	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: April 14, 2020	POLICY NO.: COR.14.04
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): 493.14.04 & 09/04/85	
SUBJECT: COORDINATION WITH THE HAWAII PAROLING AUTHORITY		Page 1 of 5	

1.0 PURPOSE

To outline the process and responsibilities of Department staff in coordinating services and hearings with the Hawaii Paroling Authority.

2.0 SCOPE

This policy applies to all PSD correctional facilities and staff. To the extent any individual facility's policy conflicts with the statewide policy, COR.14.04 shall control.

3.0 REFERENCES, FORMS AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes (HRS), §353.61, Paroles and Pardons.
- b. HRS, §706-670, Parole Procedure.
- c. HRS, §706-669, Procedure for determining minimum term of imprisonment.
- d. Department of Public Safety (PSD), Policy & Procedure (P&P), COR.14.03, Prescriptive Program Plans
- e. PSD, P&P, COR.20.01, Reentry Coordination Office.

.2 Forms

- a. PSD 8732, Prescriptive Plan Update (attached).
- b. PSD 8801, Inmate Reentry Case Plan Checklist (Parole) (attached).
- c. PSD 8775, Accommodation/Modification Review Committee – Inmate Notification (attached).
- d. Mental Health Status Report (MHSR) (attached).

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.3 Definitions

- a. Hawaii Paroling Authority (HPA): established under HRS 353.61, is an independent quasi-judicial body which, for administrative purposes only, is attached to the Department of Public Safety. HPA staff supervise offenders who have been granted parole and are within their legal custody and control.
- b. Pre-Parole Planning: is the process in which the inmate's transition from the institutional setting to the community is addressed. This process normally begins six to eight weeks prior to the inmate's parole hearing and involves a shift from achieving case plan objectives to individual community preparedness.

4.0 POLICY

- .1 During a Reduction of Minimum consideration process, staff shall work collaboratively with HPA.
- .2 A thoroughly developed and achievable pre-parole plan is critical for the inmate's successful reintegration into the community. The development of a pre-parole plan requires input from the inmate, the inmate's assigned case manager, health services staff, and HPA's parole staff.
- .3 The goal of pre-parole planning is to identify and address barriers to successful reentry.
- .4 Staff shall work collaboratively with HPA staff during the inmate's pre-parole planning phase. This period of pre-parole transition from Correction's Division staff to HPA's pre-parole staff is very important.
- .5 Documents shall be prepared and submitted to the HPA by the facility staff from which the inmate will be paroled.

5.0 PROCEDURES

.1 Minimum Term Hearings

Staff shall provide HPA with a completed Initial Prescriptive Plan (IPP), which shall include information about the inmate's life before entering the institution, the inmate's progress in the institution, any information related to the inmate's inability to participate in recommended programs (i.e. eligibility, disability, or

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restrictions), and any other appropriate documents of any situation in which an inmate's mobility disability inhibited that inmate's participation in any recommended programming while in PSD custody.

.2 Reduction of Minimum (ROM) Hearings

Upon notice from HPA that an inmate qualifies for a ROM hearing, staff shall complete any required information requested. This information should include information about the inmate's progress, any issues related to the inmate's inability to participate in RAD and HPA recommended programs (i.e. eligibility, disability, or restrictions), and any other appropriate documents of any situation in which an inmate's mobility disability inhibited that inmate's participation in any recommended programming while in PSD custody.

.3 Parole Hearings

a. Staff will provide to HPA with the following documents prior to an inmate's parole hearing:

1. Form PSD 8732, Prescriptive Program Update (PPU), completed within six months of the scheduled hearing date.
2. Form PSD 8801, Inmate Reentry Case Plan Checklist (Parole), completed within the last year and containing all relevant information.
3. Form PSD 8775, Accommodation/Modification Review Committee – Inmate Notification currently active on file.
4. At the specific request of HPA staff, Mental Health staff shall provide a completed Mental Health Status Report (MHSR).
5. Any other appropriate documents of any situation in which an inmate's mobility disability inhibited that inmate's participation in any recommended programming while in PSD custody.

b. Staff Responsibilities

1. Complete pre-parole planning documents in a timely manner and in accordance with established Departmental policies.
2. Communicate and coordinate with HPA staff in order to best ensure the inmate's positive transition into the community.

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3. Assist HPA staff in gaining access to inmates and completing documents as required for pre-parole planning.
4. Provide documents to HPA as required to assist in facilitating the inmate's pre-parole process.
5. Notify HPA of any changes in the inmate's status, including but not limited to, major misconducts.
6. In the event of an inmate's commitment of a major misconduct, staff may recommend the inmate's tentative parole date be delayed or suspended. If doing so, staff must:
 - a) Immediately notify the HPA Administrator and the Pre-Parole Unit.
 - b) If the inmate has a transfer packet submitted to the Inmate Classification Office (ICO), staff must notify the ICO Manager.
 - c) Submit an updated PPU to HPA within fourteen (14) calendar days. The report shall include:
 - i) misconduct allegations and/or findings;
 - ii) Sanction imposed;
 - iii) Recommendations;
 - iv) Other pertinent information as deemed appropriate.

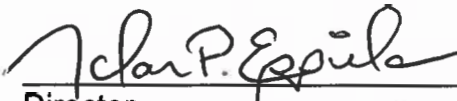
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APPROVAL RECOMMENDED:


 Deputy Director for Corrections April 14, 2020
 Date

APPROVED:


 Director April 14, 2020
 Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
PRESCRIPTIVE PLAN UPDATE # _____**

(Name of Facility)
(Complete Address)

NAME:

DATE:

SID:

PAROLE ELIGIBILITY DATE:

CUSTODY LEVEL:

<u>Circuit</u>	<u>Criminal Number</u>	<u>Offense</u>	<u>Minimum Term/Expiration</u>	<u>Maximum Term/Expiration</u>
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PREVIOUS INITIAL/PRESCRIPTIVE PLAN RECOMMENDATIONS:

- 1.
- 2.
- 3.
- 4.

ADDITIONAL GOALS IDENTIFIED:

- 1.
- 2.
- 3.

FINANCIAL STATUS:

Restricted Account Balance: \$-	_____	Restitution Amount Paid: \$-	_____
Spendable Account Balance: \$-	_____	Restitution Amount Owed: \$-	_____
Total: \$-	_____	Restitution Amount Balance: \$-	_____

Prescriptive Plan Update #: _____

Name:

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MISCONDUCTS: (Guilty)

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

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

NAME: _____ SID#: _____ DOB: _____

JAIL INMATE REENTRY PLAN FOR THE DEPARTMENT OF PUBLIC SAFETY #: _____

This form shall be completed with the inmate once housing has been assigned. It is to be updated whenever significant changes in information occur. Please **PRINT legibly and attach** all required documents to this form. **Inmates are to be informed that they will be responsible** for obtaining letters to confirm residence or employment and notify staff of any changes. **Do not leave any blank spaces; if initially unknown, write "N/A" but the inmate will need to continue his/her efforts to fill in ALL BLANK SPACES. This and all subsequent forms are to become part of the offender's Institutional Record and filed accordingly.**

Facility: _____ Date: _____ Custody Level: _____

1. RESIDENCE

Things to consider when filling out this section:

- Is the residence and where it's located, appropriate?
- Are there geographical restrictions preventing you from living where you want?

The inmate is responsible for contacting the person (who will pay the rent/mortgage) at the place they want to live, or whom they will be asking for financial assistance, to obtain the information needed to complete this form. **Facility staff will be responsible** to assist the inmate in searching for appropriate housing prior to release by identifying resources that the inmate can research.

Name of Contact: _____ Address: _____

(#Street/City, State, Zip Code)

Relationship to you: _____ Phone: _____

Number of people that will live with you: _____ Ages: _____

Number of bedrooms/baths: _____ / _____ Will you be renting a room? Yes/No (circle one)

What will be your share of the rent and utilities: _____ How long do you plan to live here? _____

If you plan to stay less than six months, what is the reasoning? What are your alternatives? _____

Is a letter verifying residence attached?

No changes to existing information.

2. EMPLOYMENT

Things to consider when filling out this section:

- Is there a job waiting for you upon release? If yes, fill out the sections below.
- If you lack specialized job skills, what type of job would interest you?

Assigned case managers are to assist in researching programs, work lines and classes available in the facility. Acquiring a skill set and saving your money prior to release is the first step towards avoiding returning to custody and being independent.

Name: _____ Address: _____ Phone: _____

Contact person/Title: _____ Job duties: _____

If you don't already have a job waiting for you, do you at least have a job offer? Yes/No (circle one)

Company Name: _____ Address: _____ Phone: _____

Contact Person/Title: _____

Job duties: _____ Starting Salary: _____

If you have nothing set up, what types of job or vocational training or schooling you are interested in: _____

Is a letter verifying employment attached?

No changes to existing information.

3. PROGRAM PARTICIPATION

- List all programs you have completed and the date of completion;
- Attach all certificates of completion and/or achievement. Copies help with keeping track of your accomplishments.

Inmate Name: _____ SID#: _____

Indicate recommended programming you haven't completed to date or programs you are interested in attending:

Are letters/certificates verifying completion attached? No changes to existing information.

4. FINANCIAL RESOURCES

Things to consider when filling out this section:

- Have all financial assets been listed (inmate account, outside bank accounts, trusts etc.)?
- Have all debts been listed (restitution, court fees, fines etc.)?
- How do you plan to support yourself upon release? Have you ever received financial assistance before? If yes, what type (RSDI, Food Stamps, etc.) and when? _____
- Are you interested in learning how to create and maintain a budget?

You will be charged rent wherever you choose to live, including any program you reside at. You will also be required to have in your spendable/restricted accounts, enough money to pay for documents you will require, but don't already have in order to secure employment/go to school, etc. You are responsible for monitoring your own finances, in preparing to live on your own and reenter society. Restitution orders that are attached to any of your convictions will be automatically deducted from your account while you are incarcerated.

Current balances:

Spendable account: _____ Restricted Account: _____ Personal: _____

Restitution owed? _____ Court Fines? _____ CVCC? _____ Current Balance Owed? _____

Business Office verification form attached

If you have less than \$100 in all of your accounts combined, do you have a plan in order to avoid being homeless?

Do you plan to apply for financial assistance (e.g.: SSI, RSDI benefits, food stamps, etc.) or will family members provide financial assistance? Are you a beneficiary for a cash settlement or trust fund? (Circle all that apply)

Is a letter verifying benefits attached? No changes to existing information.

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Outside identification (Driver's License, etc.) | <input type="checkbox"/> Bus Pass/Taxi Voucher (outer island) | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Citizen [Yes/No] |
| <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Different Medical Plans |
| <input type="checkbox"/> Clean & Sober House | <input type="checkbox"/> Handivan access | |
| <input type="checkbox"/> Cane/Walker | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> SSI/R | <input type="checkbox"/> Med Quest/Medicare/Medicaid | |
| <input type="checkbox"/> Interpreter (what language?) _____ | <input type="checkbox"/> Financial Assist (EBT/Food Stamps) | |

Other concerns: _____

No changes to existing information.



6. TRANSPORTATION UPON RELEASE:

Do you have plans to be picked up? If yes, by whom? _____ Contact # _____

Relationship to you: _____

No changes to existing information.

Inmate Name [PRINT & /Sign] Date Assisted by (if applicable) [PRINT & Sign] Date

	<p>DEPARTMENT OF PUBLIC SAFETY ACCOMMODATION/MODIFICATION REVIEW COMMITTEE – INMATE NOTIFICATION</p>	
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Date:	
<p>Accommodation/Modification request for _____ was reviewed by the Accommodation/Modification Review Committee on _____ and was:</p> <p>Approved – See Comments.</p> <p>Not approved – See Comments.</p> <p>Deferred at this time – See Comments.</p> <p>Comments:</p>	
STATEWIDE ADA CORRECTIONS COORDINATOR	Date:

Distribution: ORIGINAL – Inmate COPY – Inmate File, Facility ADA Coordinator, Statewide ADA Corrections Coordinator, Program Administrator (if listed or appropriate)

DAVID Y. IGE
GOVERNOR



SCOTT O.
HARRINGTON
WARDEN

Sean Ornellas
Deputy Warden

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
HALAWA CORRECTIONAL
FACILITY

99-902 Moanalua Road
Aiea, Hawaii 96701

No. _____

April 8, 2020

TO: Hawaii Paroling Authority
919 Ala Moana Boulevard, No. 100
Honolulu, Hawaii 96814

FROM: -----NAME-----
-----TITLE-----
Mental Health Section
Halawa Correctional Facility

MENTAL HEALTH STATUS REPORT

A

Consent to Release Information Form completed?

- Yes
 No

Inmate Refused [Do Not Release Mental Health Information] Current Diagnosis:

In the last six months, has the inmate been taking his psychotropic medications as prescribed?

- Yes
 Most of the time
 No
 Uncertain
 N/A (Inmate is NOT prescribed psychotropic medication)

If yes, how long has the inmate been consistently taking his prescribed psychotropic medications?

_____Months

When was the inmate's prescribed psychotropic medication last modified [specify date]?

In the last year, how many Mental Health Infirmiry admissions did the inmate require?

When was the last time the inmate required admission to the Mental Health Infirmiry?

- Never admitted to the Infirmiry
- Currently housed in the Infirmiry
- Last Infirmiry Discharge Date: --DATE--

Is the inmate currently housed in a designated mental health module?

- Yes
- No

If yes, which module?

- Mental Health Infirmiry [Crisis Intervention Services]
- Mental Health Module 7 [Moderate-High Therapeutic Structure]
- Mental Health Module 1A1 [Minimum-Moderate Therapeutic Structure]

If yes, approximately what percentage of psychosocial treatment activities has the inmate attended in the last six months?

If no, where is the inmate presently housed?

- Special Holding Unit
- Medical Infirmiry
- General Population – High Facility
- General Population – Medium Facility

In the last six months, has the inmate been housed in the Special Holding Unit?

- Yes
- No

If yes, how many days?

_____ Days

If work is available for the inmate, has the inmate been working?

- Yes
- No
- N/A

If you have any further questions/concerns, please contact the Mental Health Section at (808) 485-5191. ✪