	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: FEB 19 2009	POLICY NO.: COR.18.03
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): 493.18.03 & 08/01/91	
	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES		Page 1 of 3

1.0 PURPOSE

To establish a uniform procedure within the Department of Public Safety for designating the initial custody level and institutional placement for all newly committed prison inmates.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Chapter 26, Section 26-14.6, Department of Public Safety; and Chapter 353, Section 353C-2, Director of Public Safety, Powers and Duties.
- b. Department of Public Safety Policy and Procedures, COR 18.01, Inmate Classification System.

.2 Definitions:

Refer to PSD P&P COR 18.01 for custody levels related to the Inmate Classification System.

3.0 POLICY

It is the policy of the Department of Public Safety to provide systematic and objective evaluations of prison inmates for their initial classification and appropriate facility placement. In order to accomplish this, the Reception, Assessment and Diagnostic (RAD) Unit shall complete the Prescriptive Plan, which includes the Initial Classification Instrument, and recommend the initial custody and facility assignment of prison inmates.

- .1 Male prison inmates shall be assigned to the Reception Assessment and Diagnostic (RAD) Unit at Halawa Correctional Facility.
- .2 Female prison inmates on Oahu shall be assigned to the RAD Unit at Women's Community Correctional Center (WCCC).
- .3 Each inmate shall be assigned to the least restrictive environment required based on the risk the offender presents to the community and others within the correctional system.

COR P&PM	SUBJECT: INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	POLICY NO.: COR.18.03
		EFFECTIVE DATE: FEB 19 2009
		Page 2 of 3

- .4 Sentenced felon female inmates shall be initially placed at WCCC.
- .5 Male inmates with a "maximum" custody level shall be housed at the Halawa Correctional Facility maximum-security unit.
- .6 Inmates with pending charges listed under "Greatest" or "High" on the Severity of Offense Scale shall be assigned at least Medium custody level.
- .7 Each inmate shall have their RAD Assessment process completed within 60 days from admission to the RAD Unit.
- .8 If documents are not received within 60 days from admission to the RAD Unit, inmate shall be given an initial classification of "medium" until documents are received or other information indicates another custody level designation is more appropriate.
- .9 At a minimum, the following documentation is required in order to accomplish the initial classification and facility assignment process:
 - a. A certified judgment of conviction, ordering imprisonment for the offense the inmate is currently serving; or a statement of pending charges and request for "safekeeping" from the Sheriff's Office or other appropriate law enforcement agency.
 - b. A Pre-sentence Investigation Report (PSI) developed by the Adult Probation Division. Should the defendant waive PSI, other available documentation will be used in lieu of PSI.
 - c. NCIC and CJIS reports or other verified information concerning the inmate's prior criminal history.
 - d. Medical and mental health evaluations that indicate findings and treatment needs – Medical/Mental Health Intake Screening form (DOC 0498 - 04/06). [Attachment A1 & A2]
 - e. Educational/vocational assessment.
 - f. Substance abuse history and treatment needs.
 - g. Submission of a Sex Offender Custody Level Review (SOCLR) form – (DOC 8760 - 12/97) to the Sex Offender Treatment Program Administrator (SOTPA). [Attachment B]
 - h. Documentation that may identify separatees, gang affiliations, etc.

COR P&PM	SUBJECT:	POLICY NO.:
	INMATE CLASSIFICATION AND FACILITY ASSIGNMENT OF PRISON INMATES	COR.18.03
		EFFECTIVE DATE: FEB 19 2009
		Page 3 of 3

- .10 The completed instrument shall be submitted to the Department Classification Officer within 60 days of admission to the RAD Unit.
- .11 The Department Classification Officer will determine the actual facility placement in accordance with Policy and Procedure No. 493.18.06.

4.0 RESPONSIBILITY

The Wardens at Halawa Correctional Facility and Women's Community Correctional Center have the responsibility of administering the Initial Classification and Facility Assignment policy and procedures.

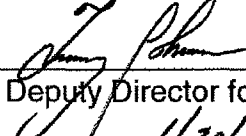
5.0 SCOPE

This policy shall apply to all personnel involved with the RAD assessment process.

6.0 IMPLEMENTATION

Initial classification and facility assignment of prison inmates shall be performed in accordance with this policy and procedure.

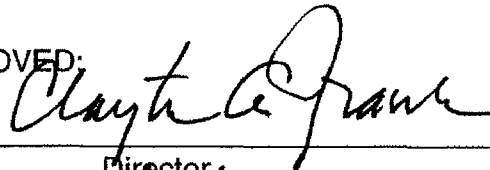
APPROVAL RECOMMENDED:



 Deputy Director for Corrections
 1/30/09

 Date

APPROVED:



 Director
 2/19/09

 Date

MEDICAL/MENTAL HEALTH INTAKE SCREENING

Attachment A1

ADMISSION DATE: _____

FACILITY _____

NAME: _____

SID: _____

DOB: _____

SEX: _____

YES **NO**

- Does the arresting or transporting officer report indications that the inmate is a medical or mental health or suicide risk?

MEDICAL OBSERVATIONS

- Is there observable signs of physical injuries? (Cuts, bruises, swollen areas)
- The inmate does not know what day it is and/or where he is. (If yes, ask about head injury.)
- Is there any sign of altered consciousness? (Not alert, non responsive to verbal commands, slow, slurred or incoherent speech, excessive sleepiness.)
- Is there any sign of limitations in movement? (Limping, can't move a limb or joint, obvious physical deformities or complaints of pain on movement.)
- Is there any signs of body parasites? (Lice, crabs, scabies, etc.)
- Is there observable signs of illness? (Flush, rashes, orange/yellow skin, hacking cough.)
- Is there observable signs of intoxication or does the inmate appear to be under the influence of drugs? (Smells like alcohol, staggers, shaky, anxious, slurred speech.)
- Are needle marks, "needle tracks", or a fresh tattoo visible?

QUESTIONS: (Ask inmate the Questions. Inmate may not self administer.)

- Do you have any allergies?
- Have you suffered a head injury within the last 48 hours?
- Have you ever had an infectious or communicable disease?
- Do you currently have any of the symptoms of illness? (Chronic cough, coughing up blood, tiredness, weight loss, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.)
- Are you under a doctor's care?
- Are you currently taking any medications?
- Do you have any medical conditions that limit your movement?
- Do you have any diet restrictions?
- Have you had an organ removed or an organ transplant?
- Do you use any prosthetic device(s) to aid any physical limitations? [Including eyeglasses, dentures, contact lens, hearing aid artificial eye(s), artificial limb(s).]
- Do you have any dental problems? (Toothaches, mouth sores or infections.)
- Do you currently using any drugs? If so, what drugs and when did you last use?

FEMALES

- Are you pregnant?
- Do you have any current gynecological problems?

PPD DATE: _____ DATE READ: _____ RESULTS: _____ X-ray Results: _____

REVIEWED BY MEDICAL STAFF: _____ Date/Time _____

MEDICAL/MENTAL HEALTH INTAKE SCREENING

MENTAL HEALTH RISK OBSERVATIONS

- | <u>YES</u> | <u>NO</u> | | <u>YES</u> | <u>NO</u> | |
|--|--------------------------|---------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggressive behavior | <input type="checkbox"/> | <input type="checkbox"/> | Uncooperative |
| <input type="checkbox"/> | <input type="checkbox"/> | Loud/obnoxious | <input type="checkbox"/> | <input type="checkbox"/> | Incoherent |
| <input type="checkbox"/> | <input type="checkbox"/> | Bizarre behavior | <input type="checkbox"/> | <input type="checkbox"/> | Passive/withdrawn |
| <input type="checkbox"/> | <input type="checkbox"/> | Confused | <input type="checkbox"/> | <input type="checkbox"/> | Restless/over reacting |
| <input type="checkbox"/> NONE OF THE ABOVE | | | | | |

HAS THE INMATE VERBALIZED OR ARE THERE OBSERVABLE SIGNS OF:

- | | | |
|--|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Strong feelings of remorse or shame |
| <input type="checkbox"/> | <input type="checkbox"/> | Worried about incarcerations affect on family |
| <input type="checkbox"/> | <input type="checkbox"/> | Verbalizing hopelessness or extreme fear |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of self-mutilation |
| <input type="checkbox"/> NONE OF THE ABOVE | | |

QUESTIONS

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to your arrest were you receiving counseling from a mental professional or treatment center? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized for a mental health condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you on medication for a mental health disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you recently experienced a significant loss? (Relationship, death in the family, job, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever thought about taking your own life? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever felt so down or confused that you did try to commit suicide?
When _____ Why _____ How _____? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a family member or close friend ever attempted or committed suicide? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you thinking about suicide now? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the nature of the crime high profile? (TV coverage, celebrity status in community, etc.) |

COMMENTS: _____

Inmate's Name _____ Signature _____ Date _____

INTERVIEWER/TITLE _____ Date/Time _____

REVIEWED BY MH STAFF _____ Date/Time _____

Intake Disposition: ER Nurse Called Med. Refer. MH Refer Gen. Pop Other _____

Med. Disposition: ER Infirmery Same Day Sched. Appt. Gen. Pop Other _____

MH Disposition: Same Day Sched. Appt. Therapeutic Unit Gen Pop Other _____

Original: Medical Record

State of Hawaii
Department of Public Safety
Sex Offender Treatment Program



CONFIDENTIAL
WHEN COMPLETED

SEX OFFENDER CUSTODY LEVEL REVIEW

INMATE'S NAME: _____
(Last) (First) (Middle Name or Initial)
INMATE'S ID #: _____ DOB: _____
(SID # / SS #) (Date of Birth)
PED/EPH: _____ TODAY'S DATE: _____
(Parole Eligibility Date/Early Parole Hearing)

1. The inmate is incarcerated at:
 Halawa Correctional Facility Kulani Correctional Facility Other _____
Case Manager _____

2. In which Circuit was the inmate sentenced?
 First, Oahu Third, Hawaii
 Second, Maui Fifth, Kauai

3. Is inmate currently incarcerated because of a conviction for sexual offense?
 Yes. CR# _____ Charge: _____
 No. If not a sexual offense, on what charge is inmate convicted? CR# _____
Charge: _____

4. If inmate is NOT convicted for a sexual offense, he may qualify as a sex offender because of a:
 Instant offense sexually motivated.
 Prior sex offense conviction as an adult.
 Prior sex charge as an adult.
 Prior sex offense conviction as a juvenile.
 Prior sex charge as a juvenile.
 Other: _____

5. Noteworthy factors include any history or incidents during incarceration of: (all that apply)
 Substance abuse, dirty UAs
 Pornography in cell, seeks subscription to erotica
 Violence/threats/attacks on ACO's, staff, or inmates
 Health problems that hinder work
 Poor performance on work details, firings, quitting
 Deviant sexual behavior/proposition to staff or inmates
 Non-compliance with programs, educational goals
 Escapes (including attempts)
 Other: _____

6. Does offender refuse to participate in SOTP or deny he needs further treatment?
 Yes No

7. Comments

SOTP Administrator's Recommendation

- Medium
- Minimum
- Community

SOTP Administrator's Signature

Date