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:_____