

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: DEC 15 2009	POLICY NO.: COR.14.03
		SUPERSEDES (Policy No. & Date): COR.14.03 07/30/1996	
SUBJECT: PRESCRIPTIVE PROGRAM PLANS		Page 1 of 3	

1.0 PURPOSE

To establish procedure for initiating and updating prescriptive program plans for inmates who are sentenced felons.

2.0 REFERENCES AND DEFINITIONS

1. References

- a. Departmental Policy and Procedures (P&P) COR.18.01, Inmate Classification System.
- b. Departmental P&P COR.18.02, Prison Classification Committee.
- c. Departmental P&P COR.18.03, Initial Classification and Facility Assignment of Prison Inmates.
- d. Departmental P&P COR.18.04, Reclassification of Prison Inmates.
- e. Adult Correctional Association (ACA), Standards for Adult Correctional Institutions, 4th Edition, 4-4286, 4-4434.

.2 Definitions

Prescriptive Program Plan: a Prescriptive Program Plan is an integral part of case management, which is the process through which the Department links inmates with programs and activities appropriate to their needs and their custody classification. It is an ongoing, individualized process which begins at the Reception, Assessment, and Diagnostic (RAD) Unit and continues until discharged from parole. The case management process has four distinct phases: (1) RAD, where assessment data, case reviews, and interviews with the inmate lead to a delineation of problem areas and the establishment of the Prescriptive Plan for addressing those areas; (2) the institutional phase, where the inmate is directed to a variety of activities and programs by the case manager; (3) the transitional phase, which occurs during the last eighteen months of incarceration and which focuses on issues related to reintegration into the community; and (4) parole.

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3.0 POLICY

A prescriptive program plan shall be established for all sentenced felons. The plan shall be tailored to the needs, progress, and custody classification of the individual and updated accordingly as these factors change. The plan shall adhere to the following principles:

- .1 There shall be a continual reassessment of the inmate's needs, behavior, and goals. The Prescriptive Plan shall be adjusted in accordance with these reassessments.
- .2 The inmate must understand and accept the goals and must be motivated to achieve these goals. Therefore, the inmate shall be involved in the process of establishing and adjusting the Prescriptive Plan.
- .3 The case manager must have an understanding of the inmate's needs, motivate the inmate to participate in programs, coordinate with programs, and track progress made by inmates in their prescribed programs.
- .4 The case manager must have an understanding of available programs, their eligibility criteria, their goals and methods, and the sequence of programs that make the most sense for the inmate.

4.0 PROCEDURES

- .1 The RAD Section shall complete the Initial Prescriptive Plan, form PSD 8731. To complete this, the information from the following will be considered: criminal history; Pre-Sentence Investigation Report; pretrial behavior (if available); interviews by RAD staff; observations of the inmate's behavior while in the RAD; classification data; results of assessments; and comments and recommendations of professionals who interpret assessment results. Refer to Attachment A for Guidelines in the Development of Individual Evaluation Summary.
- .2 The RAD Section will complete the Initial Prescriptive Plan Face Sheet, form PSD 8731, and forward it to the Department Classification Office. The Classification Office will consider the data on the Face Sheet in making its initial facility placement.
- .3 Upon transfer to a facility, including the initial facility at which an inmate is placed, the Transfer Assessment Committee will establish a specific Prescriptive Plan for the inmate. This will consist of a statement of goals for

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the ensuing six months, specific interventions proposed, responsible programs, and target dates for implementation. This shall be documented on the Prescriptive Plan Update, form PSD 8732.

- .4 The Prescriptive Plan and Prescriptive Plan Updates will be reviewed every six months by the institutional classification committee. This review will note the progress made by the inmate on the Prescriptive Plan Review and Update, form PSD 8732. The Committee may also modify the plan if necessary, using the Prescriptive Plan Update form.
- .5 The following forms shall be included in the official case file of all inmates who are processed through the RAD Section:
 - a. Initial Prescriptive Plan (PSD 8731)
 - b. Prescriptive Plan Update (PSD 8732)
 - c. RAD Substance Abuse Instrument (PSD 8743)
- .6 Copies of the Initial Prescriptive Plan, the Prescriptive Plan Update, and the Prescriptive Plan Review shall be made available to the Hawaii Paroling Authority.

5.0 SCOPE

This policy applies to all correctional facilities.

APPROVAL RECOMMENDED:

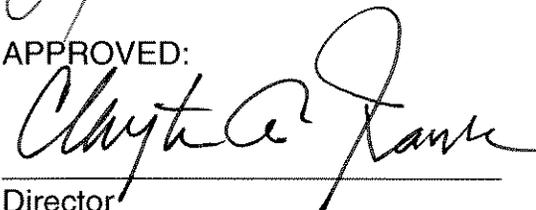


Deputy Director for Corrections

12/11/09

Date

APPROVED:



Director

12/15/09

Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

INITIAL PRESCRIPTIVE PLAN

DATE: _____ COMPLETED BY: _____

NAME: _____ DOB: _____

SID: _____ SSN: _____

Date of Commitment: _____ RAD Admission Date: _____

OFFENSE: _____
Court Criminal Number Judge Restitution Maximum Term

OFFENSE: _____
Court Criminal Number Judge Restitution Maximum Term

Notifiers: NO Yes If yes, describe: _____

Maximum Sentence (Longest): _____
Mandatory Minimum Length: _____
Pre-Confinement Credits: _____

Initial Custody Designation: _____

Medical Code: _____ Mental Health Code: _____

Education Code: _____ Sex Offender Code: _____

Security Code: _____ Skill Level Code: _____

Substance Abuse Code: _____ Trade Type: _____

INITIAL PRESCRIPTIVE PLAN

NAME: _____ DATE: _____

Summary of Current Offense(s):

Criminal History:

I. ASSESSMENT RESULTS

A. Medical: Any medical condition which would preclude participation in programming? NO YES

B. Any physical disabilities?
NO YES
Temporary: _____ Permanent: _____

C. Mental Health: Any mental health condition which would preclude participating in programming? NO YES
Describe program/institutional restriction:

D. Educational: High School Diploma or GED? NO YES
Initial CASAS Assessment Results:

Reading: _____

Math: _____

Initial Vocational Test Results:

Aptitudes
1. _____
2. _____
3. _____

Vocational Interests
1. _____
2. _____
3. _____

Work Skills:

INITIAL PRESCRIPTIVE PLAN

E. Substance Abuse Assessment

Inmate Name: _____ Date: _____

Substance Abuse Intervention Warranted? YES NO

Primary Substance Used: _____

Frequency of use: Less than weekly Several times per week Daily

Date of last use: _____

Symptoms Related to Substance Abuse:

Physiological

- Weight Loss
- Cravings
- Blackouts
- Withdrawal
- Liver Problems
- Change in Tolerance

Psychological

- Depression
- Paranoia
- Preoccupation
- Anger
- Anxiety/Stress
- Hallucinations

Social

- Employment
- Relationship
- Fighting
- Domestic Violence
- Legal Problems
- Financial Problems

Treatment Recommendation:

- 01 Alcohol Drug Education
- 02 Substance Abuse Education/Counseling
- 03 Therapeutic Community/Residential

Previous Treatment? YES NO

Last Treatment Involvement: _____ Completed Incomplete

Current Motivation for Treatment: In Denial Indifferent Motivated

COMMENTS:

INITIAL PRESCRIPTIVE PLAN

NAME: _____ DATE: _____

- F. Sex Offender: Any conviction for or history of sexual deviance?
NO YES

If yes, describe needed assessment or treatment interventions required:

- G. Family/Community Ties:

- H. Institutional Behavior/Summary (include misconducts):

- I. Parole Plan:

- J. Additional Comments:

Completed By: _____ Date: _____

CASE MANAGER

INITIAL PRESCRIPTIVE PLAN

NAME: _____

DATE: _____

II. INITIAL TREATMENT PLAN

A. Problem Area:
Goals: a.
b.
c.

B. Problem Area:
Goals: a.
b.
c.

C. Problem Area:
Goals: a.
b.
c.

D. Problem Area:
Goals: a.
b.
c.

E. Problem Area:
Goals: a.
b.
c.

III. IMMEDIATE PROGRAM/INTERVENTION PRIORITIES:

- A.
- B.
- C.
- D.
- E.

I have read my Initial Treatment Plan and have received a copy.

Inmate Date

Case Manager Date

CODING FOR PRESCRIPTIVE PLAN

Medical:

- 00 = No Restrictions
- 01 = Temporary Disability
- 02 = Permanent Disability

Mental Health:

- 00 = No Problems
- 01 = Some Problems, General Population
- 02 = Special Housing, Temporary
- 03 = Special Housing, Permanent

Education:

- 00 = College
- 01 = Vocational Training
- 02 = GED/High School Diploma (Verified)
- 03 = Adult Basic Education
- 04 = Literacy or below

Substance Abuse:

- 00 = No Risk
- 01 = Level 1 Treatment
- 02 = Level 2 Treatment
- 03 = Level 3 Treatment

Security:

- 00 = No Restrictions
- 01 = Protective Custody
- 02 = Separate Status
- 03 = Gang Affiliation
- 04 = Escape Risk

Sex Offender:

- YES
NO

Skills:

- 00 = Professional
- 01 = Journeyman
- 02 = Apprentice/Semi-Skilled
- 03 = Unskilled Laborer

Custody Code:

- Maximum
- Close
- Medium
- Minimum
- Community

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

PRESCRIPTIVE PLAN UPDATE # _____

Facility: _____

NAME: _____ DATE: _____

SID: _____ PAROLE ELIGIBILITY DATE: _____

CUSTODY LEVEL:

Currently Serving For:

<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 Prescriptive Plan Follow Up:

ADDITIONAL GOALS IDENTIFIED:

	<u>Type of Intervention</u>	<u>Responsible Program</u>	<u>Target Date for Implementation</u>
1.			
2.			
3.			
4.			
5.			
6.			

PRESCRIPTIVE PLAN UPDATE # _____

NAME: _____

DATE: _____

Financial Situation:

Restricted Account Balance:
Spendable Account Balance:
Total:

Restitution Amount Owed:
Restitution Amount Paid:
Restitution Balance:

Misconducts (Guilty):

Date

Category

Description

Institutional Behavior/Adjustment:

Parole Plan:

Comments/Summary:

Classification Committee Members:

Completed By: _____
Case Manager

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

SECTION I

DATE: _____ SEX: M / F FACILITY: _____
NAME: _____ SID: _____
DATE OF RAD ADMISSION: _____ DATE OF BIRTH: _____
MANDATORY MINIMUM SENTENCE: Yes/No _____ MAXIMUM SENTENCE: _____
(length in months) (length in months)
PAROLE ELIGIBILITY DATE: _____

SECTION II

1. Any Incident of Sex Offense(s)? Yes / No If yes, when: _____
Most Serious Current Offense: _____
Is the current conviction a drug offense?: Yes / No (Yes = 1 pt) _____
2. Where were you born? _____ Where were you raised?: _____
Primary Ethnicity: _____ Secondary Ethnicity: _____
- PRIOR HISTORY**
3. Were you continuously employed for the 2 years prior to your arrest? Yes / No (No = 1 pt) _____
Employment status before this confinement: _____
(FULL-TIME, PART-TIME, JOB SEEKING, INTERMITTENT, UMEMP-ABLE, UMEMP-DISABLE)
Highest schooling completed: _____
(K-12, GED, TECH-TRADE SCHOOL, SOME COLLEGE, BACH, MASTERS, DOC)
- Were you enrolled as a Student prior to your arrest?: _____ No / Full-time / Part-time
4. Were you ever arrested/adjudicated as a Juvenile? Yes / No (Yes = 1 pt) _____
If YES, how old were you at your first arrested/adjudication? _____
As a juvenile, were you ever arrested/adjudicated for a drug offense? Yes / No (Yes = 1 pt) _____
Were you arrested 3 or more times prior to your RAD admission date? Yes / No (Yes = 1 pt) _____
Were you ever arrested for DUI as an adult? Yes / No (Yes = 1 pt) _____
Were you ever arrested for a drug offense as an adult? Yes / No (Yes = 1 pt) _____
5. Were you ever in a drug or alcohol treatment program? Yes / No (Yes = 3 pt) _____
If YES, list the two most recent programs:
- Program 1:
Program Name & Entry Date: _____
Type of Treatment: _____
Voluntary or Involuntary: _____
Why Terminated: _____
Date of Discharge or Termination: _____
Length of stay in weeks: _____

HISTORY POINT TOTAL (1,3,4,5): _____

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAD)

NAME: _____

Program 2:

Program Name & Entry Date: _____
 Type of Treatment: _____
 Voluntary or Involuntary: _____
 Why Terminated: _____
 Date of Discharge or Termination: _____
 Length of stay in weeks: _____

6. SUBSTANCE ABUSE
 DRUGS

EVER USED

ONE MONTH
 BEFORE ARREST

ALCOHOL	
AMPHETAMINES (uppers)	
CRACK*	
COCAINE*	
HALLUCINOGENS (mushrooms)	
HEROIN*	
INHALANT (glue, paint, gasoline)	
MARIJUANA (THC, pakalolo)	
METHAMPHETAMINES (ice, batu*)	
NON-PRESCRIPTION MEDICATION	
PCP	VAR:
PRESCRIPTION MEDICATION	FREQ:
SEDATIVES (downers)	HARD:

*(FREQ. RATING SCALE: NEVER USED 0 PT, LESS THAN WEEKLY 0 PT, SEVERAL TIMES A WEEK 1 PT, DAILY 1 PT)
 (HARD DRUG SCORE: TOTAL *, 1 PT EACH) (VARIETY SCORE: 1 PT FOR EACH DRUG USED)*

ALCOHOL SELF CONCEPT

7. I am concerned about my alcohol problem. 1 2 3 4 5
 I spend too much time drinking 1 2 3 4 5
 I sometimes drink more than I intend to. 1 2 3 4 5
 I consider myself an alcoholic. 1 2 3 4 5
 Drinking has caused problems for me. 1 2 3 4 5
 I would like to get into an alcohol program. 1 2 3 4 5

(RATING SCALE: STRONGLY AGREE 1 PT, AGREE 2 PT, NEUTRAL 3 PT, DISAGREE 4 PT, STRONGLY AGREE 5 PT)

DRUG SELF CONCEPT

8. I spend too much time using drugs. 1 2 3 4 5
 I have gotten in trouble because of using drugs. 1 2 3 4 5
 I am not able to control my drug use. 1 2 3 4 5
 I consider myself a drug addict. 1 2 3 4 5
 Drugs have caused problems for me. 1 2 3 4 5
 I would like to get into a drug program. 1 2 3 4 5
 I usually can't handle my problems by myself. 1 2 3 4 5

(RATING SCALE: STRONGLY AGREE 1 PT, AGREE 2 PT, NEUTRAL 3 PT, DISAGREE 4 PT, STRONGLY AGREE 5 PT)

RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAD)

NAME: _____

9. What have you lost because of your alcohol and/or drug use? _____

10. Would you participate in a residential &/or outpatient substance abuse program? _____ (SPECIFY)

ABUSE HISTORY

11. Were you ever physically abused as a child? Yes / No
Were you ever sexually abused as a child? Yes / No

If YES, to either of the above:

Did you or anyone else report it? Yes / No

Have you talked to a counselor about the abuse? Yes / No

12. Have you ever been physically abused as a child? Yes / No

If YES:

Have you ever gotten a temporary restraining order? Yes / No

Did you ever see a counselor about domestic violence? Yes / No

13. Were you ever sexually abused as an adult? Yes / No

If YES:

Did you ever report the incident? Yes / No

Have you talked to a counselor about the sexual abuse? Yes / No

14. Do you have a problem controlling your anger or temper? Yes / No

Have you ever physically harmed another person? Yes / No

If YES, were you under the influence of alcohol or drugs? Yes / No

PERSONAL INFORMATION

15. Current Marital Status: _____
(SINGLE, WIDOWED, DIVORCED, SEPARATED, MARRIED, LIVING TOGETHER)

16. FEMALES ONLY: Have you ever been pregnant? Yes / No

If YES:

How many times have you been pregnant? _____

Were you using alcohol during the pregnancy? Yes / No (Yes = 2 pt) _____

How often did you use alcohol? _____

Were you using drugs during the pregnancy? Yes / No (Yes = 2 pt) _____

How often did you use drugs? _____

Did any of your children have health problems? Yes / No

17. Who did you live with before you were arrested? _____

How many children do you have or have had? _____

Please give their ages from youngest to oldest. _____

Who presently has custody of the children? _____

18. Did your spouse/significant other take part in your present offense? Yes / No

Do you think you committed your offense because you needed money? Yes / No

Did you ever sell/deal drugs to support your addiction/habit? Yes / No

Do you think that if drugs were legal you wouldn't be in prison? Yes / No

Do you think that alcohol use is related to violence? Yes / No

Do you think that alcohol caused your problems? Yes / No

Do you think that drug use is related to violence? Yes / No

Do you think that drugs caused your problems? Yes / No

HISTORY POINT TOTAL (16): _____

GUIDELINES FOR THE DEVELOPMENT OF INDIVIDUAL EVALUATION SUMMARY

1. Commitment and Prior Offense

List the current offense and commitment data. Indicate prior dispositions, offenses and arrests, and age at the time of each. In the case of numerous misdemeanors, simply refer to the most frequent type and by total number.

2. Personal Improvement Status

a. Evaluations

Before and after educational test results and psychological evaluations.

b. Educational Program Progress

What vocational training has been participated in? What educational programs have been enrolled in and completed? What kinds of grades were received? What interest was shown in the training? What was the behavior pattern?

c. Leisure Time Activities

What recreational activities were participated in? To what extent were these activities participated in? What other leisure time activities such as art and craft work were participated in and to what extent? Were individual or group counseling participated in? Were individual or group counseling participated in? What significant personality changes were noted? Was religious services attended? How sincere was the participation in any of the activities?

d. Pre-Commitment Personal Activities

Include any pre-commitment activities that are pertinent and have a bearing on program planning or parole.

e. Outstanding Achievement

Describe any outstanding achievements that were noted.

f. Financial Appraisal

Total funds derived and how. Nature and frequency of spending. Balance left in account.

3. Mental, Emotional or Physical Evaluation and Needs

a. Psychiatric Care and Treatment

History of psychiatric treatment or hospitalization. What kinds of emotional or psychological problems were manifested? What was done? What was the response? What are the plans for follow-up care and treatment?

b. Medical Care and Treatment

History of medical care and treatment. What kinds of medical problems were manifested? What was done? What was the reaction? Degree of physical disability or handicap? What are the plans for follow-up care and treatment? What dental care was needed and what care was received?

c. Follow-up Care

If needed, present details of the recommended follow-up care planned for in the above areas.

4. Conduct Evaluation and Reaction to Circumstances

a. Personal Conduct

Describe conduct. How often cited for rule infractions? Indicate any constructive or destructive actions.

b. Misconduct Record

What kinds of rule infractions cited for? (e.g., insubordination, fighting, AWOL, escape, etc.). What punishment was imposed?

c. Behavior

What kind of behavior pattern was observed? What reactions was observed when corrected or when found in unpleasant situations? To what extent was responsibility accepted for actions? Describe actions and talk toward employers,

employees, and toward other inmates. Were any changes noted in attitude towards controls and correction?

d. Outstanding Problems

What kind and to what extent?

e. Pre-Commitment Behavior

Indicate the kind of behavior pattern followed before commitment.

5. Work or Employment Evaluation

a. Work

What kind(s) of work was assigned and/or employed in the community? What kind of work is done best? What kind of work should be assigned or performed?

b. Work Performance

How good was work? How much was produced? To what extent were improvements noted or skills learned? List promotions or increases in pay. Describe vocational or occupational development, the skills demonstrated through work performance, and work habits. Describe reliability.

c. Attitude Toward Work

What interest shown in work? In what ways was a sense of responsibility for work or employment demonstrated? Describe any "goof off," "work steady," "just got by," absence, tardiness, unnecessary sick leave or general disinterested attitude.

d. Relationship with Others

How did this person usually talk and react to the foreman or instructor? How did this person talk and react to others?

6. Family and Community Ties

a. Visits

Who has been visiting this person? How often? What kind of personal relationship seems to exist between the person and the visitor?

b. Correspondence

Who does this person correspond with? How often? What is the relationship?

c. Family

What kind of relationship appears to exist between this person, his family, relatives, and friends within or outside of his home or his facility.

7. Summary

Briefly describe the overall progress and adjustment in work performance, conduct, attitude, development of insights in coping with life situations and personal contacts with those inside and outside the facility. Indicate any impressions made upon employees, employers, family, and friends. Identify any special strengths or weaknesses which other appropriate persons or staff need to be made aware of to assist the person being reported upon.

8. Prognosis

The consensus of the Program Committee's evaluation of a parole candidate's probable success on parole shall be stated briefly and shall not be a recommendation for or against parole. The statement shall be a complete personality evaluation for the purpose of determining the degree of propensity toward criminal activity of the individual.

RECOMMENDATIONS

Specified staff recommendations may be made when such a recommendation will permit the placement of the inmate in a prescribed or appropriate correctional program or facility or be placed in a program or situation that will enhance their successful discharge from the Department.