents are received, or other inmates indicates that another custody level designation is more appropriate.
- .10 At a minimum, the following documentation is required in order to accomplish the initial classification, programming needs/recommendations, and facility assignment process:
 - a. A certified judgment of conviction, ordering imprisonment for the offense the inmate is currently serving; an “Order Pertaining to Bail” indicating pending charges; a written request for “safekeeping” from a Sheriff’s Office or other sanctioned law enforcement agency.
 - b. A Pre-sentence Investigation Report (PSI) developed by the Adult Probation Division. Should the defendant waive PSI, other available documentation will be used in lieu of PSI (i.e. CJIS print out).
 - c. NCIC and CJIS reports or other verified information concerning the inmate’s prior criminal history.

NOT-CONFIDENTIAL

COR P & P M	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	POLICY NO.: COR.18.03
		EFFECTIVE DATE: May 1, 2020
		Page 5 of 6

- d. Medical, mental and dental health evaluations that indicate findings and treatment needs on PSD 0498: Medical/Mental/Dental Health Intake Screening form.

Documents identifying any reasonable modifications, auxiliary aids or services, and removal of architectural, communication, and transportation barriers approved in accordance with PSD, P & P, COR.14.27.
 - e. Educational/vocational assessment.
 - f. Substance abuse history and treatment needs (LSI-R/ASUS).
 - g. Submission of a PSD 8760 form: Sex Offender Custody Level Review (SOCLR) form to the Sex Offender Treatment Program Administrator (SOTPA).
 - h. Documentation that may identify separates, gang affiliations, etc.
 - i. Reentry Plan form PSD 8801 listing basic information about the offender's available resources within the community and indicating weak areas that should be addressed prior to the inmate's release.
- .11 The Department Classification Officer will determine the actual facility placement in accordance with PSD, P&P, COR.18.04, Reclassification of Prison Inmates.
- .12 The Wardens are responsible to administer the Inmate Classification and Facility Assignment of Prison Inmates policy and procedures.

NOT-CONFIDENTIAL

COR P & P M	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	POLICY NO.: COR.18.03
		EFFECTIVE DATE: May 1, 2020
		Page 6 of 6

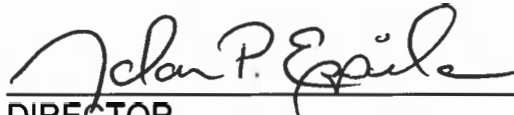
APPROVAL RECOMMENDED:



Deputy Director for Corrections

May 1, 2020
Date

APPROVED:



DIRECTOR

May 1, 2020
Date

NOT-CONFIDENTIAL

MEDICAL/DENTAL/MENTAL HEALTH INTAKE SCREENING

ADMISSION DATE: _____ FACILITY: _____ PRIOR ADM TO THIS FACILITY Y N

NAME: _____

SID: _____ DOB: _____ SEX: _____

YES NO

Does the arresting or transporting officer or other custodial agency report indications that the inmate is a medical or mental health or suicide risk?

MEDICAL OBSERVATIONS:

- Are there observable signs of physical injuries? (Cuts, bruises, swollen or deformed areas)
 The inmate does not know what day it is and/or where he is. (If yes, ask about recent head injury.)
 Is there any sign of altered consciousness? (Not alert, non responsive to verbal commands, slow, slurred or incoherent speech, excessive sleepiness.)
 Are there any signs of limitations in movement? (Limping can't move a limb or joint, obvious physical deformities or complaints of pain on movement.)
 Are there any signs of body parasites? (Lice, crabs, scabies, etc.)
 Are there observable signs of illness? (Blue lips, shortness of breath, hyperventilation, hacking cough, flushed skin, rashes, orange/yellow skin or eyes, excessive sweating)
 Are there observable signs of intoxication or does the inmate appear to be under the influence of drugs? (Smells like alcohol, staggers, shaky, anxious, slurred speech.)
 Are needle marks, "needle tracks", or a fresh tattoo visible?

QUESTIONS: (Ask inmate the Questions. Inmate may not self administer. No need to expand on yes answers health care staff will obtain history based on a yes check mark)

- Do you have any allergies?
 Have you suffered a head injury within the last 48 hours?
 Have you ever had an infectious or communicable disease (e.g. Hepatitis C, TB)
 Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss or gain of two or more pounds per week, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.) (Note all that apply)
 Are you under a doctor's care?
 Are you currently taking any medications?
 Do you have any medical conditions that limit your movement?
 Do you have any diet restrictions?
 Have you had an organ removed or an organ transplant?
 Do you use any prosthetic device(s) to aid any physical limitations? (Including eyeglasses, dentures, contact lens, hearing aid artificial eye(s), artificial limb(s).)
 Do you have any dental problems? (Toothaches, mouth sores or infections.)
 Have you ever been the victim of physical, psychological or sexual violence?
 Have you ever been enrolled in special education classes while in school?
 Have you recently been discharged from the Hawaii State Hospital?
 Have you ever suffered alcohol or drug withdrawal symptoms?
 Do you currently use any drugs or alcohol? (If so, what and when did you last use?)

FEMALES:

- Are you pregnant?
 Do you have any current gynecological problems?

PPD DATE: _____ DATE READ: _____ RESULTS: _____ X-ray Results: _____

Nsg. Disposition: Same Day Sched. Appt. with Whom/Date: _____ MH Refer.

MH Emer. Contacted: _____ Date/Time: _____ Gen. Pop Other:

(Name)

REVIEWED BY RN STAFF: _____ **Date/Time** _____

VERBALIZED, OBSERVABLE OR OTHER DOCUMENTED SIGNS OF MH/SUICIDE RISK?:

YES NO

Any 3 positives to questions/observations #1 - #7 requires an SRE.

- 1. Strong feelings of remorse or shame?
- 2. Passive/withdrawn?
- 3. Is the nature of the crime high profile (media or celebrity status in community, etc.)?
- 4. Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?
- 5. Do you *currently* feel like you have to talk or move more slowly than you usually do?
- 6. Have there *currently* been a few weeks when you felt like you were useless or sinful?
- 7. Has a family member or close friend ever attempted or committed suicide?

Any one positive to questions/observations #8 - #13 (gray shade) requires an SRE.

- 8. Verbalizing hopelessness or extreme fear
- 9. Evidence of self-mutilation
- 10. If in jail or prison before was inmate ever placed on suicide or safety watch? (from OT alert)
- 11. In the past have you ever tried to hurt or kill yourself?
 When _____ Why _____ How _____ ?
 When _____ Why _____ How _____ ?
 When _____ Why _____ How _____ ?
- 12. Are you thinking about hurting or killing yourself now?
- 13. Question 1 page 1 (Arresting or Transporting Officer indicated Suicide Risk)

A positive response on any items #17 - #28 *requires referral* to the Mental Health Section.

- 14. Loud/obnoxious behavior?
- 15. Uncooperative behavior?
- 16. Aggressive behavior/ Restless/over reacting?
- 17. Bizarre behavior, confused or incoherent?
- 18. Have you ever received mental health treatment in a correctional facility?
- 19. Are you receiving counseling from a mental health professional or treatment center?
- 20. Have you *ever* been hospitalized for an emotional or mental health condition?
- 21. Are you *currently* taking any medication for an emotional or mental health disorder?
- 22. Have you or your friends noticed that you are *currently* much more active than usual?
- 23. Do you hear things or see things others cannot see or hear?
- 24. Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? or other people know your thoughts and can read your mind?
- 25. Have you ever or are you currently thinking about harming another person?

The following questions are to be completed following a database search by the Intake Service Center.

- 26. Is the inmate a client of the Adult Mental Health Division? (ISC to check Data Base)
- 27. Has the inmate ever been on Conditional Release? (ISC to check CJIS or OT)
- 28. Has the inmate ever presented for a 704-404 Fitness Examination? (ISC to check CJIS or OT)

COMMENTS: _____

Inmate's Name _____ **Signature** _____ **Date** _____

ISC Disposition: Nurse Called: _____ Date/Time: _____ Med. Refer. MH Refer

MH Emer. Called: _____ Date/Time: _____ Gen. Pop Other _____

(Name) _____

INTERVIEWER/TITLE _____ **Date/Time** _____

MH Disposition: Same Day Appt. Sched with **Whom/Date:**

_____ MH Module Gen Pop Other _____

REVIEWED BY MH STAFF _____ **Date/Time-**



SEX OFFENDER CUSTODY LEVEL REVIEW

INMATE'S NAME: _____
(Last) (First) (Middle Name or Initial)

INMATE'S ID: _____ DOB: _____
(SID # / SS #) (Date of Birth)

PED/EPH: _____ TODAY'S DATE: _____
(Parole Eligibility Date/Early Parole Hearing)

1. The inmate is incarcerated at:
 Halawa Correctional Facility Other _____
Case Manager _____

2. In which Circuit was the inmate sentenced?
 First, Oahu Third, Hawaii
 Second, Maui Fifth, Kauai

3. Is inmate currently incarcerated because of a conviction for sexual offense?
 Yes. CR# _____ Charge: _____
 No. If not a sexual offense, on what charge is inmate convicted? CR# _____
Charge: _____

4. If inmate is NOT convicted for a sexual offense, he/she may qualify as a sex offender because of a:
 Instant offense sexually motivated.
 Prior sex offense conviction as an adult.
 Prior sex charge as an adult.
 Prior sex charge as a juvenile.
 Other: _____

5. Noteworthy factors include any history or incidents during incarceration of: (all that apply)
 Substance abuse, dirty UAs.
 Pornography in cell, seeks subscription to erotica.
 Violence/threats/attacks on ACO's, staff, or inmates.
 Health problems that hinder work.
 Poor performance on work details, firings, quitting.
 Deviant sexual behavior/proposition to staff or inmates.
 Non-compliance with programs, educational goals.
 Escapes (including attempts).
 Other: _____

6. Does offender refuse to participate in SOTP or deny he/she needs further treatment?
 Yes No

7. Comments

SOTP Administrator's Recommendation
 Medium
 Minimum
 Community

SOTP Administrator's Signature

Date

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

Initial Prescriptive Plan

Name:

Date

Page _____

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

Previous Vocational Training NO YES

College Degree NO YES

SUBSTANCE ABUSE HISTORY

NO YES

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

SECURITY RESTRICTIONS

Protective Custody NO YES

Separatee NO YES

Gang Affiliations NO YES

Escape History NO YES

SEX OFFENDER HISTORY

NO YES

SOCLR Submitted (date)

SPECIAL NEEDS

NO YES

Describe

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

NAME: _____ SID#: _____ DOB: _____

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

This form shall be completed with the inmate once housing has been assigned. It is to be updated whenever significant changes in information occur. 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 initially unknown, write "N/A" but the inmate will need to continue his/her efforts to fill in ALL BLANK SPACES. This and all 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 is responsible for contacting the person (who will pay the rent/mortgage) at the place they want to live, or whom they will be asking for financial assistance, to obtain the information needed to complete this form. **Facility staff will be responsible** to assist the inmate in searching for appropriate housing prior to release by identifying resources that the inmate can research.

Name of Contact: _____ Address: _____

(#Street/City, State, Zip Code)

Relationship to you: _____ Phone: _____

Number of people that will live with you: _____ 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 your money prior to release is the first step towards avoiding returning to custody and being independent.

Name: _____ 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 you are 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 all 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 (RSDI, 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, including any program you reside at. You will also be required to have in your spendable/restricted accounts, enough money to pay for documents you will require, but don't already have in order to secure employment/go to school, etc. You are responsible for monitoring your own finances, in preparing 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.

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 order to avoid being homeless?

Do you plan to apply for financial assistance (e.g.: SSI, RSDI 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"/> SNAP |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Citizen [Yes/No] |
| <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Different Medical Plans |
| <input type="checkbox"/> Clean & Sober House | <input type="checkbox"/> Handivan access | |
| <input type="checkbox"/> Cane/Walker | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> SSI/R | <input type="checkbox"/> Med Quest/Medicare/Medicaid | |
| <input type="checkbox"/> Interpreter (what language?) _____ | <input type="checkbox"/> Financial Assist (EBT/Food Stamps) | |

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 (if applicable) [PRINT & Sign] Date