DIVISION DIRECTIVE

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Title: General Population – Mental Health Tiers	**Directive Number:** DOC.124.0020
Related Statute and Regulations: Correctional Services Article, § 2-103, Annotated Code of Maryland	**Supersedes:** N/A
Related ACA and MCCS Standards: 5-ACI-6A-28 .02S 5-ACI-6A-30 5-ACI-6A-37 5-ACI-6A-38	**Responsible Authority:** Lynda Bonieskie, PhD Director of Mental Health Services
Related Directives: OTS.124.0001 – Mental Health Services Manual	**Effective Date:** July 12, 2026
Variance: A facility may only issue a facility directive if it is necessary to implement and comply with this directive. The facility directive must be approved by the Director of Mental Health Services.	**Number of Pages: 7**

.01 Purpose.

The purpose of this directive is to establish operating procedures for mental health tiers in the Division of Correction within the Department of Public Safety and Correctional Services (Department).

.02 Scope.

This directive applies to correctional employees and units responsible for the care and custody of incarcerated individuals housed in a correctional facility under the authority of the Commissioner of Correction.

.03 Policy.

A. A general population – mental health tier (MHT) is a tier or designated cells within a general population housing unit that provides housing for individuals who, as a result of a mental health condition or other circumstances, require the extra programming and support provided by a MHT.

B. An incarcerated individual assigned to a MHT is housed in the least restrictive environment consistent with safety and security while receiving enhanced mental health and other services.

C. An employee may refer an incarcerated individual to the Department's Office of Mental Health Services (OMHS) for evaluation and consideration for MHT housing.

D. An incarcerated individual may request an evaluation and consideration by the Department's OMHS for MHT housing.

E. OMHS shall determine an incarcerated individual's appropriateness for MHT assignment.

F. Evaluation for and, if offered, assignment to a MHT program is voluntary. An incarcerated individual may choose to return to non-MHT general population housing at any time.

G. An OMHS mental health clinician may recommend removal of an incarcerated individual from assignment to a MHT if, based on clinical judgement, continued placement is no longer appropriate.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Correctional facility" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland: 'Correctional facility' means a facility that is operated for the purpose of detaining or confining adults who are charged with or found guilty of a crime.

(2) Employee.

(a) "Employee" means an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification.

(b) "Employee" means an individual employed by the Department, including an intern or paid worker, whose work within the Department is controlled by the Department, including but not limited to:

(i) When, where, and how the individual performs a job;

(ii) What resources, tools, materials, and equipment are made available; and

(iii) Whether compensation or a benefit is conferred based on job performance (e.g., academic credit, stipend, future employment).

(3) General Population.

(a) "General population" means correctional housing in a standard living area with access to common areas, programs, services, activities, education, and recreation, where incarcerated individuals are subject to restrictions on movement, curfews, and security measures consistent with the facility's security classification.

(b) "General population" may include single-cell (one person), or double-cell (two people) or dormitory style housing depending on a correctional facility's design and consistent with the incarcerated individual's security classification, risk of self-harm, and risk of harm to others.

(4) "General population – mental health tier (MHT)" means a section of a correctional facility designated by a managing official and the Department's Director of Mental Health Services, where the facility's mental health clinical supervisor oversees the programming to incarcerated individuals who have been clinically determined to be appropriate for general population housing with mental health supports.

(5) Incarcerated Individual.

(a) "Incarcerated individual" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland which states, "'Incarcerated individual' means an individual in actual or constructive custody of the Department."

(b) "Incarcerated individual" includes the term "inmate" as stated in Correctional Services Article, §1-101, Annotated Code of Maryland prior to October 1, 2023.

(c) "Incarcerated individual" includes the term "incarcerated person".

.05 Responsibilities.

A. Director of Mental Health Services (Director).

(1) The Director shall:

(a) In collaboration with the Commissioner of Correction and the facility managing official, designate a location within an appropriate correctional facility as a MHT; and

(b) Establish policies and procedures for the operation and management of a MHT.

(2) The number of correctional facilities designated to operate MHTs, and the number of cells assigned to a MHT shall be based on facility capacity and the treatment and housing needs of the incarcerated individual population within the facility.

B. Managing Official. The managing official shall ensure that custody employees assigned to a MHT receive:

(1) Training on procedures for monitoring and interacting with an incarcerated individual who has a mental illness or significant functional impairment;

(2) Annual crisis de-escalation training;

(3) Trauma-informed training; and

(4) Suicide prevention training.

C. MHT Officer. A MHT officer shall:

(1) Maintain security and operational procedures in accordance with Post Order 110-1-14;

(2) Conduct regular population counts and perform other duties in accordance with OPS.110.0007 – Population Count Minimum Requirements; and

(3) Perform additional duties as assigned by a supervisor.

.06 Procedures.

A. Referrals to OMHS for MHT Evaluation.

(1) An incarcerated individual may request an evaluation for consideration of placement on a MHT by submitting *Form # OPS.130-5aR – Sick Call Request/Encounter* (Appendix A) or a facility request slip.

(2) An employee may refer an incarcerated individual for consideration of placement on a MHT based on:

(a) An initial intake and mental health evaluation;

(b) A segregation review or round;

(c) A clinical encounter;

(d) Employee observation that the incarcerated individual appears to have a mental illness or other circumstance that requires the extra programming and support provided by a MHT; or

(e) Other related review, encounter, or observation.

(3) OMHS shall review each referral for clinical appropriateness within 10 business days of receipt.

B. OMHS Review and Approval for MHT Assignment.

(1) The review process shall include:

(a) Consideration of the incarcerated individual's medical and mental health history, together with the corresponding records;

(b) An evaluation of the incarcerated individual's behavior adjustment history; and

(c) A clinical interview with the incarcerated individual.

(2) OMHS staff shall determine whether an incarcerated individual is appropriate for assignment to a MHT based on the outcome of the review process.

(3) If OMHS approves an incarcerated individual for assignment to a MHT, an OMHS mental health clinician shall send notification of the approval to:

(a) Case management; and

(b) If indicated by a review of OCMS, the Intelligence and Investigative Division (IID) for security review within 5 business days.

(4) Upon direction from the OMHS mental health clinician, custody shall ensure that an eligible incarcerated individual currently housed in general population is transferred to the MHT within 48 hours of when the OMHS mental health clinician identifies an appropriate cell.

(5) Upon direction from the OMHS mental health clinician, and upon discontinuation of administrative segregation or completion of disciplinary segregation, custody shall transfer an eligible incarcerated individual directly to the MHT within 48 hours of when the OMHS mental health clinician identifies an appropriate cell.

(6) The OMHS mental health clinician shall ensure that the approved incarcerated individual:

(a) Is directed to read or is read DOC Form # 124-20aR – Mental Health Tier Participation Agreement (Appendix B); and

(b) Is provided the opportunity to sign *DOC Form # 124-20aR – Mental Health Tier Participation Agreement* (Appendix B) within 30 days after placement on a MHT.

(7) An incarcerated individual's refusal to sign *DOC Form # 124-20aR – Mental Health Tier Participation Agreement* (Appendix B) may not preclude placement on a MHT.

(8) If a custody or clinical concern arises during evaluation of an incarcerated individual's suitability for placement on a MHT, an OMHS mental health clinician and custody shall collaborate to consider clinical, operational, and security concerns in resolving the issue.

C. Mental Health Programming and Activities.

(1) The MHT shall incorporate structured mental health programming.

(2) Structured mental health programming shall include:

(a) A monthly clinical encounter with an OMHS mental health clinician that is documented in the incarcerated individual's EPHR;

(b) Additional clinical encounters with an OMHS mental health clinician, if clinically indicated;

(c) Medication management, if clinically indicated; and

(d) Psychoeducational group programming, as clinically indicated.

D. Removal or Withdraw from a MHT.

(1) An incarcerated individual may voluntarily withdraw from a MHT and return to non-MHT general population at any time. Voluntary withdrawal from a MHT is not a violation of the Department's rules of conduct.

(2) An incarcerated individual may be involuntarily removed from a MHT and:

(a) Placed into non-MHT general population housing;

(b) Assigned to disciplinary segregation following a finding of guilt and the imposition of disciplinary segregation at a facility disciplinary hearing; or

(c) Placed on administrative segregation:

(i) When warranted by the circumstances surrounding the removal;

(ii) In accordance with Department policy governing administrative segregation; and

(iii) After consultation with the facility managing official or designee.

(3) When an incarcerated individual is removed from or voluntarily withdraws form a MHT, an OMHS mental health clinician shall ensure that the incarcerated individual continues to receive metal health services as clinically indicated.

(4) An OMHS mental health clinician shall document an incarcerated individual's withdrawal or removal from a MHT, including any continuity of care recommendations, in the incarcerated individual EPHR.

.07 Appendix.

A. Form # OPS.130-5aR – Sick Call Request/Encounter (Appendix A)

B. Form # DOC.124.20aR – Mental Health Tier Participation Agreement (Appendix B)

.08 History.

This directive supersedes provisions of any other prior existing Department or unit communication with which it may be in conflict.

.09 Distribution.

A. A – Reference

B. C – Case Management

C. D – Correctional Officer

D. M – Medical and Mental Health

E. S – Facility Administration

Department of Public Safety & Correctional Services
Sick Call Request/Encounter Form

Date/Time Stamp	Medical Triage: (E) (U) (R) Apply Copay: ☐ Yes ☐ No
Directions: • **Section I: To be completed by incarcerated individual.** • **Section II: To be completed by clinician.** Incarcerated individual must state specific reason for requesting Medical/Dental/Mental Health services.	Signature _____ Date/Time _____ Verification Signature _____ Date/Time _____

Section I: To Be Completed By Incarcerated Individual

Name:	DOB:	SID#:	Cell#:	Facility:
Allergies:			Date:	

Sick Call Request

State your problem. How can we help you? (Please be specific) ☐ Medication not received

_____

_____

_____

A. Where does it hurt?

B. When did it start?

C. Has it happened before? How often?

Non–Sick Call – Healthcare Issues

☐ Medical Records Request ☐ Work Clearance Request ☐ Dental Exam/Filling/Denture Request

☐ Medication Refill ☐ Eye Glass Repair Request ☐ Other: _____

Place Medication Refill Sticker Here	Place Medication Refill Sticker Here	Place Medication Refill Sticker Here	Place Medication Refill Sticker Here

Section II: To Be Completed By Healthcare Personnel

Healthcare Encounter Documented in EPHR: (Comments)

_____ Provider

_____ Date / Time

Sick Call Request / Encounter **(E)** **(U)** **(R)**

Form Forwarded To:

☐ Dental

☐ Mental Health

☐ Medical Records

☐ Other: _____

Date/Time Sent	Date / Time Received
Signature	Signature

Response to the Incarcerated Individual: _____

GENERAL POPULATION - MENTAL HEALTH TIER (MHT) PARTICIPATION AGREEMENT

In return for my assignment to a MHT, I will:

- ☐ Be respectful to other individuals assigned to the MHT, as well as all incarcerated individuals and staff throughout the facility.
- ☐ Keep myself clean and orderly each day.
- ☐ Keep my cell neat and clean.
- ☐ Obey all correctional facility rules, as well as the MHT rules.
- ☐ Take all my prescribed medications as directed on a consistent basis.
- ☐ Attend all scheduled medical, dental, and mental health appointments.
- ☐ Participate in all scheduled individual and group therapy sessions.
- ☐ Participate in "off the tier" activities such as library, meals, recreation, alcoholic anonymous (AA), narcotics anonymous (NA), gym, and religious activities as desired.
- ☐ Work with my case manager to find appropriate employment in the facility or enrollment in education.

To maintain my assignment to the MHT, I will NOT:

- ☐ Make, sell, or drink alcohol.
- ☐ Make, sell, or possess weapons.
- ☐ Take non-prescribed medication or drugs.
- ☐ Lend, borrow, or sell a tablet device to another individual.
- ☐ Engage in behavior that causes disruption to the MHT.
- ☐ Engage in any gang related activity.
- ☐ Run a "store" or exchange commissary goods for money or credit.
- ☐ Lend money or goods to another incarcerated individual at any time.

I understand that:

- ☐ If I think my medications are no longer helpful or needed, then I will speak with the psychiatrist before I discontinue them.
- ☐ If I receive two infractions for a positive drug test, I could be removed from the MHT. Tickets for diluted urine samples are considered a positive drug test result.
- ☐ Participation in the MHT is voluntary and I can decide to leave at any time. Withdrawal from the program will not be treated as a rule violation.
- ☐ If I choose to withdraw from the program, I will be moved to non-MHT general population.

Your signature below indicates that you agree to rules and conditions as listed above.

Participant Name (please print):_____ SID:_____

Participant Signature: _____ Date:_____

Staff Witness:_____ Date:_____