



*State of North Carolina  
Department of Public Safety  
Prisons*

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Section: .0200  
Title: **Diagnostic Centers**  
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**POLICY & PROCEDURES**

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References

Related ACA Standards

5<sup>th</sup> Edition Standards for Adult  
Correctional Institutions 5-ACI-1A-02,  
5-ACI-3D-09, 5-ACI-5A-01, 5-ACI-5A-03,  
5-ACI-5A-04, 5-ACI-5A-05, 5-ACI-6A-21,  
5-ACI-7B-03, 5-ACI-3D-10, 5-ACI-3D-12,  
5-ACI-3D-13, 5-ACI-3D-15. 5-ACI-6A-32  
PREA Standard: 28 CFR 115.41

**.0201 GENERAL**

- (a) Newly admitted offenders to Prisons, with the exceptions noted in Special Procedures, will complete three identifiable processes before initial classification and assignment: Except in unusual circumstances, these processes shall be completed within fifteen (15) business days or less after admission consistent with the completion scheduled in the Diagnostic Services Manual:
- (1) Reception;
  - (2) Orientation; and
  - (3) Diagnostic.
- (b) The purpose of these processes is to assist the individual in adjusting to incarceration and to provide evaluative information for management and treatment of the offender.

**.0202 ORGANIZATION**

- (a) Responsibility. The reception, orientation, and diagnostic processes are subject to review by the Diagnostic Services Branch Program Manager on behalf of the **Commissioner** of Prisons. Any variation in pertinent procedures and guidelines specified herein, or as specified in the Diagnostic Center Procedure Manuals, as amended, shall be immediately reported to the Diagnostic Services Branch Program Manager for review and approval. Administrative directives will be issued by this office through the office of the **Commissioner** of Prisons or designee as required to specify and update procedures.

Diagnostic Centers. The diagnostic center receives **offenders to include:** offenders from sentencing courts, offenders being returned from escape, offenders admitted to Prisons for presentence diagnostic study and safekeeping, **post-release and parole offenders with**

revocations awaiting Post-Release Supervision and Parole Commission hearings, and interstate compact offenders. In general, diagnostic centers at designated admission locations provide for physical/dental examinations, mental health screening, photographing, fingerprinting and identification of marks and/or other unusual characteristics.

Specifically, the diagnostic center:

- (1) Prepares a summary admission report for new admissions. Social and criminal data will be entered into the electronic record. Also included is the legal aspects of the case; medical, dental and mental health history/psych evaluation; occupational/educational status and interests; vocational programming; recreational preference and needs assessment; staff recommendations, if any; and pre-institutional assessment information.
  - (2) administers and scores psychometric tests;
  - (3) provides casework services for crisis intervention as necessitated by immediate problems of or with an offender being processed;
  - (4) evaluates each case to identify Security Risk Group affiliations, crime-related problems, correctional goals, need for outer controls, and other factors relating to the classification process.
  - (5) administers the Risk Needs Assessment (RNA).
  - (6) Assigns to a housing unit.
  - (7) Records basic personal data for mail and visitation. Explains mail and visiting procedures to offenders.
  - (8) Assists offenders with notifying their next of kin and family.
  - (9) Assigns a register number.
  - (10) Provides offenders written orientation materials.
  - (11) Documents any reception/orientation completed.
- (b) A diagnostic center must provide psychological examination services, psychiatric evaluations, professional casework services, and case evaluations by personnel professionally qualified to interpret reports from the various professional disciplines. This information is made into a classification action on which crime-related problem identification and correctional intervention may be based. The Diagnostic Center staff must meet minimum specifications of state personnel and standards established by the

Diagnostic Services Branch Program Manager and approved by the **Commissioner** of Prisons.

- (c) Procedures for Auditing a Diagnostic Center. Each center will be audited annually based on standards established by the Diagnostic Services Branch Program Manager as approved by the **Commissioner** of Prisons.

### **.0203 PROCEDURE**

- (a) Admission. These procedures outline the essential functions which must be performed in the initial admission of an offender to Prisons. Only those facilities which are designated as having diagnostic centers are permitted to receive new admissions. The following apply:
- (1) Offender Criteria. The criteria for accepting offenders are based upon age, sex, type of offense, and length of sentence. In general, a minimum custody facility cannot accept a felon, and a medium custody or close custody facility cannot accept a misdemeanor. Specific guidelines are as follows:

#### **Diagnostic Services Locations**

<b><u>NC Corr. Institution for Women</u></b> Raleigh, NC	<b>3010</b>	All female felon offenders and felon Safekeepers. All female misdemeanor and CRV offenders with medical and mental health issues.
<b><u>Central Prison</u></b> Raleigh, NC	<b>3100</b>	All male felon offenders, with Death Sentences. All male Safekeepers, ages 22 years and older, as well as inpatient medical and mental health.
<b><u>Piedmont Correctional Institution</u></b> Salisbury, NC	<b>3500</b>	Male felon and misdemeanor offenders from Western/Piedmont counties, age 22 and older.
<b><u>Craven Correctional Institution</u></b> Vanceboro, NC	<b>3085</b>	Male felon offenders from Eastern/Central counties ages 22 and older.
<b><u>Granville Correctional Institution</u></b> Butner, NC	<b>3980</b>	All male felons ages 18-25.

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**Foothills Correctional Institution**  
Morganton, NC**3720**

All male felon offenders ages 17 years and younger. All male misdemeanor offenders 13 to 17. All felon Safekeepers 17 years and younger.

- (2) **Escapees.** Offenders referred from escape will be referred to the designated felon or misdemeanor diagnostic center for reprocessing after disciplinary and/or legal procedures have been completed. Adult male felon offenders returned from a minimum or medium custody escape will be processed at Piedmont or Craven Diagnostic Centers. Youthful felon offenders who escape from minimum or medium custody will be received at Granville Diagnostic Centers. Felons escaping or attempting to escape from close custody will be received at Central Prison to await disciplinary and legal proceedings, diagnostic processing, and reclassification.
- (3) **Parole Revocation.** The parole revocation process requires that a hearing be held or waived prior to being accepted into the Prisons. After completion of the parole revocation hearing, parole violators will be processed at the appropriate diagnostic centers in accordance with sentence guidelines specified in this policy. Time remaining to be served will be a factor in referring an offender to a particular center.
- (4) **Commitment Receipt.** A true copy of the sentencing court's commitment, complete with the court's impressed seal and certification, must be received prior to admission.
- (5) **Personal Property.** Personal property, including personal funds, will be obtained, searched, recorded, and processed/disposed of in a manner consistent with departmental regulations.
- (6) **Search.** A strip search will be conducted and any contraband confiscated and reported as provided in division regulations.
- (7) **Dress.** Offenders will dress in appropriate prison clothing. They will be issued clean, laundered clothing, as needed. Offenders will be provided showering and hair care products as necessary to maintain hygiene.
- (8) **Arrival Confirmation.** The new admissions arrival will be noted in the electronic record.
- (9) **Identification.** Appropriate measures will be taken to accurately identify all offenders. Staff will ensure the offender is legally committed to the institution. These measures include completion of OR10 and OR11 screens, fingerprints, photographs, and necessary distribution of this data.

- (10) Physical Exam. The admitting facility will perform a physical examination of all newly admitted offenders as specified in division regulations.

Screening for risk of victimization and abusiveness:

(A) All offenders and safekeepers shall receive a PREA screening inventory, administered via the web-based OPUS intake system, within 72 hours after admission to Prisons. Diagnostic Services staff shall conduct screening to determine an offender's risk of being sexually abused by other offenders or their risk of being sexually abusive towards other offenders. The screening shall use an objective screening instrument that complies with the Prison Rape Elimination Act standards, 28 C.F.R. Part 115.

(B) The responses to the Screening Inventory, are confidential; therefore, the facility shall implement appropriate controls on the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders.

(C) Offenders may not be disciplined for refusing to answer or for not disclosing complete information during screening or assessment.

(D) The facility shall make individualized determination for housing, program, job, bed, and education assignments, to ensure the safety of each offender on a case-by-case basis.

(E) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive

(F) In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems.

(G) Placement and programming assignments for each transgender or intersex offender shall be reassessed by the case manager at least twice each year to review any threats to the safety experienced by the offender.

(H) A transgender or intersex offender's own views with respect to their own safety shall be given serious consideration.

(I) Transgender and intersex offenders shall be given the opportunity to shower separately from other offenders.

(J) The agency shall not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

(K) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders

#### Use of Protective Custody:

(A) Offenders at high risk for sexual victimization shall not be placed in restrictive housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in restrictive housing for no more than 24 hours while completing the assessment.

(B) The facility shall assign such offenders to restrictive housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Refer to Diagnostics Services Procedural Manual for requirements to meet the policy and PREA national standards.

#### Medical and Mental Health Screening; History of Sexual Abuse:

(A) If the screening for risk of victimization and abusiveness indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(B) If the screening for risk of victimization and abusiveness indicates that a prison offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

(C) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

(D) Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an

institutional setting, unless the offender is under the age of 18.

Use of Screening information:

- (A) The information from the screening for risk of victimization and abusiveness shall be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Offender Education:

1. RECEPTION/TRANSFER: All offenders shall receive, during reception, information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse and sexual harassment to include third-party reporting within timeframes established under the Prison Rape Elimination Act standards.
2. INTAKE: All offenders shall receive comprehensive education about sexual abuse and sexual harassment. Such education shall be completed within 30 days of intake and upon transfer to a different facility.

(A) Comprehensive education shall include:

- (i) Offenders' rights to be free from sexual abuse and sexual harassment;
- (ii) Offenders' rights to be free from retaliation for reporting incidents of sexual abuse and sexual harassment; and
- (iii) The agency's policies and procedures for responding to incidents of sexual abuse and sexual harassment.
- (iv) Methods available to offenders for reporting incidents of sexual abuse or sexual harassment internally and to an external agency or entity.

(B) Education for Offenders shall be offered by staff that have completed the PREA Train the Trainer Offender Education course.

TRANSFER: All offenders shall receive education about sexual abuse and sexual harassment upon transfer to a different facility.

(A) Education shall be completed utilizing the Offender FACTSHEET OPAT101 Facilitator Talking Points.

(B) Each offender shall receive a copy of the PREA Brochure.

(C) Each offender will sign the Orientation Form and placed in their field jacket.

(D) Education for offenders shall be offered by a designated employee at the facility.

(4) Appropriate provisions shall be made as necessary for offenders not fluent in English, persons with disabilities and those with low literacy levels.

(5) Additional sexual abuse and sexual harassment information shall be provided through offender brochures, handbooks and posters.

(6) All materials provided to offenders on the subject of sexual abuse and sexual harassment, and any lesson plans used during any presentations on this topic shall be approved by the Department of Public Safety's PREA Office.

- (b) Orientation. Newly admitted offenders will be assisted by staff in adjusting to the prison environment. Orientation will be conducted in offender groups with an explanation of the rules, penalties, disciplinary procedures, and how to obtain health services being provided. A description of the offender's current situation, the diagnostic and classification process, custody levels, and a summary of available programs and work will also be provided.
- (c) Diagnostic. The diagnostic portion of the process involves professional evaluation of the offender to identify security requirements, crime-related problems, correctional goals, and required correctional intervention. The following will be accomplished:
- (1) Psychometric Testing. Psychometric tests approved by Prisons will be administered, scored, and interpreted.
  - (2) Social History Data. Relevant background information will be accumulated, recorded, and interpreted and entered into the electronic record in accordance with operational procedures.
  - (3) Interviewing and Counseling. To obtain pertinent information for effective classification decision making and to assist the offender in making an adequate adjustment to incarceration, interviewing and counseling will be performed by qualified staff.
  - (4) Psychological and Psychiatric Evaluation. As required either by Prisons regulations or the offender's needs, psychological and psychiatric evaluation will be completed.
  - (5) Risk Needs Assessment (RNA). A validated tool used to help identify criminogenic needs, risks and barriers that an offender has which may prevent them from being successful. This tool identifies the risk for re-arrest and provides the agency with a service priority level (spl) for each offender with Level 1 being



the highest risk and Level 5 is the lowest.

- (6) Classification Action. The classification action screen **on the web** will be completed and referred to the appropriate classification authority upon completion of the diagnostic procedures. The referral will contain pertinent information to support the recommendations and rationale for housing, custody, work and program assignments.
- (d) Special Procedures. These procedures present special cases which deviate from the normal orientation and diagnostic process. The following admission procedures will be completed in all cases:
- (1) Death Row. The Wardens at Central Prison or the North Carolina Correctional Institution for Women must receive capital punishment offenders.
  - (2) Pretrial Safekeeper. Safekeepers will undergo admission procedures to include identification, criminal history investigation, mental and physical health screening and local orientation.
  - (3) Presentence Diagnostic (PSD). Offenders admitted for presentence diagnostic receive the expanded diagnostic evaluation as outlined in the Diagnostic Center Procedural Manual.
  - (4) Sexually Violent Predator (SVP). These offenders receive the expanded diagnostic evaluation as outlined in the Diagnostic Center Procedural Manual as well as procedures pursuant to G.S. 14-208.5 through 14-208.25. **Screening for potentially violent predator's as defined by PREA are found in 28 CFR 115.41.**
- (e) Detailed procedures are specified in the Diagnostic Center Procedural Manual as maintained by the Diagnostic Services Branch Program Manager.



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Commissioner of Prisons

September 09, 2020

Date