	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: May 1, 2020	POLICY NO.: COR.18.04
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.18.04 & 04/02/14	
	SUBJECT: RECLASSIFICATION OF PRISON INMATES		Page 1 of 7

1.0 PURPOSE

To establish a uniform process for the custody review of sentenced felons.

2.0 SCOPE

This policy shall apply to all correctional facilities. To the extent any individual facility's policy conflicts with the statewide policy, COR.18.04 shall control.

3.0 REFERENCES, DEFINITIONS AND FORMS

.1 References

- a. Hawaii Revised Statutes (HRS), Chapter 353, Corrections.
- b. HRS, § 353C-2, Director of Public Safety, Powers and Duties.
- c. HRS, Chapter 706, Disposition of Convicted Defendants.
- d. Department of Public Safety (PSD), Policy and Procedures (P & P), COR.18.01, Inmate Classification System.
- e. PSD, P & P, COR.14.27, Inmates with Disabilities.
- f. PSD, P & P, COR 18.07, Exception Case.
- g. PSD, P & P, COR 18.08, Transfer of Adult Inmates.
- h. Department of Public Safety (PSD) Classification Coding Instructions Manual.

.2 Definitions

- a. Adult Substance Abuse Survey (ASUS) – A 64-item self-report survey designed to assess an individual's perceived alcohol and other drug use.
- b. Community Correctional Center (CCC) – A facility designated as a jail.
- c. Classification Committee – The authority that determines all institutional classification actions that affect an offender. The composition of the committee includes anyone deemed appropriate by the Branch

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Administrator, Warden or Temporarily Assigned Warden.

- d. 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.
- e. Exception Cases – Administrative action that requests an override of a custody designation to assure appropriate placement, provide for the safety of staff, inmates, the community, and/or to ensure the good management of the facility. PSD form shall be used in accordance with PSD, P & P, COR.18.07, Exception Case.
- f. Furlough – An authorized, unescorted, temporary leave of absence from the institution which is creditable toward service of sentence. It is intended to provide the select inmate with opportunities for in-community experiences with family, in social, educational, or employment settings, vocational training, and/or specialized treatment prior to parole.
- g. Initial Prescriptive Plan (IPP) – A report, generated by the Reception Assessment, Diagnostic (RAD) unit for all newly-sentenced felons that identifies programs and activities (using the LSI-R, ASUS and Pre-Sentence Investigation (PSI) report) in preparation to satisfy parole eligibility requirements and that which is appropriate to their needs and custody classification.
- h. Interstate Compact or Dual Jurisdiction Cases – A convicted felon is placed in a state/federal facility that differs from the jurisdiction his criminal offense was originally set.
- i. Level of Service Inventory-Revised (LSI-R) – A predictive risk and needs scale that assesses an offender’s propensity for further unlawful and rule-violating behavior based upon criminal history and dynamic risk factors.
- j. Minimum custody – Minimum custody is for low risk prison inmates who have 48 months or less to parole/release eligibility and have demonstrated through their institutional conduct and adjustment, a minimal need for control and supervision.
- k. Offender – A person incarcerated or detained in a prison, jail, or community correctional center.

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- 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 LSI-R, ASUS, Pre-Sentence Investigation (PSI) Report, and any other relevant sources.
- o. Reclassification – A formal review that is conducted either every six (6) months, or every twelve (12) months (if designated as community custody, maximum custody, or in a contracted facility). It can also be initiated following any changes that may affect the offender’s security designation 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 unit other than the one currently assigned.
- p. Security Designation – Determines where an offender will be housed, based on a completed classification instrument. It governs a specific housing assignment, programming and degree of staff supervision required.
- q. Security Level – Describes the degree of physical control and staff supervision with regards to operational regulations and physical plant criteria. A single facility may contain more than one (1) level of security within its perimeter walls of which there are five (5): maximum, close, medium, minimum and community. The degree of physical control, direct supervision and types of programs the offender has access to, shall be based upon these operational and physical criteria.
- r. Technical Parole Violation – A violation of the terms and conditions of parole, such as failure to report to parole officer or failure to report contact with law enforcement officials. Does not include any violations of the law.

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- s. Technical Parole Violator – An offender who has violated one or more of the conditions set by the Parole Board and who has NOT incurred a new charge/conviction.

.3 Forms

- a. PSD 8802, Inmate Reentry Case Plan Checklist (attached).

4.0 POLICY

Subsequent to the initial classification designation, each inmate's classification status and program needs shall be reviewed and assessed on a regularly scheduled basis. Changes in classification designation will be based upon the inmate's behavior over a period of time.

5.0 PROCEDURES

- .1 The Reentry Plan form shall be updated every 6 months, or when changes occur.

- .2 Inmates shall be scheduled for formal reclassification as follows:

- a. Regular Review

A classification review shall be conducted every six months from the date of the initial classification, regardless of the special reviews which may occur.

- b. Special Review

A special review shall be conducted after any change that may affect the inmate's security or custody level designation:

1. A change in the inmate's sentencing, any new sentence(s), setting of minimum term, and reduction of minimum term.
2. Any adjudicated high or greatest category misconduct(s).
3. Sentenced male inmates returned to custody on a technical parole violation shall be initially transferred to the Halawa Correctional Facility for reclassification.

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4. Sentenced female inmates returned to custody on a technical parole violation shall be initially transferred to Women's Community Correctional Center.
- .3 The Prison Reclassification Instrument shall be completed by the assigned case manager to determine the appropriate custody level.
- .4 Inmates shall not be eligible for the community service program unless specified as minimum or community custody.
- .5 Inmates shall not be eligible for furlough unless at "community" custody and within 24 months of their parole eligibility date.
- .6 When considering an inmate for community custody, the facility must take into consideration such factors as the reclassification recommendation, degree of compliance with the RAD, IPP, LSI-R, ASUS scores, completion of recommended programs, and overall institutional behavior.
- .7 For inmates with a disability, and in accordance with PSD, P&P, COR.14.27, Inmates with Disabilities, all approved reasonable modifications to policies, practices, or procedures, removal of architectural, communication, and transportation barriers, and/or auxiliary aids or services shall be made to ensure equal access to all program and services. Documentation of all such services provided shall be written into the Reclassification Instrument under Section 10. Medical/Physical Problem.
- .8 The following categories of inmates are deemed ineligible for "community" custody:
 - a. Those with active detainers, felony holds, or pending felony charges. The case manager completing the instrument is required to, and shall be responsible for initiating contact with the interested agency to determine the inmate's status at the time of review. All contacts shall be documented in the inmate's institutional file.
 - b. Inmates serving life without parole sentences.
 - c. Inmates serving consecutive sentences unless they are actually serving the last sentence and have 24 months or less to serve.
 - d. Inmates with mandatory minimums unless serving in the last year of that minimum.

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- e. Inmates who have an escape conviction or adjudication within the past seven (7) years from PSD.
 - f. Inmates who have been found guilty of a violent misconduct within the last twelve months, are currently committed on a probation/parole violation for violent behavior, or in general, are currently exhibiting violent behavior.
- .9 The following categories of inmates are deemed ineligible for “minimum” custody:
- a. Those with active detainers, felony holds, or pending felony charges. The case manager completing the instrument is required to, and shall be responsible for initiating contact with the interested agency to determine the inmate’s status at the time of review. All contacts shall be documented in the inmate’s institutional file.
 - b. Inmates serving life without parole sentences.
 - c. Inmates who have an escape conviction/adjudication within the past seven years.
 - d. Inmates who have been found guilty of a violent misconduct within the last twelve months, are currently committed on a probation/parole violation for violent behavior, or in general, are exhibiting violent behaviors.
- .10 Inmates shall be eligible to transfer to a furlough program at a CCC in which parole plans are contemplated, if the furlough program is operational at the CCC, and bed space is available.
- .11 The Facility Classification Committee shall approve all reclassifications of inmates that do not involve an exception or transfer case.
- .12 If an exception case is recommended, the Facility Classification Committee shall refer to PSD, P&P, COR.18.07, Exception Case, for processing.
- .13 If transfer to another facility is required, refer to PSD, P&P, COR.18.08, Transfer of Adult Inmates.
- .14 The classification recommendations listed below will require review and approval by the Department Inmate Classification Office prior to any action being taken, unless an emergency situation arises. In case of emergency,

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approval may be given verbally by the Inmate Classification Office or the Deputy Director for Corrections. However, all verbal approvals shall be confirmed by the person granting permission through signed documentation that includes the respective classification instrument within 72 hours of the action taken.

- a. All cases requesting Administrative Overrides (Exception Cases).
 - b. Transfers between institutions.
 - c. Transfer to the Custody of other jurisdictions, local and out-of-state.
- .15 The Wardens are responsible to administer the Reclassification of Prison Inmates policy and procedures.

APPROVAL RECOMMENDED:

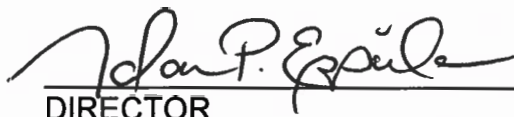


Deputy Director for Corrections

May 1, 2020

Date

APPROVED:



DIRECTOR

May 1, 2020

Date

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NAME: _____ SID #: _____ DOB: _____

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

This form shall be completed with the inmate while going through RAD and updated **every six months** in conjunction with the Reclassification Instrument or when **significant** changes occur, **but especially** if the offender has been designated minimum custody. 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 ask to help them financially, in order to obtain the information needed to complete this form. **It will be the responsibility of staff** to ensure that the information on this form **is always current and correct.**

Name of Contact: _____ Address: _____
(#Street/City, State, Zip Code)

Relationship to inmate: _____ Phone: _____

Number of people that will live there: _____ 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 money prior to release is the first step towards avoiding returning to custody and being independent.

Name of Company: _____ 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 would you be 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 copies of 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, this includes residing at a furlough program. You will be required to have in your spendable/restricted accounts, enough funds to pay for documents you will require but don't already have in order to secure employment/go to school, etc. and also to live on when placed on extended furlough or paroled. You are responsible for monitoring your own finances, in order to prepare yourself 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, on furlough or on parole.

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 mind in order to avoid being homeless?

Do you plan to apply for financial assistance (e.g.: SSI or 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 Houser | <input type="checkbox"/> Handivan access | |
| <input type="checkbox"/> Cane/walker | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> SSI/RSDI | <input type="checkbox"/> Med Quest/Medicare/Medicaid | |
| <input type="checkbox"/> Interpreter (what language?) _____ | 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