

APPENDIX G

CONDITIONAL RELEASE PLAN

MODEL

CONDITIONAL RELEASE PLAN

FOR _____

The signatures at the end of this conditional release plan indicate that _____ understands that he or she has been found not guilty by reason of insanity of _____, pursuant to Virginia Code Section 19.2-182.2, and is under the continuing jurisdiction of the _____ court as a result of that finding. The acquittee, _____, and all undersigned parties have reviewed this conditional release plan and agree to follow the terms and conditions.

A. GENERAL CONDITIONS

- 1) The acquittee agrees to abide by all municipal, county, state, and federal laws.
- 2) The acquittee agrees not to leave the Commonwealth of Virginia without first obtaining the written permission of the judge maintaining jurisdiction over his or her case and the supervising Community Services Board. The acquittee further understands that, pursuant to ' 19.2-182.15, he or she may be charged with a class 6 felony if he or she leaves the Commonwealth of Virginia without court permission.
- 3) The acquittee agrees not to use alcoholic beverages. (If the acquittee has been granted any special permission to use alcohol, such permission should be specified below, in the Special Conditions section of this plan.)
- 4) The acquittee agrees not to use or possess any illegal drugs or prescribed medications unless prescribed by a licensed physician for him or her.
- 5) The acquittee understands that he or she is under the legal control of the judge maintaining jurisdiction over him or and the supervision of the _____ Community Services Board (and/or CSB designee) implementing his or her conditional release plan. The acquittee agrees to follow their directives and treatment plans and to make him or herself available for supervision at all reasonable times.
- 6) The acquittee agrees to follow the conditions of his or her release and conduct him or herself in a manner that will maintain his or her mental health.

- 7) The acquittee understands that, even if it is not his or her fault or the result of any specific violation of conditions, he or she may be returned to a state hospital if his or her mental health deteriorates. The acquittee further understands that, when an acquittee on conditional release is hospitalized in the custody of the Commissioner, his or her conditional release is considered to have been revoked.
- 8) The acquittee agrees to pay for mental health and substance abuse services, when appropriate, on a sliding fee schedule set by the provider. The acquittee will receive approximately \$_____ per month in _____ funds or benefits, or salary upon discharge from the hospital.
- 9) The acquittee agrees that he or she will not own, possess, or have access to firearms and/or other illegal weapons of any kind. The acquittee further agrees not to associate with those persons or places which do.
- 10) The acquittee agrees to the release of all information and records concerning his or her mental health and compliance with the conditions of release to the community services board, CSB designated treatment and service providers, and DMHMRSAS, Forensic Services Section. The acquittee further agrees to provide any release or other permission to release information requested by his or her treating physician, psychotherapist, community services board supervisor, or other staff providing services to the acquittee as a part of conditional release.

B. SPECIAL CONDITIONS

- 1) The acquittee agrees to reside where authorized by the supervising community services board. Initially, the acquittee agrees to reside with:

(Name)_____

(Relationship)_____

residing at:

Address_____

Phone_____

If, at any point during the conditional release, the acquittee chooses not to live at the above location or is asked to move out, then the supervising community services board will evaluate the situation and consider alternative living placements. The acquittee agrees to be financially responsible for the cost of residing at the alternative placement.

If the acquittee chooses not to reside at the alternative placement, he or she shall be considered to be in noncompliance with the conditions of release. Any changes in residence will be coordinated by the supervising community services board, with notification to the court.

- 2) Case management for the acquittee while on conditional release in the community will be provided by staff at the supervising community services board. The name of the acquittee's case manager at the time of conditional release is: _____.
- The case manager's phone number is: _____. The acquittee agrees to meet with his or her case manager for the purpose of monitoring compliance with the conditions of release. This meeting may take the form of a home visit.
- Frequency of case management contacts:

Frequency of home visit case management contacts:

- 3) The acquittee agrees to be assessed by a vocational rehabilitation counselor and to follow the recommendations made from this assessment. These services will be provided by treatment staff of the supervising community services board (or CSB designee).
- 4) The acquittee agrees to participate in individual therapy with treatment staff of the supervising community services board (or CSB designee) as described below unless otherwise specified by the therapist.

Duration of Therapy: _____

Frequency of Individual Sessions: _____

Location of Therapy Sessions: _____

- 5) The acquittee agrees to participate in the following special focus groups for the duration of conditional release unless otherwise specified by his or her case manager or other staff of the supervising community services board.

Name of Group #1: _____

Location of Meetings: _____

Days and Times of Meetings: _____

Name of Group #2: _____

Location of Meetings: _____

Days and Times of Meetings: _____

- 6) The acquittee agrees to take psychotropic medication as recommended by his or her treating psychiatrist. The acquittee agrees to meet with the treating psychiatrist (or psychiatrist's designee) at the supervising community services board (or CSB designee) for the purposes of monitoring the acquittee's psychotropic medications and to have prescriptions renewed and refilled. The acquittee will participate in psychiatric treatment for the duration of conditional release unless otherwise specified by the treating psychiatrist.

Psychotropic medications: _____

Location of meetings with psychiatrist: _____

Frequency of meetings with psychiatrist: _____

- 7) The acquittee agrees to be assessed by a substance abuse counselor at the supervising community services board (or CSB designee) and to follow the treatment recommendations made as a result of this assessment.

Location of Substance Abuse Assessment: _____

Date and Time of Assessment: _____

- 8) The acquittee agrees to submit to random and/or periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising community services board for purposes of monitoring alcohol consumption and illicit drug screening. When indicated, the acquittee agrees to a full drug panel screening. The acquittee further agrees to pay any lab fees associated with this screening. Detection of any illegal substances in any of the lab results or detection of alcohol use or refusal to participate in these screenings shall constitute noncompliance with the conditional release plan.

- 9) The acquittee agrees to submit to periodic breathalyzer, blood or urine analysis as directed by treatment staff of the supervising community services board for the purposes of monitoring medication compliance and tolerance.

- 10) The acquittee agrees that, if he or she can not attend a meeting or session as required by this conditional release plan, the acquittee will provide advance notice by calling the person with whom he or she is scheduled to meet. If the acquittee is unable to contact that person, he or she must contact one of the following individuals:

Alternative contact #1: _____

Phone #: _____

Alternative contact #2: _____

Phone #: _____

- 11) The acquittee is responsible for arranging transportation between home and activities required under this conditional release plan. The acquittee may arrange for rides through family or friends. Lack of transportation may not be accepted as an excuse for missing activities specified by this conditional release plan.

- 12) Please itemize and detail any other special conditions deemed necessary by discharging facility staff and supervising community services board, or allowed or ordered by the court:

i. _____

ii. _____

iii. _____

C. ACQUITTEE AGREEMENT TO CONDITIONAL RELEASE PLAN

**

I HAVE READ OR HAD READ TO ME AND UNDERSTAND AND ACCEPT THE CONDITIONS UNDER WHICH I WILL BE RELEASED BY THE COURT. I AGREE TO ABIDE BY AND CONFORM TO THEM AND FULLY UNDERSTAND MY FAILURE TO DO SO MAY RESULT IN REVOCATION OF MY CONDITIONAL RELEASE.

**

I UNDERSTAND THAT NONCOMPLIANCE WITH ANY OF THE CONDITIONS OF MY RELEASE MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

1. Notification to the proper legal authorities;
2. Arrest and prosecution;
3. Notification to the court which conditionally released the acquittee;
4. Emergency custody and hospitalization pursuant to ' 19.2-182.9;
5. Notification to the Department of Mental Health, Mental Retardation and Substance Abuse Services, Forensic Services Section;
6. Revocation of conditional release and hospitalization pursuant to ' 19.2-182.8; or
7. Modification conditional release pursuant to ' 19.2-182.11

**

I UNDERSTAND THAT IF I AM RETURNED TO THE CUSTODY OF THE COMMISSIONER FOR INPATIENT TREATMENT PURSUANT TO REVOCATION PROCEEDINGS AND MY CONDITION IMPROVES TO THE DEGREE THAT, WITHIN 30 DAYS OF MY RESUMPTION OF CUSTODY FOLLOWING THE HEARING, AND, IN THE OPINION OF THE SUPERVISING COMMUNITY SERVICES BOARD AND THE HOSPITAL STAFF TREATING ME, I AM AN APPROPRIATE CANDIDATE FOR CONDITIONAL RELEASE, I MAY BE, WITH THE APPROVAL OF THE FORENSIC REVIEW PANEL AND COURT, CONDITIONALLY RELEASED AS IF REVOCATION HAD NOT TAKEN PLACE.

I FURTHER UNDERSTAND THAT IF TREATMENT IS REQUIRED FOR LONGER THAN 30 DAYS, I SHALL BE RETURNED TO THE CUSTODY OF THE COMMISSIONER FOR A PERIOD OF HOSPITALIZATION AND TREATMENT APPLICABLE TO COMMITTED ACQUITTEES.

Signature of Acquittee

Date

Signature of Witness

Date
(DMH 944E 1242 05/01/2003)

D. COMMUNITY SERVICES BOARD

1. This conditional release plan will be coordinated by _____ Community Services Board and their designees. As of the beginning of the conditional release plan, the designated coordinator is

Name _____
Title _____
Community Services Board _____
City, State, Zip _____
Phone _____ FAX _____

2. The community services board shall provide the court written reports no less frequently than once every six months, to begin six months from the date of the conditional release, in accordance with ' 19.2-182.7. These reports shall address the acquittee's progress, compliance with conditions of release, and adjustment in the community. Additionally, a copy of all 6 month reports shall be sent to

**Office of Forensic Services
DMHMRSAS
P.O. Box 1797
Richmond, VA 23218**

**PHONE: (804) 786-8044
FAX: (804) 786-9621**

3. The community services board shall provide DMHMRSAS, Office of Forensic Services, with monthly written reports of progress for the acquittee addressing his or her progress, compliance with conditions of release, and adjustment in the community. These reports are due to the Office of Forensic Services at the above address no later than the 10th day of the month following the month to be reported.
4. The community services board understands that, pursuant to ' 19.2-182.11, any proposed changes or deviations from this plan must be approved by the court maintaining jurisdiction over this case.
5. The community services board understands that, pursuant to ' 19.2-182.16, copies of all court orders and notices related to the disposition of the acquittee while on conditional release shall be forwarded to DMHMRSAS, Office of Forensic Services, at the above address immediately upon receipt.

E. SIGNATURES

THIS CONDITIONAL RELEASE PLAN HAS BEEN DEVELOPED JOINTLY AND APPROVED BY THE FOLLOWING COMMUNITY SERVICES BOARD AND HOSPITAL STAFF:

Signature

Date

Name
Title
Community Services Board

Signature

Date

Name
Title
Community Services Board

Signature

Date

Name
Title
Facility

Signature

Date

Name
Title
Facility

Signature

Date

Name
Title
Facility

MODEL PLAN FOR MONITORING COMPLIANCE: GENERAL CONDITIONS OF RELEASE

GENERAL CONDITIONS	PROVIDER/MONITOR	NONCOMPLIANCE EQUALS	PROVIDER/MONITOR RESPONSE
G1: Acquittee will follow all laws.	Supervising CSB Staff Name	Any violation of the law.	Notify proper legal authorities. Notify court which conditionally released acquittee. Pursue emergency custody and/or revocation of release.
G2: Acquittee will leave Virginia only with permission of CSB and Judge.	Supervising CSB Staff Name	Leaving Virginia without CSB and court permission. Pursuant to Virginia Code Section 19.2-182.15, acquittee shall be guilty of a Class 6 Felony for leaving Virginia without court permission.	Notify proper legal authorities. Notify court which conditionally released acquittee. Pursue emergency custody and/or revocation of release.
G3: Acquittee will not use alcohol. (Use of alcoholic beverages by the acquittee may only be permitted with the prior written approval of the CSB and the court.)	Supervising CSB Staff Name	Use of alcohol.	Notify court that conditionally released acquittee. Pursue emergency custody and/or revocation of conditional release.
G4: Acquittee will not use or possess illegal drugs or prescription medications unless such medications have been prescribed by his or her current treating licensed physician.	Supervising CSB Staff Name	Possession or use of any illegal or non-prescribed drug.	Notify proper legal authorities. Notify court which conditionally released acquittee. Pursue emergency custody and/or revocation of conditional release. (DMH 944E 1242 05/01/2003)

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<p>G5: Acquittee will follow directives of the supervising CSB and make himself or herself available to supervision at all times.</p>	<p>Supervising CSB Staff Name</p>	<p>Missed appt's w/CSB, physician, or other providers as directed by CSB, repeated failure to follow orders or treatment plans, or failure to make himself or herself available for supervision.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>G6: Acquittee will follow mental health regimen.</p>	<p>Supervising CSB Staff Name</p>	<p>Persistent behavior that threatens success of plan and/or causes deterioration of mental health.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>G7: Acquittee will be returned to hospital if mental condition deteriorates.</p>	<p>Supervising CSB Staff Name</p>	<p>Symptoms become too severe to manage in community.</p>	<p>Notify court that conditionally released acquittee. Pursue emergency custody and/or revocation of conditional release.</p>
<p>G8: Acquittee will pay for services as appropriate.</p>	<p>Supervising CSB Staff Name</p>	<p>A pattern of failure to pay for services based on ability to pay.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>G9: Acquittee will not possess, have access to, or associate with persons who possess weapons.</p>	<p>Supervising CSB Staff Name</p>	<p>One incident of possession of any type of weapon or association with person or places who do.</p>	<p>Notify court that conditionally released acquittee. Pursue emergency custody and/or revocation of conditional release.</p>
<p>G10: Acquittee will release information to CSB and all involved parties.</p>	<p>Supervising CSB Staff Name</p>	<p>Persistent failure to consent to release of information to involved parties.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release. (DMH 944E 1242 05/01/2003)</p>

MODEL PLAN FOR MONITORING COMPLIANCE: SPECIAL CONDITIONS OF RELEASE

SPECIAL CONDITIONS	PROVIDER/MONITOR	NONCOMPLIANCE EQUALS	PROVIDER/MONITOR RESPONSE
S1: Acquittee will reside where authorized by the supervising community services board.	Supervising CSB Staff Name	1) Refusal to dwell in CSB authorized living situation and/or, 2) Moving to unauthorized living situation without CSB approval.	Notify court that conditionally released acquittee. Consider revocation of conditional release.
S2: Acquittee will attend all case management appointments and be present for all home visits.	Supervising CSB Staff Name	Any unexcused absence from case management appointments or missed home visit.	Notify court that conditionally released acquittee. Consider revocation of conditional release.
S3: Acquittee will participate in specified vocational rehabilitation programs.	Supervising CSB Staff Name	Any unexcused absence from prescribed vocational rehabilitation program.	Notify court that conditionally released acquittee. Consider revocation of conditional release.
S4: Acquittee will participate in specified individual therapy plan.	Supervising CSB Staff Name	Any unexcused absence from therapy appointments.	Notify court that conditionally released acquittee of any incident of noncompliance. Pursue emergency custody and/or revocation of conditional release.
S5: Acquittee agrees to participate in prescribed special focus groups.	Supervising CSB Staff Name	Any unexcused absence from any of the prescribed special focus groups.	Notify court that conditionally released acquittee. Consider revocation of conditional release. (DMH 944E 1242 05/01/2003)

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<p>S6: Acquittee agrees to take psychotropic medication as recommended by treating psychiatrist and attend psychiatric consults as required.</p>	<p>Supervising CSB Staff Name</p>	<p>1) Refusal to take prescribed medications and/or, 2) Missed appt's w/physician, or other such providers as directed by CSB.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>S7: Acquittee agrees to substance abuse assessment and agrees to follow treatment recommendations made as a result of this assessment.</p>	<p>Supervising CSB Staff Name</p>	<p>1) Refusal to participate in assessment and/or, 2) Unexcused absence from substance abuse treatment program.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>S8: Acquittee will submit to periodic breathalyzer, blood or urine analysis as directed by CSB for the purposes of screening for controlled substances and/or alcohol use.</p>	<p>Supervising CSB Staff Name</p>	<p>1) Refusal to submit to urine and/or blood analysis, and/or 2) Urine or blood screens positive for controlled substances and/or, 3) Urine or blood screens positive for alcohol use.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>S9: Acquittee will submit to periodic breathalyzer, blood or urine analysis as directed by CSB for purposes of monitoring medication compliance and tolerance.</p>	<p>Supervising CSB Staff Name</p>	<p>1) Refusal to submit to urine and/or blood analysis, and/or 2) Urine or blood screens indicating client is not taking prescribed medications.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>S10: Acquittee will provide advance notice if unable to attend scheduled appointment/ activity or will contact designated alternate contact.</p>	<p>Supervising CSB Staff Name</p>	<p>1) Failure to provide advanced notice of inability to attend appointment or meeting and/or, 2) Failure to contact alternate contact person.</p>	<p>Notify court that conditionally released acquittee. Consider revocation of conditional release.</p>
<p>S12: Any other special conditions deemed necessary by CSB.</p>	<p>Supervising CSB Staff Name</p>		<p>(DMH 944E 1242 05/01/2003)</p>

F. Community Services Board Recommendations and Comments

This is an opportunity for the supervising Community Services Board staff to provide recommendations and comments to the Forensic Review Panel. It is not required if the CSB staff has signed the proposed conditional release agreement and has no recommendations or comments.

Recommendations:

Comments:

Signature/Print Name

Title/CSB

Date

