1.0 PURPOSE

To establish the authority and responsibility of the prison classification committee when conducting a facility classification hearing. To enable each PSD facility the ability to evaluate and determine if an inmate’s custody classification is appropriate and in the least restrictive environment without threat to institutional or public safety.

2.0 SCOPE

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

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

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

b PSD, P & P, COR.18.08, Transfer of Adult Inmates.


.2 Definitions

a. Adverse Classification Action – An increase in custody involving one (1) or more steps in custody to provide a more restrictive setting; often associated with the occurrence of a misconduct or a change in sentencing status.

b. Classification Committee – The member(s) of a hearing panel that are given authority to make recommendations on all institutional classification actions resulting from the hearing.

c. Custody Designation – The final determination, based on the classification instrument that designates where an inmate will be housed and the degree of staff supervision that shall be required.

d. Custody Level – The degree of physical control and staff supervision required to manage inmates placed into a specific housing unit. A single
A facility may have more than one (1) level of security within its perimeter; a) Maximum, b) Close, c) Medium, d) Minimum and e) Community.

e. Exception Cases - Cases in which administrative action may override the comprehensive custody scoring to assure appropriate placement, and to provide for the safety of staff, inmates, the community, and to ensure the good management of the facility.

f. Initial Classification – Evaluation of an offender upon initial admittance to jail or prison to determine housing and programming needs, with the outcome based upon the offender’s behavior (both past and present), and the degree of risk the individual poses to security.

g. Jail Initial Custody Instrument – A tool used to determine a jail inmate’s initial custody designation and recommend housing assignment; usually completed by the facility’s Intake Service Center (ISC) staff.

h. Jail Inmate – Any individual who is convicted of a crime and committed by the courts for a period of LESS THAN ONE (1) YEAR (this includes probation violators awaiting adjudication of their violation hearings, pretrial detainees, Federal/other State holds).

i. Jail Inmate Custody Review Instrument – A tool used to record adjustments that have an effect on a jail inmate’s custody designation: change in legal status, following the outcome of a misconduct, or upon receiving new information.

j. Override – Action taken to increase/decrease the final custody destination of an inmate due to the offender’s actions/inactions, discounting the computed custody scoring and in keeping with the security level of the facility.

k. Prison Initial Classification Instrument – A tool used to determine the initial custody designation of a newly admitted, sentenced felon, for the sole purpose of identifying a housing assignment.

l. Prison Inmate – Any individual who is convicted of a crime and sentenced by the courts for a period of MORE THAN ONE (1) YEAR (this includes anyone that has been SENTENCED to a CONSECUTIVE term TOTALLING more than one (1) year combined) and parole violators returned to custody.

m. Prison Reclassification Instrument – A tool used to record adjustments toward an inmate’s custody designation that either follows the outcome of a
misconduct(s) or involves new information received.

n. Reception, Assessment, Diagnostic (RAD) – A separate unit that temporarily houses all newly admitted, sentenced felons for evaluation to determine initial programming and custody designation, using tools such as the Level of Service Inventory-Revised (LSI-R), Adult Substance Use Survey (ASUS), Pre-Sentence Investigation (PSI) and any other relevant sources.

o. Reclassification – A formal review that is conducted either every six (6) months, or every twelve (12) months (if community custody or in a contracted facility), or following any changes that may affect the offender’s security or custody designation such as the establishment of the minimum term by the Hawaii Paroling Authority (HPA), adjudicated misconducts by an Adjustment Committee, or to ascertain transfer eligibility to a different facility or housing level other than currently assigned.

.3 Forms

a. PSD 8701 – Notice of Programming (attached).

b. PSD 8702 – Administrative Program Action (APA) (attached).

c. PSD 8732 – Prescriptive Plan Update (attached).

4.0 POLICY

It is the policy of the Department to employ an objective, systematic and efficient inmate classification system that is founded on the principles of fairness, objectivity, reliability and measurability. The primary function of the hearing shall be to determine if adjustments in designated custody level is warranted and to place the inmate within the least restrictive environment.

5.0 PROCEDURES

.1 Committees assigned to conduct a hearing may have a panel of one (1) or more staff member(s) in facilities with a population of 300 or less inmates. Committees conducting hearings in facilities with a population greater than 300 shall consist of a panel with no less than three (3) members. All panels are to be convened in line with PSD rules and regulations to maintain the security and good government of the facility.
.2 A program hearing shall convene following the completion of an Adjustment Hearing to evaluate and determine if the custody and recommended programming remains appropriate.

.3 Classification committee members shall use the institutional file and any related documents, including information presented by the inmate at the hearing in the formulation and documentation of the classification decision.

.4 Classification actions, but especially those, which may have a significant adverse effect on an inmate custody level and housing will require a notice of hearing specifying the proposed action and the reasons for such action, twenty-four (24) hours in advance.

.5 Actions which will NOT have a significant or adverse effect on an inmates’ custody level and housing will not require a Notice of Hearing. Rather, comments can be noted on an Administrative Program Action (APA), without convening a hearing/committee.

.6 The purpose of the hearing and the classification process shall be explained to the inmate at the time of the hearing, and the inmate shall appear before the committee and be given the opportunity to be heard and present documentation specific to the classification process.

.7 A classification hearing may convene without the inmate present if the inmate refuses to appear or represents a danger to the security and good government of the facility. In such cases where the inmate does not appear or is not present, the reasons will be clearly detailed as to why the hearing was held without the inmate present. These details will be noted on form PSD 8701 Notice of Programming.

.8 Upon the completion of the hearing, members of the hearing shall take the matter under advisement, and render a recommendation. The inmate shall be informed that their silence may be taken as an inference of guilt.

.9 Results of the hearing shall be documented by a chronological entry in the institutional file and Department’s automated system. The documentation shall include, but not limited to, date of hearing, assigned custody level, next review date (if applicable), and participants of the hearing.

.10 All classification hearing results (which shall include the most recent classification custody score) are to be documented on form PSD 8701, Notice of Programming or form 8702 Administrative Program Action (APA).
.11 If an inmate’s custody is affected, a copy of the completed instrument shall be attached to either form PSD 8701 Notice of Programming or form PSD 8702 Administrative Program Action with an explanation to the inmate as to why changes were made.

.12 The inmate shall notified in writing, the hearing results and the reason for the actions within five (5) working days after the hearing has been completed on either form PSD 8701 or form PSD 8702.

.13 Inmate shall sign the result for the hearing. They are to be notified that by signing for the results, they are only acknowledging that they have been given a copy; it is not to admit guilt.

.14 If the inmate refuses to sign for their results, it is to be noted on form PSD 8701 or form PSD 8702 along with another staff signing/printing their name/title as a witness.

.15 The Warden may review the classification program hearing results and:
   a. Affirm or deny, in whole or in part, the recommendation.
   b. Hold in abeyance, any action the Warden believes jeopardizes the safety, security, or welfare of the staff or facility.
   c. Make any decision other than what has been already recommended by the hearing member(s) regarding an inmate’s placement or classification that he/she deem appropriate.

.16 Each inmate shall be afforded the right to appeal the decision of any hearing results through the Inmate Grievance Process

.17 Transfer Assessment Hearings
   a. Upon transfer into a facility, each inmate shall have a “transfer assessment hearing” within ten (10) working days.
      1. At the transfer assessment hearing, the member(s) shall review the entire inmate’s institutional file, including the Pre-Sentence Investigation (PSI) report, RAD Initial Prescriptive Plan (IPP), any Program Prescriptive Updates (PPU), and if applicable, the Parole Violation Report, Part III.
2. At the hearing the member(s) of the hearing committee shall review all completed classification instruments and determine the appropriateness of the assigned custody level.

3. The designated chairperson at the hearing shall ensure that any actions or recommendations conform to departmental policy and procedures on the Inmate Classification System.

.18 Reclassification Hearings

a. Each inmate shall have a mandatory six-month reclassification hearing from the date of the initial classification hearing and every six-months thereafter. Community custody and maximum custody inmates shall be reviewed annually.

b. At the classification hearings, the member(s) shall review any RAD Prescriptive Plan that offers details of the inmate’s progress while incarcerated and the continued appropriateness of his/her custody level and facility placement.

1. Housing assignment, and special programming will be reviewed and evaluated for continued appropriateness.

2. The hearing member(s) shall review the most recent reclassification instrument on the inmate to discuss whether the current custody level is appropriate.

c. Each inmate shall be subject to special reclassification hearings when changes that affect his/her custody level arise prior to the mandatory six-month reclassification date.

[Examples of some of the changes that could cause a special reclassification; setting of minimum term of imprisonment, reduction of minimum term, disciplinary adjudications, post-conviction actions, status change, etc.]

d. The designated chairperson at the hearing ensure that any actions or recommendations conform to PSD, P & P, COR.18.01 Inmate Classification System.
e. Reclassification actions that may increase an inmate's custody level or involve a transfer to a more secured housing will require at a minimum twenty-four (24) hour notice of hearing prior to informing the inmate the reason for transfer.

.19 Responsibility

Wardens, in coordination with the Department Inmate Classification Office, will have the responsibility of administering this policy.

APPROVAL RECOMMENDED:

April 23, 2020

Deputy Director for Corrections

Date

APPROVED:

April 23, 2020

Director

Date

NOT-CONFIDENTIAL
STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
CORRECTIONS DIVISION
NOTICE OF PROGRAMMING

Facility: 

Name Number

You are herein informed that your correctional program is scheduled to be heard by an administrative committee. You are to be present at:

________________________, at _______________________ on the ______________________
(Location) (Time) (Date)

Reason for hearing:

You may □ may not □ retain legal counsel for the hearing.

________________________________________
Committee Chairman

RECEIPT OF NOTICE: I acknowledge receipt of the above notice. I understand that I have a right to 24-hour notice prior to the hearing. (If given less than 24 hours, by signing this receipt I am waiving my right to the 24-hour notice.) □ I need the following auxiliary aides/services or reasonable modifications due to a disability ____________________________

________________________________________
(Date) (Time) (Inmate)

RESULTS OF HEARING: (Summary)

________________________________________
Committee Chairman Date

I have reviewed the committee’s findings and hereby: approve □ reject □ hold in abeyance □ in whole □ in part □, their recommendation.

________________________________________
Administrator Date

You have the right to seek administrative review of the decision through the grievance process within 14 calendar days from receipt of the final decision.

Receipt of results: __________________________
Date Signature (Inmate)
STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
ADMINISTRATIVE PROGRAM ACTION

To: ____________________________  (Name)  ____________________________  (No.)  ____________  (Date)

Re: Results of administrative meeting on:

☐ Your Program Change Request

☐ Your Classification/Program Review

☐ Your Personal Request

______________________________  ____________________________
(Chairman of Committee)  (Date)

Receipt of Results:

______________________________  ____________________________
(Inmate)  (Date)

PSD 8702 (11/2009)
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: $- ______
Prescriptive Plan Update #: ____
Name:
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MISCONDUCTS: (Guilty)

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<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)