	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.14.03
		SUPERSEDES (Policy No. & Date): COR.14.03 of July 30, 1996	
	SUBJECT: PRESCRIPTIVE PROGRAM PLANS		Page 1 of 6

1.0 PURPOSE

To establish procedures for creating initial and updating existing prescriptive program plans for sentenced inmates.

2.0 SCOPE

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

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Department of Corrections and Rehabilitation (DCR), Policy and Procedures (P&P), COR.14.26, Offender Assessment Protocol.
- b. DCR, P&P, COR.18.01, Inmate Classification System.
- c. DCR, P&P, COR.18.02, Prison Classification Committee.
- d. DCR, P&P, COR.18.03, Initial Classification and Facility Assignment of Prison Inmates.
- e. DCR, P&P, COR.18.04, Reclassification of Prison Inmates.
- f. DCR, P&P, COR.18.08, Transfer of Adult Inmates.
- g. Hernandez v. Johnston, 833 F.2d 1316 (CA9 1987).
- h. Stanley v. Litscher, 213 F.3d 340 (CA 2000).

.2 Definitions

- a. Americans with Disabilities Act (ADA): Federal civil rights law prohibiting discrimination based on disability.
- b. Adult Substance Use Survey (ASUS): A 64-item, self-reporting survey completed by the prison offender and designed to assess their perceived alcohol and other substance usage.

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- c. 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.
- d. Exception Case: Administrative-approved overrides that affect an offender's computed custody score. Regulates appropriate placement/housing, while providing for the safety of staff, offenders, the community and good management of the facility.
- e. Hawaii Paroling Authority (HPA): Governing body that manages the State's parole program.
- f. Initial Prescriptive Plan (IPP): A written plan created upon initial incarceration to identify recommended institutional programming and custody designation following the completion of all program and classification assessments and a thorough review of all previous justice-related documents.
- g. Level of Service Inventory-Revised: A validated, predictive risk and needs assessment instrument that measures an offender's propensity for further unlawful and rule-violating behavior based on their criminal history and dynamic risk factors.
- h. Inmate: Any person who has been convicted of a felony and sentenced/remanded to the care and custody of the DCR.
- i. Override: Administrative-approved action to increase/decrease the Level of Service Inventory-Revised (LSI-R Recommended Treatment Level (RTL).
- j. Parole Violator (PV): Offender who was granted parole but failed to follow parole restrictions. PVs, although has returned to custody, cannot be programmed until parole revocation hearing documents have been filed.
- k. Prescriptive Program Plan: a written plan through which the Department shares program recommendations with prison offenders, that will best address the offender's needs and risks of recidivism. Included with this plan is a current assessment of their custody classification. This individualized plan is first created upon an inmate's admittance to the

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Reception, Assessment, and Diagnostic (RAD) Unit (initial). All significant events thereafter are documented with plan updates until paroled.

- i. Prescriptive Plan Update (PPU): A written plan that is created at any time during a prison offender's incarceration to document significant events that affects their recommended programming and their overall institutional adjustment, to include any amendments to address the event/institutional behavior.
- m. Pre-Sentence Investigation (PSI) Report: A report generated by the Adult Probation Office that investigates the history of a convicted offender prior to sentencing, to identify and document any extenuating factors that might decrease or increase the harshness of the sentence.
- n. Prison Inmate: Person who has been convicted and sentenced for a criminal offense for a period of one (1) year or more (includes anyone that has been sentenced to a *consecutive* term *totaling* more than one (1) year *combined*) and parole violators returned to custody.
- o. Re-assessment: A file and face-to-face interview with an offender following a significant event to review and reassess their risk/needs following adjudication OR 3 months AFTER securing employment AND being in the community.
- p. Reception, Assessment & Diagnostic Unit (RAD): Section that conducts initial assessments, to determine a newly admitted, prison offender's classification and recommended programming to address their risk/needs.
- q. Recommended Treatment Level (RTL): The combined sum of completed LSI-R and ASUS assessment scores to determine a prison offender's recommended level of substance abuse treatment.
- r. Sex Offender: A person convicted of a sexually related criminal offense.

.3 Forms

- a. DCR 8202 – Exception Case.
- b. DCR 8731 – Initial Prescriptive Plan (IPP).
- c. DCR 8732 – Prescriptive Plan Update (PPU).

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4.0 POLICY

- .1 A prescriptive program plan shall be created for all sentenced felon offenders upon admittance. The plan shall address the prison offender's risks, needs, behavior, goals and custody of the individual.
- .2 Updates shall be completed at significant junctures of an offender's incarceration to document changes in their risks, needs, behavior, goals and custody.
- .3 Offender participation when creating an initial or updating an existing plan is a must. Staff shall help the offender understand the recommendations being made and motivate them to achieve the goals listed. Offenders shall be given a copy of the plan every time the plan is created.
- .4 Staff will be responsible for motivating the inmate to participate in the recommended programs, and to document in these plans, their progress/failure.

5.0 PROCEDURES

- .1 When admitted into the RAD Unit, previous assessments, criminal history, interviews with the offender and if available, pre-sentence investigative reports (PSI) will be reviewed to create an Initial Prescriptive Plans (IPP).
- .2 A review shall also be completed to identify any reasonable modifications, auxiliary aids or services, removal of architectural, communication, and transportation barriers, and/or when DME requests are granted. **Regardless of whether the program plan is the initial or an update, all plans shall include the current status of documents for identification.**
- .3 Prescriptive Plan Updates (PPU) will be created to document the offender's progress during their incarceration. In the institutional phase, the offender is encouraged to participate in a variety of activities and programs identified to address their risk, needs. In the transitional phase, which occurs during the last twenty-four (24) months of incarceration, focus is on addressing issues and identified roadblocks in preparation for release and reintegration into the community and/or parole.
- .4 Upon completion of the Initial Prescriptive Plan [PSD 8731], signed copies of the report shall be forwarded to the Department's Inmate Classification Office (ICO), and the Correctional Supervisor of the housing unit the offender is transferred to

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following the completion of their RAD process. Lastly, **a copy will be given to the inmate so that they can follow/track their progress.**

- .5 When transferred to another facility, a Transfer Assessment Committee will review all previous prescriptive plans to ensure it is still relative. If necessary, a Prescriptive Plan update shall be generated to highlight any discrepancies and target dates for implementation.
- .6 Any reasonable modification, removal of architectural, communication, or transportation barrier, auxiliary aid or service, and/or DME that has been approved shall be documented.
- .7 Upon completion of the RAD process, the following completed/signed forms/assessments will be placed into the offender's official RAD case file:
 - a. DCR 8731 – Initial Prescriptive Plan.
 - b. All approved/signed forms for accommodations and/or reasonable modifications and notifications.
 - c. LSI-R Instrument-initial assessment.
 - d. ASUS Instrument-initial assessment.
 - e. Health Screen Custody Review (HSCR).
 - f. Criminal Justice Inquiry (CJIS) report.
 - g. Pre-Sentence Investigative report (PSI) – if available.
 - h. Sex Offender Custody Level Review (SOCLR) – if applicable.
- .8 For prescriptive case plans, the following will be placed in their case file:
 - a. DCR 8732 – Prescriptive Plan Update (indicate #)
 - b. All approved/signed forms for accommodations and/or reasonable modifications and notifications.
 - c. LSI- R Instrument re-assessment.
 - d. ASUS Instrument re-assessment.

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- e. Health Screen Custody Review (HSCR) – follow-up reports/current status.
- f. All signed/approved overrides – LSI-R, exception case.
- .9 Copies of any prescriptive plan shall be made available to the Hawaii Paroling Authority upon request.
- .10 Approved requests for all Accommodation/Modification Reviews shall be noted and made available to the Hawaii Paroling Authority upon request.

APPROVAL RECOMMENDED:




Deputy Director for Corrections

JAN 0 1 2024

Date

APPROVED:



DIRECTOR

JAN 0 1 2024

Date

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STATE OF HAWAII
DEPARTMENT OF CORRECTIONS AND REHABILITATION

EXCEPTION CASE FORM

Date: _____

Name of Inmate: _____

SID #: _____

Current Facility Location: _____

Computed Custody Score: _____ Recommended Custody: _____

Reason for Exception Case Recommendation: _____

Submitted By: _____

(Facility Classification Coordinator/Designee)

Date

Reviewed By: _____

(Warden/Designee)

Date

Forward this from to the Department Inmate Classification Officer along with:

- 1) Completed Classification Instrument(s)
- 2) Exception Case Summary

Approved/Disapproved: _____

(Department Classification Officer)

Date

If disapproved, reason: _____

When disapproved by the Classification Officer, exception case to automatically be sent to the Deputy Director for appeal and review.

Exception Request Granted / Not Granted.

(Deputy Director for Corrections)

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

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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 _____

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 CORRECTIONS AND REHABILITATION**

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:

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MISCONDUCTS: (Guilty)

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