	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.20.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.20.01 & 11/16/2018	
<b>SUBJECT:</b> <b>REENTRY COORDINATION OFFICE</b>		<b>Page 1 of 5</b>	

## 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 inmates exiting correctional facilities statewide.

## 2.0 SCOPE


This policy shall apply to all correctional and contracted facilities and the personnel authorized to work there. To the extent any individual facility policy conflicts with the statewide policy, the statewide policy shall control.

## 3.0 REFERENCES, DEFINITIONS, AND FORMS

### .1 References

- a. Hawai'i Revised Statutes (HRS), §353-131, [Part VII.] Statewide Automated Victim Information and Notification (SAVIN) System, Definitions.
- b. HRS, §353-132, SAVIN, System; requirements.
- c. HRS §353-63.5, [Part II.] Hawai'i Paroling Authority (HPA), Paroles and Pardons, Intermediate sanctions; eligibility; criteria and conditions.
- d. HRS §353A, Director of Corrections and Rehabilitation, powers and duties.
- e. HRS §353H-1, [Part 1.] General Provisions, Comprehensive Offender Reentry System (CORS)
- f. HRS §353H-2.5, CORS, Offender Reentry Office.
- g. HRS §353H-3, CORS, Offender reentry system plan; creation.
- h. HRS §353H-4, CORS, Model programs; department of public safety.
- i. HRS §353H-5, CORS, Children of incarcerated parents, families.
- j. HRS §353H-6, CORS, Employment of ex-inmates.

**NOT-CONFIDENTIAL**


	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.20.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.20.01 & 11/16/2018	
<b>SUBJECT:</b> <b>REENTRY COORDINATION OFFICE</b>		<b>Page 2 of 5</b>	

- k. HRS §353H-7, CORS, Return of out-of-state inmates.
- l. HRS §353H-8, CORS, Performance indicator reporting.
- m. HRS §353H-9, CORS, Annual reporting requirements.
- n. HRS §353H-31, [Part III.] Adult offender reentry programs and services.
- o. HRS §353H-32, Offender reentry; identification documents.
- p. Department of Corrections and Rehabilitation (DCR), Policy & Procedures (P & P), COR.14.03, Prescriptive Program Plans.
- q. DCR, P & P, COR.14.20, Academic/Vocational Program Mandates.
- r. DCR, P & P, COR.18.01, Inmate Classification System.
- s. DCR, P & P, COR.19.02, Volunteer Services.

**.2** Definitions

- a. Alcohol Substance Use Survey (ASUS): A 64-item, self-reporting screening tool consisting of 15 subscales which focuses on substance use and its effects on an inmate; used to assess the recommended level of substance abuse treatment.
- b. Corrections Management Information System (CMIS): The Department's management system that handles all inmate information.
- 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 to achieve measurable outcomes and ensure that the services provided, and resources used are effective.
- e. Hawai'i Paroling Authority (HPA): A quasi-judicial body, administratively attached to DCR who is responsible for establishing minimum prison terms

**NOT-CONFIDENTIAL**

	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.20.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.20.01 & 11/16/2018	
<b>SUBJECT:</b> <b>REENTRY COORDINATION OFFICE</b>		<b>Page 3 of 5</b>	

for sentenced felons, granting and revoking paroles, providing for parole supervision and arranging for parole status changes.

- f. Interagency Council on Intermediate Sanctions (ICIS): An assembly of various justice-involved agencies, including DCR, that collaboratively work to develop protocols, services, gather information and measure sanction effectiveness to reduce recidivism and prevent future victimization.
- g. Level of Service Inventory – Revised (LSI-R): A 54-item quantitative survey assessing criminogenic needs and used to predict recidivism percentages.
- h. Reentry System: A comprehensive network of government agencies, faith-based organizations and community service providers that work with DCR to assist an inmate’s transition from incarceration to the community.
- i. Statewide, Automated, Victim Information and Notification (SAVIN)/VINE Link system: a national, automated system contracted by DCR to inform all registered users of VINE Link, an inmate’s current status, including any significant movement in, out or within the Department of Corrections and Rehabilitation.


.3 Forms

- a. DCR 8801, Reentry Plan (Jail).
- b. DCR 8802, Reentry Plan (Prison).
- c. DCR 8809. Request for Service.

**4.0 POLICY**

- .1 To develop and manage a comprehensive offender reentry system that will help staff identify barriers that could impede an inmate’s progress while incarcerated and/or affect their efforts to prepare for eventual release into the community.
- .2 To provide support and training for facility staff on how to develop accurate plans for inmates, and use the information gained to address an inmate’s risk, needs and responsibility.

**NOT-CONFIDENTIAL**


	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.20.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.20.01 & 11/16/2018	
<b>SUBJECT:</b> <b>REENTRY COORDINATION OFFICE</b>		<b>Page 4 of 5</b>	

- .3 To manage data collected on reentry efforts statewide for quality assurance and to measure a reentry programs' effectiveness, identify shortfalls and enact changes when necessary.
- .4 Wardens shall be responsible for staff compliance and administering this policy.
- .5 The RCO shall manage the reentry program initiatives, statewide classification and SAVIN systems.

## 5.0 PROCEDURES

- .1 Reentry Coordination Office (RCO):
  - a. The RCO shall work with facility staff to develop and manage a comprehensive reentry system that will provide direction, standardize operations, establish a process to collect data using evidence-based practices to meet academic/vocational program mandates in preparation for parole.
  - b. The RCO shall manage the training of facility staff on the use of validated, evidenced-based assessment instruments, such as the LSI-R and ASUS to determine an inmate's criminogenic risk for reoffending.
  - c. The RCO shall work with facility staff and utilize the departmental data management system to collect and accurately record all reentry-related data.
  - d. The RCO shall work with facility staff to restructure prescriptive plans on the department's corrections management information system (CMIS), to allow for increased collaboration between inmate and staff.
  - e. The RCO will work to establish new and nurture current partnerships with community service providers to refer exiting inmates for continuum of care.
  - f. The RCO will facilitate communications between facilities, community service providers and the department's Volincor division to complete mandated volunteer training. The training will prepare providers for entering into various correctional facilities, to provide assistance for inmates preparing for release.

**NOT-CONFIDENTIAL**


	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 1, 2024	<b>POLICY NO.:</b> COR.20.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.20.01 & 11/16/2018	
<b>SUBJECT:</b> <b>REENTRY COORDINATION OFFICE</b>		<b>Page 5 of 5</b>	

- g. The RCO shall collaborate with the Hawai'i Paroling Authority (HPA) and the Interagency Council on Intermediate Sanctions (ICIS) on issues and projects whose focus is to find avenues to reduce recidivism rates for exiting inmates, parolees and detainees.
- h. The RCO shall work with the SAVIN Coordinator to monitor and effectively manage the SAVIN/VINE Link system to ensure information is accurate, and automatic notifications regarding an inmate's status are released uninterrupted 24/7.
- i. The RCO shall manage all classification actions, to ensure that all inmates are classified at the least restrictive custody level.
- j. The RCO shall work with facility supervisors to manage staffs' correct usage of and compliance on all assessment instruments.


.2 Reentry Plans:

- a. Reentry plans will be completed, signed, then scanned on the DCR data management system with a copy of the signed document given to the inmate, and the original to be placed in the inmate's institutional file.
- b. RCO to work with facility supervisors to conduct regular audits of the checklists to ensure that the inmate's needs have been identified and addressed as much as possible, prior to release.

APPROVAL RECOMMENDED:

  
 \_\_\_\_\_ JAN 0 1 2024  
 Deputy Director for Corrections Date

APPROVED:

  
 \_\_\_\_\_ JAN 0 1 2024  
 Director Date

**NOT-CONFIDENTIAL**

STATE OF HAWAII  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
JAIL REENTRY PLAN # \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SID#: \_\_\_\_\_ DOB: \_\_\_\_\_ CUSTODY LEVEL: \_\_\_\_\_

FACILITY: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_\_

TIME SERVED RELEASE DATE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

**JAIL INMATE REENTRY PLAN FOR THE DEPARTMENT OF CORRECTIONS AND REHABILITATION:**

This Reentry Plan is meant to serve as a guideline to prepare you for your eventual return into the community. Answer all questions, if possible, but if some are unknown, then write "N/A". In other words, there should be no blank spaces. This Reentry Plan should be updated when a significant change occurs (i.e. residence, employment, identification documents). Therefore, it is important that you notify your Case Manager when there are changes to your plan. Please write legibly and attach all applicable documents to this form.

     **WAIVED PARTICIPATION**

**1. PERSONAL INFORMATION**

In case of emergency, notify next of kin:

Name: \_\_\_\_\_

Address (#Street/City, State, Zip): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. RESIDENCE/HOUSING**

Do you have a RESIDENCE/HOUSING waiting for you upon release?  Yes  No

If you answered **YES**, you are encouraged to contact the person you will be residing with to obtain the required information to complete this section. Attach a letter from the individual or clean and sober house to verify this living arrangement. **Also, please notify your Case Manager if your housing plans have changed**, to ensure that the information on this form **remains current and accurate**.

Name of Owner/Renter: \_\_\_\_\_

Address (#Street/City, State, Zip): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of rent: \_\_\_\_\_ Length of stay: \_\_\_\_\_

**3. EMPLOYMENT**

Do you have EMPLOYMENT waiting for you upon release?  Yes  No

If you answered YES, you are encouraged to contact your future employer to obtain the required information to complete this section. Attach a letter from the employer to verify this job offer. **Also, please notify your Case Manager if your employment plans have changed,** to ensure that the information on this form **remains current and accurate.**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (#Street/City, State, Zip): \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

If you do not have a job offer at this time, list your past job experience(s) and/or interest(s):

**4. IDENTIFICATION DOCUMENTS**

Do you have a **BIRTH CERTIFICATE** readily available to you?  Yes  No

Are you a citizen?  Yes  No

What city and state/country were you born in? \_\_\_\_\_

If YES, where is it? \_\_\_\_\_

If NO, **WHEN** was it ordered? \_\_\_\_\_

If not ordered, please provide an explanation: \_\_\_\_\_

---

Do you have a **STATE IDENTIFICATION CARD**?  Yes  No

If YES, where is it? \_\_\_\_\_

If NO, were you given an application to submit when you are released?  Yes  No

---

Do you have a **SOCIAL SECURITY CARD**?  Yes  No

If YES, where is it? \_\_\_\_\_

If NO, were you given an application to submit when you are released?  Yes  No

Do you have a **DRIVER'S LICENSE**?  Yes  No  Expired  Valid

If **YES**, where is it?

\_\_\_\_\_

If **NO**, were you given an application to submit when you get released?  Yes  No

---

**OTHER RELEVANT IDENTIFICATION DOCUMENTS** (Check if you have access to these documents, if applicable):

Divorce Decree       Military ID       Passport       Naturalization/Greencard Docs.

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

Bus Pass/Taxi Voucher (outer island)       Financial Assist (SNAP)       Interpreter  
 Clean & Sober Housing       SSI/SSDI       Wheelchair  
 Handivan access       Hygiene items       Cane/walker  
 Clothes/Shoes/Socks       Med Quest/Medicare/Medicaid

\*Do you need an interpreter?  Yes  No

Language: \_\_\_\_\_

**\*Staff: Attach Interpreter Form**

**6. TRANSPORTATION UPON RELEASE**

Do you have plans to be picked up?  Yes  No

If **YES**, by whom? \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Plan completed by:

\_\_\_\_\_  
Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date



**STATE OF HAWAII  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
PRISON REENTRY PLAN # \_\_\_\_\_**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

SID#: \_\_\_\_\_ DOB: \_\_\_\_\_ CUSTODY LEVEL: \_\_\_\_\_

FACILITY: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_\_

PAROLE ELIGIBILITY DATE (PED): \_\_\_\_\_ MAX OUT DATE: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

**PRISON INMATE REENTRY PLAN FOR THE DEPARTMENT OF CORRECTIONS AND REHABILITATION:**

This Reentry Plan is meant to serve as a guideline to prepare you for your eventual return into the community. Answer all questions, if possible, but if some are unknown, then write "N/A". In other words, there should be no blank spaces. This Reentry Plan should be updated when a significant change occurs (i.e. residence, employment, identification documents). Therefore, it is important that you notify your Case Manager when there are changes to your plan. Please write legibly and attach all applicable documents to this form.

     **WAIVED PARTICIPATION**

**1. PERSONAL INFORMATION**

In case of emergency, notify next of kin:

Name: \_\_\_\_\_

Address (#Street/City, State, Zip): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. RESIDENCE/HOUSING**

Do you have a RESIDENCE/HOUSING waiting for you upon release?  Yes  No

If you answered **YES**, you are encouraged to contact the person you will be residing with to obtain the required information to complete this section. Attach a letter from the individual or clean and sober house to verify this living arrangement. **Also, please notify your Case Manager if your housing plans have changed**, to ensure that the information on this form **remains current and accurate**.

Name of Owner/Renter: \_\_\_\_\_

Address (#Street/City, State, Zip): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of rent: \_\_\_\_\_ Length of stay: \_\_\_\_\_

**3. EMPLOYMENT**

Do you have EMPLOYMENT waiting for you upon release?  Yes  No

If you answered **YES**, you are encouraged to contact your future employer to obtain the required information to complete this section. Attach a letter from the employer to verify this job offer. **Also, please notify your Case Manager if your employment plans have changed**, to ensure that the information on this form **remains current and accurate**.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (#Street/City, State, Zip): \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

\_\_\_\_\_

If you do not have a job offer at this time, list your past job experience(s) and/or interest(s):

\_\_\_\_\_

**4. IDENTIFICATION DOCUMENTS**

Do you have a **BIRTH CERTIFICATE** readily available to you?  Yes  No

Are you a citizen?  Yes  No

What city and state/country were you born in? \_\_\_\_\_

If **YES**, where is it? \_\_\_\_\_

If **NO**, **WHEN** was it ordered? \_\_\_\_\_

If not ordered, please provide an explanation: \_\_\_\_\_

---

Do you have a **STATE IDENTIFICATION CARD**?  Yes  No

If **YES**, where is it? \_\_\_\_\_

If **NO**, were you given an application to submit when you are released?  Yes  No

---

Do you have a **SOCIAL SECURITY CARD**?  Yes  No

If **YES**, where is it? \_\_\_\_\_

If **NO**, were you given an application to submit when you are released?  Yes  No

Do you have a **DRIVER'S LICENSE**?  Yes  No  Expired  Valid

If **YES**, where is it? \_\_\_\_\_

If **NO**, were you given an application to submit when you get released?  Yes  No

---

**OTHER RELEVANT IDENTIFICATION DOCUMENTS** (Check if you have access to these documents, if applicable):

Divorce Decree  Military ID  Passport  Naturalization/Greencard Docs.

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

Bus Pass/Taxi Voucher (outer island)  Financial Assist (SNAP)  Interpreter  
 Clean & Sober Housing  SSI/SSDI  Wheelchair  
 Handivan access  Hygiene items  Cane/walker  
 Clothes/Shoes/Socks  Med Quest/Medicare/Medicaid

\*Do you need an interpreter?  Yes  No

Language: \_\_\_\_\_

\*Staff: **Attach Interpreter Form**

**6. TRANSPORTATION UPON RELEASE**

Do you have plans to be picked up?  Yes  No

If **YES**, by whom? \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Plan completed by:

\_\_\_\_\_  
Inmate Date Case Manager Date

**DEPARTMENT OF CORRECTIONS AND REHABILITATION  
REQUEST FOR SERVICE**

INMATE NAME: \_\_\_\_\_ SID# \_\_\_\_\_

STAFF NAME & TITLE: \_\_\_\_\_

City and State of birth: \_\_\_\_\_

Check the items that apply:

I will need assistance in obtaining a

Birth Certificate Status: \_\_\_\_\_

State ID Status: \_\_\_\_\_

Social Security Card Status: \_\_\_\_\_

I decline assistance with obtaining a

Birth Certificate Reason: \_\_\_\_\_

State ID Reason: \_\_\_\_\_

Social Security Card Reason: \_\_\_\_\_

Check if you have any of the following documents:

State ID/Driver's License \_\_\_\_\_  
(Location/Comments)

Social Security Card \_\_\_\_\_  
(Location/Comments)

Birth Certificate \_\_\_\_\_  
(Location/Comments)

Other \_\_\_\_\_  
(i.e: Citizenship, Green Card, Passport, etc.) (Location/Comments)

Are you a Veteran (Circle one)? YES NO What Branch of Service: \_\_\_\_\_

This is in accordance with Statute 353H-32: **OFFENDER REENTRY; IDENTIFICATION DOCUMENTS**, also known/referred to as **ACT 056**.

\_\_\_\_\_  
Inmate's Signature Date

\_\_\_\_\_  
Staff Signature Date

CC: Institutional File  
DCR 8809 (01/2024)