

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: AUG 03 2010	POLICY NO.: COR.08.10
		SUPERSEDES (Policy No. & Date): COR.08.10 & 07/01/2010	
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1.0 PURPOSE

To establish a standardized statewide program to detect, control and deter the unauthorized use and/or abuse of drugs and alcohol by adult inmates/defendants in order to support the Department of Public Safety's (PSD) commitment to its policy of zero-tolerance for substance abuse.

2.0 REFERENCES

- .1 Hawaii Revised Statutes (HRS), 1993; 353-13.4 "Substance Abuse Testing of Inmates".
- .2 HRS, 2009 Supplemental, 353G.1-18, Criminal Offender Treatment Act.
- .3 Departmental Policy & Procedures (P&P) COR. 13.03, Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.
- .4 National Association of Pretrial Services Agencies (NAPSA), Guidelines for Pretrial Release and Diversion, Drug Testing, 1995.

3.0 DEFINITION

- .1 Working days – Weekdays, Mondays through Fridays, excludes weekends and holidays.
- .2 Defendant – an individual arrested for allegedly committing a criminal offense but, adjudicated and/or not convicted of the offense (s).
- .3 Inmates – an individual who is under sentence to or under the custodial jurisdiction of a prison or other correctional institution.
- .4 Coded – Defined as the inmate's/defendant's State Identification (SID) number.

4.0 POLICY

The use of illicit drugs by inmates/defendants presents a serious threat to the safety and security of correctional facilities and to the community. Urinalysis testing has

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proven to be an effective means of maintaining drug free correctional environments, controlling contraband, detecting illicit use of drugs and alcohol, identifying substance abusers, determining treatment needs, and holding inmates and defendants accountable for their actions. Test results provide information useful for assigning inmates/defendants to appropriate treatment programs. Testing is also important in determining compliance with program rules, and imposing discipline on those who illicitly use drugs and alcohol. Urinalysis testing is therefore an important management tool for staff, a deterrent for inmates/defendants, and it enhances public safety.

The Department has established controls to prevent the use of illicit substances by inmates/defendants. Wardens shall establish and ensure the proper implementation and maintenance of the urinalysis-testing program for inmates within their facilities. Intake Service Center (ISC) managers shall establish a urinalysis-testing program for defendants under their supervision. All inmates and defendants in community supervision programs shall be subjected to urinalysis testing as described in this policy. It is the policy of the Department that all incidents of positive drug tests shall be met with appropriate sanctions and/or treatment interventions.

Each facility and center shall designate one person in writing to be responsible for ensuring that the program is carried out according to this policy and procedure.

The following drug classifications will be assessed during urinalysis testing. The drugs are: 1) THC (tetrahydrocannabinol); 2) cocaine; 3) opiates; 4) methamphetamines; and 5) alcohol. Correctional Facilities, Community Correctional Centers, and Intake Service Centers have the option to test for other drugs if deemed appropriate.

5.0 REASONS FOR TESTING

Testing shall be conducted for any of the following reasons: 1) random testing as described in 7.0 of this policy and procedure; 2) for cause as described in 8.0 of this policy and procedure; 3) in connection with a substance abuse treatment program as described in 9.0; 4) in connection with community-based correctional programs as described in 10.0; 5) in all cases requiring urinalysis testing as a court-ordered condition for supervised release as covered in section 11.0; 6) for security reasons with respect to transferring of inmates/defendants. All testing (7.0 - 11.0) shall be done in accordance with the general procedures established in 6.0 of this policy and procedure.

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6.0 PROCEDURES

The procedures in this section apply to all urinalysis testing conducted in accordance with 5.0 of this policy and procedure.

.1 Identifying the Inmate/Defendant to be tested.

The Warden or ISC Manager or his/her designee shall authorize the urinalysis test for any inmate/defendant.

.2 Place of Testing

- a. Inmates/Defendants shall be tested within the facility in which they are held or at the furlough site.
- b. Defendants under the jurisdiction of the ISC may be referred to a correctional facility to be tested. An ISC Manager may designate an alternate site when the court specifically mandates it.
- c. The inmate/defendant may be escorted or directed to a designated area affording reasonable security, privacy, and sanitary conditions. Staff of the same sex shall collect the urine specimen.
- d. ISC defendants tested at the facility will not be permitted to enter the secured part of the facility. ISC defendants will have their urine collected in an area accessible to the public such as the administrative area or inmate visit area.

.3 Chain of Custody Requirements

- a. Obtaining the Urine Specimen
 1. The Urinalysis Test Record/Chain of Custody Form PSD 8720 (see attached) shall document the urinalysis testing procedure. This form is to be filled out completely. It is to accompany the urine sample until the specimen is tested. In the event of a positive result, it shall be kept for further testing. The Urinalysis Test Record/Chain of Custody Form and the positive urine specimen shall be kept on file for the duration of the grievance process. It may be kept longer for court purposes.

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2. All bleach cleansing materials, household products, food condiments and any other substances or objects that the inmate/defendant could use to contaminate a sample shall be kept away from the inmate's reach or removed from the sample collection area.
3. The inmate shall be pat or strip-searched prior to submitting the urine specimen to ensure that the specimen submitted is that of the inmate. Inmates/defendants shall be required to wash their hands prior to submitting the urine specimen.
4. ISC defendants shall be pat searched prior to submitting the urine specimen to ensure that the specimen submitted is that of the offender. ISC defendants shall be stripped searched if there is reasonable cause to believe there is an attempt to conceal any unauthorized substance. In all instances offenders shall be required to wash their hands prior to submitting the urine specimen.
5. The inmate/defendant shall be asked if he/she has been taking any medication recently, and the response shall be noted on the Urinalysis Test Record/Chain of Custody Form (PSD 8720).
6. Prescribed medication will be verified by the medical unit when a positive result is obtained. Manufacturer's guidelines shall also be used to identify the impact of the medication on urinalysis testing results. The licensed, certified laboratory technician conducting the confirmation test should determine whether the medication consumed resulted in illicit drugs being falsely detected.
7. Staff shall provide a specimen container and ensure that the specimen container is properly coded with the SID number and sealed in the presence of the inmate. The inmate/defendant shall sign an approved form (PSD 8720) acknowledging that his/her specimen has been sealed and coded in his/her presence. Staff shall also ensure that the specimen container is properly dated. The SID number and the date shall be typed or written in indelible ink on a label, which is affixed to the specimen container.
8. After the specimen container has been properly coded and dated in the presence of the inmate/defendant, the inmate/defendant

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shall be pat or stripped searched and visually observed urinating into the container. Staff shall ensure that the inmate/defendant properly sealed their container with tamper proof tape, initial on top of the tamper proof tape, and the container is properly coded and dated.

9. If the inmate/defendant is unable to provide a urine specimen 30 ml immediately, he/she shall be detained in a secured room for up to two hours. Staff shall maintain control of the specimen container until such time as the inmate/defendant is able to provide a urine sample. Staff shall not give the inmate/defendant more than two cups of water. The tamper proof seal shall be broken when the inmate/defendant is ready to provide a sample and resealed with a new tamper proof tape when required amount provided. If an inmate/defendant is unable to provide a specimen in two hours (considered a refusal) the inmate/defendant shall be subject to the sanctioning schedule established in Departmental P&P COR.13.03 Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.
 10. The PSD staff collecting the urine specimen from the inmate/defendant shall make the appropriate notations on the Urinalysis Test Record/Chain of Custody Form (PSD 8720).
 11. All specimen containers shall be labeled and sealed in the presence of the staff. The inmate/defendant shall sign his/her acknowledgment on the Chain of Custody Form (PSD 8720) acknowledging that the specimen container was sealed and coded in his/her presence.
 12. If an inmate/defendant refuses to submit a urine specimen, it shall be taken as an inference of guilt of a positive test result and shall be sanctioned under the schedule established in Departmental P&P COR.13.03 Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations. The same sanctioning schedule shall apply to inmates/defendants who tamper or attempt to tamper with urine specimens and/or results. The inmate/defendant maybe subject to additional misconduct violation(s) for refusing to obey an order of any staff member.
- b. Processing the Urine Specimen.

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1. All persons accessing the specimen shall make an appropriate notation of his/her name, and the date under the Urinalysis Test Record/Chain of Custody Form (PSD 8720).
 2. In the event the collector of the urine specimen is the same individual as the urine specimen tester, the name of the individual shall be noted on the Urinalysis Test Record/Chain of Custody Form (Specimen obtained by and Test Performed by).
 3. Equipment operators shall place the specimen in a secure refrigerator if it is not tested immediately, for up to three working days. After the third working day, the specimen shall be frozen. The specimen shall be tested within ten working days after collection. "Tamper proof" tape shall be used to secure specimen containers.
 4. The Warden/ISC Manager will ensure that only authorized staff will have access to the secured refrigerator(s) or freezer(s).
 5. The PSD or its contracting agent shall train urinalysis testers in the proper operation of the equipment. The individual performing the urinalysis testing shall follow procedures recommended by the manufacturer.
 6. A logbook shall be kept in the vicinity of the refrigerator(s) and/or freezer(s). Each person opening the refrigerator(s) or freezer(s) shall note his/her name, date, time of access, purpose, and identification of specimens handled.
- c. Discarding the Urine Samples.
- Urine samples with negative results should be disposed of immediately after testing has been completed. The following procedures should be followed:
1. Urine should be emptied in toilet facility after having been tested.
 2. Specimen containers may be disposed of in trash bins.
- d. Retaining Positive Urine Samples.

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Urine samples with positive results shall be kept in a secured freezer for the duration of the grievance process. It may be kept longer if needed for court purposes.

If a positive result is obtained, the medical unit staff will be asked to secure a signed release from the inmate/defendant allowing information to be shared by the medical unit regarding the use of medications. The staff responsible for urinalysis testing will consult the manufacturer's guidelines to identify the impact of the type of medication on the urinalysis test results. The staff obtaining the information will document this information on the Urinalysis Test Record/Chain of Custody Form (PSD 8720).

.4 Threshold Levels.

The Department shall follow manufacturer's written guidelines to determine positive results.

.5 Confirmatory Testing.

- a. Those inmates/defendants who test positive on the initial test shall be notified in writing that they may request for a confirmatory test by a certified (licensed) laboratory form PSD 8719 (see attached). Upon such a request, a confirmatory test shall be conducted within 15 working days by the certified (licensed) laboratory. The inmate/defendant shall pay the cost of confirmatory tests for each drug found to be above the limit of quantization Gas Chromatograph/ Mass Spectrometry (GC/MS) cutoff level. The Department will pay the cost of confirmatory tests that are below the limit of quantization GC/MS cutoff level.
- b. Positive test results and the availability of a confirmatory test shall be provided to the inmate/defendant in writing. Staff shall be responsible for ensuring that the inmate/defendant sign the acknowledgement of receipt of the initial test result and the confirmatory test results contained on PSD form 8719. The Notice of Drug Detection Test form PSD 8719 shall be used to notify inmates/defendants. The urinalysis tester shall notify the facility business office within two working days that the inmate requested for a confirmation test to be conducted.

.6 Method of Payment for Confirmation Tests The following procedures shall be followed when a confirmation test is requested.

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- a. The Notice of Drug Detection Test form PSD 8719 will be used to initiate all confirmatory tests.
- b. The urinalysis tester will submit a copy of the Notice of Drug Detection Test to the facility's business office within two working days of the confirmation request.
- c. The facility's business office shall freeze (prohibit the transfer) an amount equal to the cost of each drug confirmation test from the inmate's/defendant's spend-able account. Transactions will be made within ten (10) working days of the confirmation test request. Upon a finding of indigence, the facility shall require the person to pay as much of the fee as is consistent with the person's ability to pay (HRS, 2009 Supplemental, 353G-10).
- d. The contracted laboratory will submit two invoices to the PSD, Corrections Program Services Division (CPS), Substance Abuse Services Branch to be paid in full for all the confirmation tests conducted. The invoice will include a list of the inmate's/defendant's name and as to whether the confirmatory test was positive or negative. The Substance Abuse Branch shall be responsible to pay for all the negative confirmatory test results.

If the confirmation tests are negative, the amount frozen from the inmate's/defendant's account for the confirmation test will be transferred back to the inmate's/defendant's spending account. The business office will make this transaction within five (5) working days of receiving the results of confirmation test.

- e. The inmates/defendants with positive confirmation test results shall be responsible to reimburse the Substance Abuse Services Branch for the cost of the confirmation test. The facility's business office within three (3) working days of receiving the invoice shall debit the inmate's/defendant's account and send a check to the SA Branch. The check shall be made payable to: State of Hawaii, Director of Finance. The Invoice Number and the Purchase Order Number shall be noted on the check in order to credit the correct individual.
- f. The Substance Abuse Services Branch shall be responsible for the payment of the confirmation test results that return from the laboratory as being invalid for whatever reason.

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.7 Documentation.

Facilities will be responsible for maintaining a log of urinalysis tests results and for submitting monthly reports to the Department's Substance Abuse Program Manager. At a minimum, facilities shall keep the information contained in the Substance Abuse Monthly Urinalysis Report Log Sheet form PSD 8729 (see attached) and the monthly Urinalysis Report PSD 8728 (see attached). The documents shall be submitted to the Substance Abuse Program Manager by the fifth of each month for urinalysis tests conducted during the previous month.

.8 Method of Testing.

The Department shall specify the equipment or methods used to conduct urinalysis tests in accordance with Section 353-13.4, HRS and Chapter 353-G. Testing may be done using FDA approved field test kits such as cups, strips, patches, etc., or using the Enzyme Multiplied Immunoassay Technique (EMIT).

.9 Urinalysis Equipment Operator.

Each facility shall designate a person or persons who is (are) responsible for urinalysis testing and determining test results. Only properly trained staff (i.e., by the manufacturer or Department) shall conduct urinalysis tests using equipment approved by the Department. Other security or facility personnel may collect the samples for testing, providing they follow all proper procedures as outlined above.

.10 Ordering the Inmate/Defendant to be tested.

The inmate/defendant ordered to submit a urine specimen for urinalysis testing shall be informed of the underlying reason in writing on the Notice of Drug Detection Test PSD 8719. If the inmate/defendant refuses or is unable to provide a specimen, he/she shall be informed that the refusal or inability to provide a specimen will be considered an inference of guilt of a positive test. The inmate/defendant will be subject to disciplinary action under Departmental P&P COR.13.03 Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.

.11 Notification of Test Results.

The inmate/defendant ordered to submit a urine specimen should be informed of his/her positive test result within five (5) working days of the test. Positive

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test results and the availability of a confirmatory test are to be provided to the inmate/defendant in writing. The Notice of Drug Detection Test form PSD 8719 shall be used to notify inmates/defendants.

.12 Sample Rejection.

A urine sample submitted for drug testing is rejected and therefore cannot be analyzed if:

- a. The evidence tape is altered.
- b. There is a break in the tamper-proof evidence tape, which questions the integrity of the sample.
- c. The label is not filled out with complete information to identify the donor.
- d. The sample is less than 30ml.

7.0 RANDOM URINALYSIS TESTING

The purpose of random urinalysis testing is to identify and deter the use of drugs and alcohol for all inmates and defendants in the custody of the PSD. Each facility and ISC shall conduct random urinalysis at least once each month according to the following procedure:

- .1 The random targets are based on monthly population caseload or counts, including inmate transfers and new admissions. The targets shall be used by the facility or center as the minimum number of random tests to be conducted each month. For correctional facilities and centers, the target number of tests conducted each month will be equivalent to a minimum of 5% of the inmate population caseload or count on the first of the month. The ISCs may also utilize the 5% random target of their caseload. All facilities, centers and ISCs will use the following method for conducting random urinalysis tests:
 - a. All urinalysis testers shall obtain a current facility roster or module roster from the Warden/ISC Manager or his/her designee.
 - b. The urinalysis tester shall determine the number of random tests to be conducted that day (for example the number of tests to be conducted is 16).

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- c. The tester shall divide the total number of names on the roster (for example 80) by the number of tests to be conducted (for example 16); this is the count number.
- Example: $80 \div 16 = 5$ (count number)
- d. When the count number includes a remainder, use the whole number. Ignore the remainder.
- Example: $90 \div 4 = 22.5$ or 22 (count number)
- e. The urinalysis tester shall determine the starting point on the roster by randomly selecting a number. For example the tester draws a three (3). Then the tester uses the third name on the roster as the starting point.
- f. From the determined starting point (three in example), the tester then uses the count number to count down the list. These are the individuals who shall be subject to a random test. In the example, starting with the third person on the list, every fifth person shall be randomly tested (8, 13, 18, etc.)
- .2 The names of inmates/defendants to be tested shall remain strictly confidential. Access to the list shall be limited to the Tester and the Warden/Branch Administrator or designee until the time of testing.
- .3 Each inmate/defendant whose name has been randomly selected for testing shall be notified in writing as required in Section 6.10 - "Ordering an Inmate/Defendant to be Tested."
- .4 For pre-trial drug testing, the ISCs shall follow the provisions outlined in the Performance Standards and Goals for Pre-Trial Release and Diversion, Drug Testing, 1995 of the National Association of Pre-Trial Services Agencies (NAPSA). These procedures shall only apply to those under the supervision and jurisdiction of the ISCs.
- .5 Facilities shall follow all procedures outlined in 7.0 in conducting random testing.
- .6 Sanctions under Departmental P&P COR.13.03 Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations, shall be applied to any individual, excluding offenders on supervised release by the courts and under the jurisdiction of an ISC,

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whose urinalysis test is positive, for failure to give a sample or is subsequently found guilty of any substance abuse violation including the possession of drug paraphernalia such as a scale, hypodermic needle, butane torch, rolling paper, etc.

8.0 TESTING FOR SUSPICION OR CAUSE

- .1 Inmates/defendants may be tested for suspicion or cause when documentation has been made that reflects one or more of the following:
 - a. Correctional staff have reason to believe the inmate/defendant is under the influence of drugs or alcohol;
 - b. The inmate/defendant is found to be in possession of suspected illicit drugs or when suspected illicit drugs or drug paraphernalia are detected or found in an area controlled, occupied, or inhabited by the inmate/defendant. Drug paraphernalia includes but may not be limited to: a scale, hypodermic needle, butane torch, rolling paper, etc.;
 - c. Correctional staff receive information that the inmate/defendant is currently under the influence of drugs or alcohol, has recently used illicit drugs or ION scan detect traces of drugs;
 - d. An inmate/defendant returns late from: 1) furlough, 2) work or study release, 3) temporary release off grounds, or 4) any outside work detail;
 - e. An inmate/defendant is found unconscious and is not known to be injured;
 - f. An inmate/defendant exhibits unusual drug-related behavior; and/or
 - g. An inmate/defendant exhibits signs of drug use, such as needle marks.

.2 Sanctions.

Inmates and defendants who test positive for suspicion or cause, for failure to give a sample or are subsequently found guilty of any substance abuse violation including the possession of drug paraphernalia, who tampers with or attempts to tamper with a sample, shall be sanctioned in accordance with the schedule of sanctions in Departmental P&P COR.13.03 Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.

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.3 Frequency of Testing.

Inmates/defendants shall be tested whenever a correctional staff person has reason to believe the inmate/defendant meets the criteria of Section 8.1. The Warden or designee shall authorize all tests.

9.0 TESTING IN CONNECTION WITH TREATMENT PROGRAMS

All individuals participating in the Department's substance abuse treatment programs or programs providing services under contract with the Department will be subject to urinalysis testing. Inmates/defendants approved for transfer to a treatment program may be tested within 3 days prior to the scheduled transfer date. If the test result is positive, the transfer should be revoked and the inmate/defendant sanctioned in accordance with policies and procedures.

Treatment programs include but are not limited to: individual, group, and family counseling; residential services; and Therapeutic Community programs. The purpose of testing participants in treatment is to maintain the integrity of the program and to ensure that all persons in treatment remain alcohol and drug free.

.1 Frequency of Testing.

Inmates participating in Outpatient, Intensive Outpatient, or Residential substance abuse treatment programs while incarcerated shall be tested at a minimum of once a month. Inmates/defendants participating in community based substance abuse treatment programs (Furlough Status) shall be tested at a minimum of twice a month.

.2 Sanctions

Inmates/defendants who test positive while participating in treatment programs, fail to provide a sample, tamper with or attempt to tamper with a sample, or are subsequently found guilty of any substance abuse violation including the possession of drug paraphernalia shall be sanctioned in accordance with the schedule of sanctions in Departmental P&P COR.13.03 Adjustment Procedures Governing Serious Misconduct Violations and the Adjustment of Minor Misconduct Violations.

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10.0 TESTING IN CONNECTION WITH COMMUNITY BASED CORRECTIONAL PROGRAMS

All individuals participating in the Department's community-based correctional programs (i.e., furlough, extended furlough, community work lines, day-reporting centers, halfway houses, community residential beds, etc.) may be required as a condition of participation to be subject to urinalysis testing at any time upon request while participating in any community-based correctional program. Inmates/defendants approved for transfer to a community-based program may be tested within 3 days prior to the scheduled transfer date. If the test result is positive, the transfer should be revoked and the inmate/defendant sanctioned in accordance with policies and procedures.

.1 Frequency of Testing.

All participants in community-based correctional programs shall be tested at any time during their participation in the program and at a minimum of twice a month.

.2 Selection of Inmates/Defendants.

Inmates/defendants in community-based programs may be selected at any time to provide a urine specimen for testing.

.3 Sanctions.

Inmates/defendants in community-based correctional programs who test positive while participating in treatment programs, fail to provide a sample, tamper with or attempt to tamper with a sample, or are subsequently found guilty of any substance abuse violation including the possession of drug paraphernalia may have their transfer revoked, and/or shall be sanctioned in accordance with the schedule of sanctions in Departmental P&P COR.13.03 Adjustment Committee Procedures Governing Serious Misconduct Violations.

11.0 TESTING DEFENDANTS WHO ARE ORDERED BY THE COURTS TO SUBMIT A URINALYSIS SPECIMEN AS A CONDITION FOR SUPERVISED RELEASE OR NEWLY ADMITTED PRE-TRIAL DETAINEES UNABLE TO POST BAIL OR ANY RE-TAKES

.1 The ISC shall have all defendants on supervised release tested as mandated by the Courts.

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.2 In application of this policy and procedure, newly admitted inmates/defendants having a positive drug test, may be retested for the same drug provided the following time frame for the drug has elapsed:

- a. Amphetamines - 48 hours
- b. Barbiturates - 72 hours
- c. Benzodiazepines - 72 hours
- d. Cannabinoids - 18 days
- e. Cocaine, including Crack Cocaine - 48 hours
- f. Methadone - 36 hours
- g. Methaqualone - 14 days
- h. Opiates - 48 hours
- i. Phencyclidine - 8 days
- j. Propoxyphene - 24 hours

.3 Defendants, detainees or retakes (i.e., probation violators, parole violators, defendants arrested for contempt of court, bench warrants, defendants detained pending arraignment and plea hearing, etc.,) may also be tested anytime for cause when counselors and staff have reason to believe they are under the influence of drugs and/or alcohol. The criteria for testing for cause are defined in Section 8.0.

a. Procedures.

- 1) Identifications will be available to all inmates/defendants who have been court-ordered to submit to urinalysis testing. The ISCs shall be responsible for providing the identifications so that correctional facilities can correctly identify those that have been referred for testing. Inmates/Defendants shall be required to present identifications before submitting to testing.

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- 2) In cases where the counselors conduct the collection of urine, the ISC Manager or designee will ensure that the chain of custody is properly followed as outlined in Section 6.2.b.
- 3) The Urinalysis Testing Program form PSD 8718 (see attached) will be fully and completely filled out by the inmate/defendant, counselor, and correctional facility. Correctional facilities shall notify counselors when an inmate/defendant refuses to submit to a urine test and/or fails to produce a specimen or his/her identification. An unexcused absence shall also constitute a refusal to submit to testing.
- 4) Should a defendant, pre-trial detainee or retake, be unable to provide a sample on demand, the correctional facility will allow the defendant two (2) hours in which to submit a sample. Should the defendant, pre-trial detainee or retake, at the end of the two-hour period, still be unable to or refuse to submit a sample, the correctional staff shall make appropriate notations on the Urinalysis Testing Program form PSD 8718 (see attached). The counselor will then confer with his or her supervisor for further action.
- 5) ISCs will be responsible for maintaining a log of urinalysis tests results and for submitting monthly reports to the Department's Substance Abuse Program Manager. At a minimum, ISCs shall keep the information contained in the Substance Abuse Monthly Urinalysis Report Log Sheet PSD 8279 (see attached) and the Monthly Urinalysis Report PSD 8728. The documents shall be submitted to the Substance Abuse Program Manager by the fifth of each month for tests conducted in the previous month.

b. Sanctions

Sanctions under Section 13.0, where applicable may apply to court-ordered defendants, incarcerated detainees or retakes, which test positive in urinalysis testing. Sanctions shall also apply to defendants who refuse to provide a sample, tamper with or attempt to tamper with urinalysis specimens and/or results. Sanctions should be applied in a graduated manner, from least restrictive to most restrictive. Sanctions can range from mandatory participation in substance abuse treatment programs, home detention, revocation of pre-trial release or other alternative to incarceration.

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12.0 DRUG TREATMENT AND INTERVENTION

- .1 Abusive use of drugs by inmates/defendants either before, during or following their incarceration represents a difficult, yet common problem for correctional institutions. Substance use also threatens the security and safety of a correctional institution, its staff, and inmates. Consequently, correctional institutions shall provide programs and services, which attempt to eliminate substance use among inmates/defendants.

- .2 All inmates testing positive shall be assigned to the appropriate substance abuse treatment level according to the latest LSI-R/ASUS screening. The Case Manager shall initiate an exception case review based on the new circumstances. For pretrial defendants, the pretrial officer will assess the defendant for appropriate action.
 - a. Based on the screening, the Case Manager via the Classification Committee shall determine, regardless of past recommendations and/or findings, the appropriate level of care for the inmate.
 - b. The Case Manager may request that Substance Abuse Staff conduct a more in-depth assessment of the inmate for confirmation of the level of treatment needed.
 - c. Inmates may be placed in treatment programs based on their individual need considering but not withstanding, issues as level of dependency, history or prior interventions, types of drugs used while incarcerated, classification and availability of treatment programs.
 - d. All inmates found appropriate and eligible for substance abuse treatment services will be referred to a treatment program. The referral shall be noted in the inmate's institutional file. Volunteering for treatment does not exempt the inmate from disciplinary actions or possible transfer to another correctional institution for treatment services, or an increase in custody level.

- .3 Inmates shall be informed that refusal to participate in substance abuse treatment programs to address their substance abuse problems may affect their status but not limited to in the following ways:
 - be used as criteria for reclassification and an increase in their custody level,

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- transfer to a higher custody level facility,
 - denial of reduction to lower classification,
 - denial of transfer to a lower security correctional institution,
 - denial of permission to participation in a community-based program (i.e., furlough) or
 - denial of parole.
- .4 To ensure the most effective use of limited resources; a continuum of substance abuse education and treatment programs will be developed for inmates/defendants under the jurisdiction of the PSD.

Nonresidential.

- a. **Self Help:** Self-help meetings that are appropriate for the age, gender, and culture of inmates/defendants are frequently of therapeutic benefit. They provide positive role models, new mentors who are learning to enjoy life free from drugs and alcohol, and a place to learn how to cope with the stresses and strains of incarceration. Examples of these types of activities include but are not limited to Alcoholic Anonymous or Narcotics Anonymous,
- b. **Outpatient Counseling:** This program provides a minimum of 144 hours of services. It is for inmates who have substance abuse or dependence problems and are low risk for recidivism. It may also be appropriate for inmates who have completed treatment programs in the community or when previously incarcerated but who have not been able to maintain their recovery consistently.

Outpatient Counseling (OP) services utilizes a cognitive behavioral treatment component lasting 144 hours, meeting once or twice per week. The curriculum utilized is an evidence based set of manuals designed to assist the inmate in addressing substance abuse and criminality. Each unit systematically builds on the previous module, thereby increasing the level of knowledge and awareness. OP services are for inmates who are at lower risk for criminal conduct and meet diagnostic criteria for substance abuse or dependence. They have had minimal disruption in their psychosocial or vocational functioning. This

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level of service may also be appropriate (based on assessment) for inmates who have completed treatment programs in the community or during previous incarceration but have not been able to maintain their recovery consistently.

- c. **Intensive Outpatient; (IOP) counseling services** utilize a cognitive behavioral treatment component. The curriculum utilized is an evidence based set of manuals designed to assist the inmate in addressing substance abuse and criminality. Group meetings held 3 to 5 times per week. Education, role-play, and skill practice occur in the group sessions. IOP services are for inmates who are at moderate risk for recidivism and have substance abuse or dependency problems. This level of service may also be appropriate (based on assessment) for inmates who have completed treatment programs in the community or during previous incarceration but have not been able to maintain their recovery consistently.

Specialized Services: Many issues of substance-abusing women such as physical and sexual abuse need to be addressed in specialized groups led by skilled professionals. Specialized services also apply to those inmates/defendants who have co-occurring mental health diagnoses in addition to a substance abuse/dependence diagnosis.

Residential.

- a. **Residential Substance Abuse Treatment Services:** These services are intensive long-term, therapeutic community treatment programs lasting 9-15 months. It is for inmates who are diagnosed as substance dependent and who are assessed as having significant risk for criminal conduct.

Cognitive-Behavioral Treatment and Social Learning Theory are combined to address criminal thinking and behavior. The curriculum utilized is an evidence based set of manuals designed to assist the inmate in addressing substance abuse and criminality. As the TC residents live and work together separated from the general population, they hold each other accountable to practice recovery skills and change their criminal thinking and behavior.

- b. **Reintegration Services:** These services include therapeutic residential reintegration programs lasting 6 - 12 months, which provide inmates a transition from a primary treatment program to community living. These

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programs are designed to assist the participants in maintaining the values of treatment and recovery while practicing skills they need to stay alcohol, drug and crime free in the community. They offer support to inmates as they begin to be furloughed and to prepare for parole or release into the community.

Transitional services include an emphasis on relapse prevention, vocational training, job development and placement, family reunification, parole planning and aftercare. Participation in the program requires inmates to have completed a treatment program.

- c. Correctional Halfway House: A Correctional Halfway House is a community-based residential reintegration program in which residents are supervised by paid staff under contract with the Department. Residents may work and receive education, vocational training, family counseling and other services geared towards community transition. House responsibilities are shared, and rules must be followed. The length of stay is contingent on the attainment of specific goals.

Aftercare.

Aftercare services are outpatient services that include group counseling and possibly individual and family counseling as well. This level of care is designed to support the individual while he/she adjusts to living a clean and sober, crime free lifestyle post release. These services may be provided by the Department or by an outside agency through contract.

13.0 PROGRAM SANCTIONS

- .1 Sanctions will be applied to any individual in a treatment program whose urinalysis test is positive, who fails to give a sample, tampers with or attempts to tamper with a sample, or who is found guilty of any substance abuse violation including the possession of drug paraphernalia. Sanctions are imposed to deter drug use and hold participants accountable for any violations of institutional rules, or conditions of release.
- .2 Denial or revocation of release/parole will occur on a case-by-case basis and based on the inmate's/parolee's circumstance and needs, and input from the program staff.

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In situations involving defendants on supervised release by the courts, the respective court shall determine the revocation of their release.

- .3 The Classification Committee may withhold eligibility for community custody and participation in community-based programs for a period of one year. The Committee shall consider the "Public Safety Factor", the inmate's/defendant's institutional adjustment, participation and completion of his/her correctional and treatment plan, with input from program staff.

- .4 The Warden and the Adjustment Committee shall be notified by the Tester of all inmates testing positive through the use of form PSD 8728. The Classification Committee may impose the following actions:
 - a. First Offense:
 - 1) Classification and Program Review
 - 2) Assessment or re-assessment by the Substance Abuse Treatment staff of the extent of an offender's abuse of substances and recommendation to the Classification Committee for treatment which is appropriate to the needs of the particular inmate.

 - b. Second Offense:
 - 1) Shall result in revocation of furlough privileges or any other type of release and reclassification to a higher custody level. A recommendation to the Hawaii Paroling Authority (HPA) of unsuitability for parole consideration will be submitted.
 - 2) Accumulation of two positive results within any three-month period will be cause for discharge from the program (as this indicates unwillingness or inability to refrain from drug use despite drug treatment). This will also be cause for an increase in custody classification and if appropriate relocation to a more secure correctional facility/level of custody.
 - 3) Refusal following a previous positive test or a positive test following a previous refusal will count as a second or third offense. Being found guilty of possession of drugs or drug paraphernalia (i.e. scale, butane torch, rolling papers, plastic baggies, etc.) following a refusal or positive test result will count as a second or third offense. Inmates on community custody status who test positive will be

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subject to an increase in their custody level, or referral to a more intensive level of care.

14.0 DOCUMENTATION

Facilities will be responsible for maintaining monthly outcomes of defendants/inmates testing positive and the appropriate sanctions and/or reprogramming action taken. A monthly report PSD 8729 and PSD 8728 shall be submitted to the Substance Abuse Program Manager by the fifth of each month.

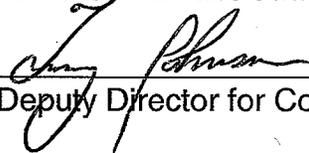
15.0 COMPLIANCE

It is the responsibility of the Warden/ISC Manager to ensure compliance with this policy and procedure. A positive test result that fails to meet the requirements of this policy and procedure shall not be reported or recorded.

16.0 SCOPE

This policy applies to all adult offenders; inmates and defendants detained and/or incarcerated, and apply to all correctional facilities and ISCs of the PSD. This policy supercedes any P&P that is in conflict with this policy and procedure.

APPROVAL RECOMMENDED:



Deputy Director for Corrections

8/3/10

Date

APPROVED:



Director

8/3/10

Date

First Test

Sample tested by: _____ Date: _____ Time: _____

Results: Checklist

	Positive	Negative
Marijuana	_____	_____
Cocaine	_____	_____
Opiates	_____	_____
Alcohol	_____	_____
Amphetamines	_____	_____
Other	_____	_____

Second Test

Sample tested by: _____ Date: _____ Time: _____

Results: Checklist

	Positive	Negative
Marijuana	_____	_____
Cocaine	_____	_____
Opiates	_____	_____
Alcohol	_____	_____
Amphetamines	_____	_____
Other	_____	_____

THIS FORM IS TO BE FILLED OUT COMPLETELY. IT IS TO ACCOMPANY THE URINE SAMPLE UNTIL THE SPECIMEN IS TESTED AND CONFIRMED. ONE COPY OF THE TEST RESULTS IS TO BE STAPLED TO THIS FORM AND DELIVERED TO THE OFFICE RESPONSIBLE FOR DISCIPLINE REGARDLESS OF THE RESULTS.

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

**SUBSTANCE ABUSE MONTHLY URINALYSIS REPORT
LOG SHEET**

Reporting Month/Year:		Facility:								
Reporting Officer:		Inmate Population on the first day of the month:								
R A N D O M	STATUS	#TEST	#POS	Marijuana	Cocaine	Opiates	Amphet	Alcohol	Other	
	Incarcerated	Sent. Felon								
		S.F. Prob.								
		PV								
		PRBV								
		Sent. Misd.								
		Pre-Trial								
	Work Release									
	Furlough									
	Supervised Release									
	Day Reporting									
	Project Bridge									
	Treatment/Level II									
	Treatment/ Level III									
	Parole									
Other (specify)										
TOTAL:										
C A U S E	Incarcerated	Sent. Felon								
		S.F. Prob.								
		PV								
		PRBV								
		Sent. Misd.								
		Pre-Trial								
	Work Release									
	Furlough									
	Supervised Release									
	Day Reporting									
	Project Bridge									
	Treatment/Level II									
	Treatment/ Level III									
	Parole									
	Other (specify)									
TOTAL:										
T R E A T M E N T	Incarcerated	Sent. Felon								
		S.F. Prob.								
		PV								
		PRBV								
		Sent. Misd.								
		Pre-Trial								
	Work Release									
	Furlough									
	Supervised Release									
	Day Reporting									
	Project Bridge									
	Treatment/Level II									
	Treatment/ Level III									
	Parole									
	Other (specify)									
TOTAL:										
C O N F I R M	Incarcerated	Sent. Felon								
		S.F. Prob.								
		PV								
		PRBV								
		Sent. Misd.								
		Pre-Trial								
	Work Release									
	Furlough									
	Supervised Release									
	Day Reporting									
	Project Bridge									
	Treatment/Level II									
	Treatment/ Level III									
	Parole									
	Other (specify)									
TOTAL:										

ACKNOWLEDGMENT OF DRUG TEST RESULTS

I, _____, acknowledge receipt of my Urinalysis Drug Test Results on _____ at _____.

Inmate Signature: _____ Date: _____

*REQUEST/REFUSAL FOR CONFIRMATORY TEST

I, _____, request/refuse a confirmation test at a NIDA-Certified laboratory for _____.

I understand that if the test is confirmed positive, the cost for each drug-tested positive (approximately \$23.00 per drug) will be charged to my account (\$23.00 per drug X 2 confirmatory drugs tested positive = \$46.00).

Inmate Signature: _____ Date: _____

*

RESULTS OF CONFIRMATION TEST

The urine sample you provided on _____ was tested by a NIDA-Certified laboratory and a Positive _____ Negative _____ result was received indicating the use of _____.

You will _____ You will not _____ be charged with the cost of the confirmation test.

Signature of Tester: _____ Date: _____

*

ACKNOWLEDGMENT OF RECEIPT OF CONFIRMATORY TEST RESULTS

I, _____, acknowledge receipt of my CONFIRMATORY URINALYSIS DRUG TESTING results.

Signature of Inmate: _____ Date: _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

URINALYSIS TESTING RESULTS

Inmate Population Count _____
Correctional Facilities **Correctional Centers**

TOTALS

RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext. Furlough									
Supervised Release									
Level II									
Level III									

RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext. Furlough									
Supervised Release									
Level II									
Level III									

RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext. Furlough									
Supervised Release									
Level II									
Level III									

OISC	RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Supervised Release									
	CAUSE									
	Supervised Release									

KISC	RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Supervised Release									
	CAUSE									
	Supervised Release									

HISC	RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Supervised Release									
	CAUSE									
	Supervised Release									

MISC	RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Supervised Release									
	CAUSE									
	Supervised Release									

SUBTOTALS for Intake Service Centers

RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Supervised Release									

CAUSED	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Supervised Release									

HCF	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	General Population									
	Level II									

CAUSED	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
General Population									
Level II									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Clean & Sober									
Level II									

KCF	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	General Population									
	Level II									
	KASHBOX									

CAUSED	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
General Population									
Level II									
	KASHBOX								

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Level II									
	KASHBOX								

WCF	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	General Population									
	Level II									
	KASHBOX									

CAUSED	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
General Population									
Level II									
	KASHBOX								

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Level II									
	KASHBOX								

SUBTOTALS for Correctional Facilities

RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
General Population									
Level II									
	KASHBOX								

CAUSED	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
General Population									
Level II									
	KASHBOX								

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Level II									
	KASHBOX								

KCCC	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Incarcerated									
	Work Release									
	Furlough									
	Ext Furlough									
	Supervised Release									
Life Stand										

CAUSE	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext Furlough									
Supervised Release									
Life Stand									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext Furlough									
Supervised Release									

MCCC	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Incarcerated									
	Work Release									
	Furlough									
	Ext Furlough									
	Supervised Release									
Life Stand/Aloha House										

CAUSE	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext Furlough									
Supervised Release									
Life Stand/Aloha House									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext Furlough									
Supervised Release									
Life Stand/Aloha House									

MCCC	RANDOM5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Incarcerated									
	Work Release									
	Level II									
	Ext Furlough									
	Supervised Release									
	BISAC									

CAUSE	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Level II									
Ext Furlough									
Supervised Release									
BISAC									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Level II									
Ext Furlough									
Supervised Release									
BISAC									

OCCC	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Incarcerated									
	Work Release									
	Community Service									
	LWFC: Level II									
	Ext Furlough									
	Project Bridge									
	Day Reporting Center									

CAUSE	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Community Service									
LWFC: Level II									
Ext Furlough									
Project Bridge									
Day Reporting Center									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Community Service									
LWFC: Level II									
Ext Furlough									
Project Bridge									
Day Reporting Center									

WCCC	RANDOM 5%	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
	Incarcerated									
	Work Release									
	Furlough									
	Ext Furlough									
	Supervised Release									
	Day Reporting Center									
	Level II									
	Ho'omana									

CAUSE	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext Furlough									
Supervised Release									
Day Reporting Center									
Level II									
Ho'omana									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
Furlough									
Ext Furlough									
Supervised Release									
Day Reporting Center									
Level II									
Ho'omana									

SUBTOTALS for Correctional Centers

RANDOM	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
LWFC									
LWFC: Level II									
Ext Furlough									
Supervised Release									
Project Bridge									
Level II									
Ho'omana									
Day Reporting Center									

CAUSE	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
LWFC									
LWFC: Level II									
Ext Furlough									
Supervised Release									
Project Bridge									
Level II									
Ho'omana									
Day Reporting Center									

TREATMENT	Given	#Pos.	%Pos.	Marijua.	Cocaine	Opiates	Amphet	Alcohol	Other
Incarcerated									
Work Release									
LWFC									
LWFC: Level II									
Ext Furlough									
Supervised Release									
Project Bridge									
Level II									
Ho'omana									
Day Reporting Center									

