	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: March 6, 2020	POLICY NO.: COR.20.01
		SUPERSEDES (Policy No. & Date): NEW	
SUBJECT: REENTRY COORDINATION OFFICE		Page 1 of 5	

1.0 PURPOSE

In compliance with the provisions of Hawaii Revised Statutes (HRS), Section 353H, this policy establishes the authority and responsibility of the Reentry Coordination Office (RCO), to develop and manage a comprehensive reentry system, using evidence-based practices (EBP) for offenders exiting correctional facilities statewide.

2.0 SCOPE

This policy shall apply to the reentry office and all PSD correctional facilities.

3.0 REFERENCES, DEFINITIONS, AND FORMS

.1 References

- a. Hawaii Revised Statutes (HRS) §353, Corrections
- b. HRS §353-10.5, Intermediate Sanctions: Eligibility, Criteria and Conditions (Related to Alternative programs in Lieu of Incarceration).
- c. HRS §353C-2, Director of Public Safety.
- d. HRS, Section §353, Corrections, Part VII; Statewide Automated Victim Information and Notification System (SAVIN)
- e. HRS Chapter §353H, Comprehensive Offender Reentry System.
- f. HRS Section §353H-2.5, Reentry Office.
- g. HRS Chapter §354D, Hawaii Correctional Industries.
- h. Hawaii Administrative Rules (HAR), Title 23, Department of Public Safety, Subtitle 4, Criminal Injuries Compensation Commission (CVCC), Chapter 605, Crime Victims Compensation.
- i. Department of Public Safety (PSD), Policy & Procedures (P & P) COR.14.03, Prescriptive Program Plans.
- j. PSD, P & P COR.14.20, Academic/Vocational Program Mandates.
- k. PSD, P & P COR.18.01, Inmate Classification System.

NOT CONFIDENTIAL

COR P & PM	SUBJECT: REENTRY COORDINATION OFFICE	POLICY NO.: COR.20.01
		EFFECTIVE DATE: March 6, 2020
		Page 2 of 5

- i. PSD, P & P COR.19.02, Volunteer Services.
- m. PSD, P & P COR.19.03, Contract Services Agencies & Employees.
- n. PSD, P & P COR.21.04, Correctional Industries.
- o. PSD, P & P ADM.08.08, Prison Rape Elimination Act (PREA).

.2 Definitions

- a. **Adult Substance Abuse Survey (ASUS):** A self-reporting screening tool consisting of 15 subscales which focuses on substance use and its effects on an offender; used to assess the recommended level of substance abuse treatment.
- b. **Crime Victims Compensation Commission (CVCC):** An agency governed by statute that works with PSD to provide monetary compensation to victims of violent crimes, dependents of deceased victims, or “Good Samaritans” for injuries or property damage suffered in the prevention of a crime or apprehension of a crime.
- c. **Criminogenic Risk:** Information provided by the LSI-R risk assessment instrument and used in conjunction with the ASUS in determining the risk for recidivism.
- d. **Evidence-Based Practices (EBP):** The formulation of sound decision-making practices, using validated tools, objective yet balanced research evidence and academically-tested programs in order to achieve measurable outcomes and ensure that the services provided and resources used are effective.
- e. **Interagency Council on Intermediate Sanctions (ICIS):** An assembly of different agencies, including PSD, that work to develop protocols, services gather information and measure sanction effectiveness in an effort to reduce recidivism and prevent future victimization.
- f. **Level of Service Inventory – Revised (LSI-R):** A 54-item quantitative survey assessing criminogenic needs and used to predict recidivism percentages.

NOT CONFIDENTIAL

COR P & PM	SUBJECT: REENTRY COORDINATION OFFICE	POLICY NO.: COR.20.01
		EFFECTIVE DATE: March 6, 2020
		Page 3 of 5

- g. Reentry Commission: Established by statute to monitor the offender reentry program, discuss issues impacting the reentry process, offer recommendations, and ensure implementation and transparency.
- h. Reentry System: A network of government agencies, faith-based organizations and community service providers that work with PSD to prepare offenders for transition from incarceration to the community.
- i. Statewide, Automated, Victim Information and Notification (SAVIN): National system contracted by PSD to notify all registered users whenever an offender they've identified, has been transferred from the custody of the Department of Public Safety.

.3 Forms

- a. PSD 8801, Inmate Reentry Case Plan Checklist (Jail).
- b. PSD 8802, Inmate Reentry Case Plan Checklist (Prison).

4.0 POLICY

- .1 To develop and manage a system that effectively reduces barriers blocking an offender's efforts to successfully reenter the community.
- .2 To support facility staff in developing effective case plans for offenders, and maintain accurate data for PSD.
- .3 To take identified gaps and issues in an offender's case plan and work with facility staff to resolve them prior to release.

5.0 PROCEDURES

- .1 Reentry Coordination Office (RCO):
 - a. The RCO shall develop and manage a comprehensive reentry plan.
 - b. The RCO shall work with facilities to emphasize the importance of using validated assessment instruments and procedures to identify and prioritize risk factors in addressing offender's needs.
 - c. The RCO shall work with Wardens and Branch Administrators to maintain accurate data on furlough participation and restitution payments.

NOT CONFIDENTIAL

COR P & PM	SUBJECT: REENTRY COORDINATION OFFICE	POLICY NO.: COR.20.01
		EFFECTIVE DATE: March 6, 2020
		Page 4 of 5

- d. The RCO shall prepare the minutes from meetings with the Reentry Commission and the Population Management Commission in accordance with statute.
- e. The RCO shall monitor data compiled from facilities for accuracy.
- f. The RCO shall work with facilities in identifying special needs of offenders to address prior to release.
- g. The RCO shall work with facilities in restructuring prescriptive plans to include sound case planning for reentry purposes.
- h. The RCO shall assist volunteer and contract service providers in meeting the needs of offenders under the jurisdiction of PSD supervision.
- i. The RCO shall work closely and collaboratively with community service and furlough providers as well as the Substance Abuse Program Manager and Reentry Commission to develop a comprehensive offender reentry system.
- j. The RCO shall work closely and collaboratively with the Hawaii Paroling Authority and the Interagency Council on Intermediate Sanctions (ICIS) on issues and projects concerning reentry efforts for exiting offenders and detainees.
- k. The RCO shall closely monitor the SAVIN system to maintain uninterrupted and accurate notifications.
- l. The RCO shall manage all classification actions.

.2 Responsibilities:

- a. **Reentry Coordination Office Corrections Program Development Officer:** Is responsible for managing the reentry office (which includes Inmate Classification) and its staff and overseeing the comprehensive statewide offender reentry system and the implementation of new reentry programs by incorporating evidence-based practices and services.
- b. **Training and Program Development Program Specialist:** Duties include developing and executing curriculums, trainings, programs, information and electronic apps focused on evidence-based practices and aimed at creating

NOT CONFIDENTIAL

COR P & PM	SUBJECT: REENTRY COORDINATION OFFICE	POLICY NO.: COR.20.01
		EFFECTIVE DATE: March 6, 2020
		Page 5 of 5


and maintaining effective avenues for exiting offenders, and providing support to the RCO.

- c. Risk Management Program Specialist: Duties include identifying issues in and creating solutions for current risk management practices, managing the LSI-R certification process, regulating new and existing resources and programs towards evidence-based practices to reduce identified risk factors, and providing support to the RCO.
- d. Victim Services Program Specialist: Duties include developing new and managing existing evidence-based programs and services for victims of crimes, collaborating with other agencies to identify and address other means of relief, managing the resulting data and the expenditure plan that supports these programs and services, and providing support to the RCO.
- e. Inmate Classification Program Specialist: Duties include managing the statewide classification system and all actions that affect offenders, detainees, and facilities, the monitoring and advising on issues affecting inmate population, and providing support to the RCO.
- f. Wardens and Branch Managers: are responsible for staff compliance of the policy directives, subject to approval by the Director of the Department of Public Safety prior to implementation.

APPROVAL RECOMMENDED:


 _____ March 6, 2020
 Deputy Director for Corrections Date

APPROVED:


 _____ March 6, 2020
 Director Date

NOT CONFIDENTIAL

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 unknown, write "N/A" but 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 be asking for financial assistance, 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 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 (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, 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, 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

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