1.0 PURPOSE

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

2.0 SCOPE

This policy applies to all correctional facilities. To the extent any individual facility’s policy conflicts with the statewide policy, COR.14.03 shall control.

3.0 REFERENCES, FORMS AND DEFINITIONS

.1 References

a. Department of Public Safety (PSD), Policy and Procedures (P&P), COR.18.01, Inmate Classification System.

b. PSD, P & P, COR.18.02, Prison Classification Committee.

c. PSD, P & P, COR.18.03, Initial Classification and Facility Assignment of Prison Inmates.


.2 Forms

a. PSD 8732, Prescriptive Plan Update (attached).

b. PSD 8731, Initial Prescriptive Plan (attached).

c. PSD 8743, RAD Substance Abuse Assessment Instrument (SAAI) (attached).

d. PSD 8775, Inmate Notification (attached).
.3 **Definitions**

a. **ADA (Americans with Disabilities Act):** Federal civil rights law prohibiting discrimination based on disability.

b. **Durable Medical Equipment (DME):** Any single or combination of an orthotic device, mechanical device, dental appliance or hearing aid needed to prevent or treat an illness, injury, condition, disease, or its symptoms, that reduces the effects of impairment and assists a patient in performing their activities of daily living.

c. **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.

### 4.0 **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.

5.0 PROCEDURES

.1 The RAD Section shall complete form PSD 8731 Initial Prescriptive Plan. 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. A review shall also be made for
any reasonable modifications, auxiliary aids or services, removal of architectural,
communication, and transportation barriers, and/or DME requests granted. Refer
to form PSD 8731 - Initial Prescriptive Plan.

.2 The RAD Unit will complete form PSD 8731, Initial Prescriptive Plan. Upon
completion, one (1) copy shall be forwarded to the Department’s Inmate
Classification Office (ICO) for filing. Before leaving RAD Unit, one (1) copy shall
be forwarded to the unit manager of the new housing assignment to acquaint
themselves with their new arrival.

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

.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 form PSD 8732, Prescriptive Plan Update. The
Committee may also modify the plan if necessary, using the Prescriptive Plan
Update form.

.5 For inmates with a disability, any approved reasonable modification, removal of
architectural, communication, or transportation barrier, auxiliary aid or service,
and/or DME shall be documented in the Parole Plan section of form PSD 8732, Prescriptive Plan Update.

.6 The following forms shall be included in the official case file of all inmates who are processed through the RAD Section:

a. PSD 8731, Initial Prescriptive Plan
b. PSD 8732, Prescriptive Plan Update
c. PSD 8743, RAD Substance Abuse Instrument
d. Any document approving accommodations/reasonable modifications for inmates with disabilities.

.7 Copies of the Initial Prescriptive Plan and the Prescriptive Plan Update shall be made available to the Hawaii Paroling Authority.

.8 If an inmate has an Accommodation/Modification Review Committee – form PSD 8775, Inmate Notification, approving an accommodation or modification, shall also be made available to the Hawaii Paroling Authority.

APPROVAL RECOMMENDED:

[Signature]
Deputy Director for Corrections
Date

APPROVED:

[Signature]
Director
Date

NOT-CONFIDENTIAL
STATE OF HAWAII  
DEPARTMENT OF PUBLIC SAFETY  
PRESCRIPTIVE PLAN UPDATE # ___  

(Name of Facility)  
(Complete Address)  

NAME:  

DATE:  

SID:  

PAROLE ELIGIBILITY DATE:  

CUSTODY LEVEL:  

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Criminal Number</th>
<th>Offense</th>
<th>Minimum Term/Expiration</th>
<th>Maximum Term/Expiration</th>
</tr>
</thead>
</table>

PREVIOUS INITIAL/PRESCRIPTIVE PLAN RECOMMENDATIONS:  

1.  
2.  
3.  
4.  

ADDITIONAL GOALS IDENTIFIED:  

1.  
2.  
3.  

FINANCIAL STATUS:  

Restricted Account Balance: $- _______  
Spendable Account Balance: $- _______  
Total: $- _______  

Restitution Amount Paid: $- _______  
Restitution Amount Owed: $- _______  
Restitution Amount Balance: $- _______  

PSD 8732 (01/19)
MISCONDUCTS: (Guilty)

<table>
<thead>
<tr>
<th>DATE</th>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
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INMATE HAS A DISABILITY: NO _____ YES _____

[Explain any issue that may inhibit their ability to participate in recommended programming or any disabilities that require accommodations (Example: Inmate is deaf or hard of hearing and requires a sign language interpreter, inmate has low vision and requires large print, inmate has mobility disability that prevents him from performing manual labor, etc.).]

INSTITUTIONAL BEHAVIOR/ADJUSTMENTS:

PAROLE PLAN:

COMMENTS/SUMMARY (historical assessment):

CLASSIFICATION COMMITTEE MEMBERS:

Completed by: __________________________
Case Manager

PSD 8732 (01/19)
INITIAL PRESCRIPTIVE PLAN

FACE SHEET

Date: 
Name: 
SID: 
Date of Commitment: 

Completed By: 
DOB: 
SSN: 
RAD Admission Date: 

OFFENSE:

<table>
<thead>
<tr>
<th>Court</th>
<th>Criminal Number</th>
<th>Judge</th>
<th>Restitution</th>
<th>Max Term</th>
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OFFENSE:

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Notifiers: 

If Yes, describe:

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

CIRCLE ONE (verified):

MEDICAL

TRADE SKILLS  NO  YES

PSD 8731 (01/19)
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<th>Restrictions:</th>
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<td>Temporary/Permanent/Long Term</td>
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<td>MENTAL HEALTH HISTORY</td>
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<tr>
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<td>NO</td>
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**EDUCATION**

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<tr>
<th>GED/H.S. Diploma</th>
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<tr>
<td>Previous Vocational Training</td>
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<td>YES</td>
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<tr>
<td>College Degree</td>
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(see below for LSI-R/ASUS RTL Level)

**SECURITY RESTRICTIONS**

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<tr>
<th>Protective Custody</th>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td>Separatee</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Gang Affiliations</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Escape History</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

**SEX OFFENDER HISTORY**

| SOCLR Submitted (date) | |
|------------------------| |

**SPECIAL NEEDS**

| Describe | |
|-----------| |

PSD 8731 (01/19)
Summary of Current Offense(s):  

Criminal History:  
Refer to attached CJIS printout.

I. ASSESSMENT RESULTS

A. **Medical:** Any medical condition which would preclude participation in programming?  
   No  Yes  
   Describe program/institutional restrictions:

B. **Any physical/mobility disabilities?**  
   No  Yes  
   Temporary  Permanent  
   Durable Medical Equipment Issued:

C. **ADA:** Accommodation/Modification Needed or Approved?  No  Yes  
   Specify Need (Example: sign language interpreter, large print, wheelchair access, modification to policies, practices, or procedures):

D. **Mental Health:** Any mental health condition which would preclude participating in programming?  No  Yes  
   Describe program/institutional restrictions:

E. **Educational:**  
   H.S. Diploma or GED?  No  Yes

   Initial TABE Assessment Results:  
   Reading  To Be Assessed  
   Math  To Be Assessed  
   Overall  To Be Assessed

PSD 8731 (01/19)
F. **Sex Offender:** Any conviction for or history of sexual deviance?

   No    Yes

   If yes, describe needed assessment or treatment interventions:

G. **Family/Community Ties:**

H. **Institutional Behavior/Summary (List all misconducts, including those incurred as a jail inmate):**

I. **Additional Comments: (include information (past and present) that provides an overall historical assessment of the inmate)**

Completed By: ___________________________ Date: ____________

RAD Case Manager
II. INITIAL TREATMENT PLAN

A. Problem: Substance Abuse

Recommendations: a. Treatment Level:

b.

B. Problem: Education

Recommendations: a.

b.

C. Problem: Social Skills/Criminal Behavior

Recommendations: a.

b.

D. Problem: Marketable Job Skills

Recommendations: a.

b. Available Workline

E. Problem: Other

Recommendations: a.

III. Program Intervention Summary:

A. Substance Abuse

B. Education:

C. Social Skills

D. Marketable Skills

Initial Prescriptive Plan
Name
Date
Page____
I have read my Initial Treatment Plan and have received a copy.

[Signatures]

INMATE

DATE

CASE MANAGER

DATE

PSD 8731 (01/19)
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, UNEMP-ABLE, UNEMP-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?: Yes / No 
   Full-time / Part-time

4. Were you ever arrested/adjudicated as a Juvenile? Yes / No 
   (Yes = 1 pt) 
   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 
   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: 
   (Yes = 3 pt) 

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

1 OF 4
RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

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 | | |
| PRESCRIPTION MEDICATION | | |
| SEDATIVES (downers) | | |

(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 (SAAI)

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 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): ____________________________

3 OF 4

PSD 8742 (11/2009)
RAD SUBSTANCE ABUSE ASSESSMENT INSTRUMENT (SAAI)

NAME:

SECTION III
If Male, Eligible for WCF: Yes / No
Dual Programming for Sex Offender & Substance Abuse: Yes / No

SECTION IV
COMMENTS:

________________________________________________________________________

Case Manager Date

SECTION V
SCORES
USE VARIABLES
History score: (#1, #3, #4, #5, & #6. MAX 14 pt) __________
Variety of drugs used score: (#6. MAX 13 pt) __________
Frequency of drugs used score: (#6. MAX 13 pt) __________
"Hard" drug use score: (#6. MAX 4 pt) __________

NON-DISCRETIONARY JUSTIFICATIONS FOR LEVEL 3 TREATMENT
1. Is the inmate's current offense a drug charge? Yes / No
2. Was the inmate in a residential treatment program within the last 36 months? Yes / No
3. Did the inmate use any hard drug (*) several times a week or more? Yes / No
If any factor is answered yes, then inmate requires level 3 treatment.

TOTAL USE SCALE SCORE: __________ TREATMENT LEVEL: __________

LEVEL 3 (RESIDENTIAL/TC) 15 - 44 POINTS
LEVEL 2 (OUTPATIENT/COUNSELING) 07 - 44 POINTS
LEVEL 1 (SUB. ABUSE EDUCATION) 00 - 06 POINTS

SELF CONCEPT VARIABLES
Self-concept alcohol score: (37. MAX 30 pt) __________
Self-concept drug score: (#8. MAX 35 pt) __________

TOTAL SELF CONCEPT SCORE: __________ SELF-LEVEL: __________

SELFCON 3 (In Denial or Non-User) 45 - 65 POINTS
SELFCON 2 (Indifferent) 32 - 44 POINTS
SELFCON 1 (Motivated) 00 - 31 POINTS

Referred to program: ____________________________________________

Program entered & date of admission: ________________________________

Original - Institutional File
Copy - CPS

PSD 8743 (11/2009)
### ACCOMMODATION/MODIFICATION REVIEW COMMITTEE – INMATE NOTIFICATION

<table>
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<tr>
<th>Date:</th>
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<tbody>
<tr>
<td>Acceptable/Modification request for _______________________________ was reviewed by the Accommodation/Modification Review Committee on _______________ and was:</td>
</tr>
<tr>
<td>Approved – See Comments.</td>
</tr>
<tr>
<td>Not approved – See Comments.</td>
</tr>
<tr>
<td>Deferred at this time – See Comments.</td>
</tr>
</tbody>
</table>

**Comments:**

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**STATEWIDE ADA CORRECTIONS COORDINATOR**

| Date: |

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